

Holistic Care Provision Limited

Abbey Lea Care Home

Inspection report

York Road
Barlby
Selby
North Yorkshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

At the last inspection of Abbey Lea Care Home in October 2015 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection the service was rated 'Good'.

This inspection of Abbey Lea Care Home took place on 27 September 2017 and was unannounced. At this inspection we found the service remained 'Good'.

Abbey Lea Care Home provides care and support to a maximum of 23 older people who may be living with dementia. The building is an old farmhouse with facilities on two floors, accessed by a passenger lift, and a single-storey extension to the rear. Some people had en-suite bedrooms and there was plenty of communal space in the form of two large lounges (one with dining space), a separate dining room, an entrance sitting-hall and other smaller seating areas. Two rooms were shared rooms, but the rest were single occupancy. The service had patio doors onto an enclosed courtyard with patio pavers, flower beds with a variety of well-kept plants for people to enjoy and seating areas.

The registered provider was required to have a registered manager in post. There was a registered manager that had been in post for six and a half years. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm, as there were systems in place to manage safeguarding concerns. Staff were trained in safeguarding adults from abuse and understood their responsibilities with regards to safeguarding concerns. Risks were managed so that people avoided injury or harm. The premises were safely maintained and there was documentary evidence to show this. Staffing numbers were sufficient to meet people's need and we saw that rosters cross referenced with the staff that were on duty. Recruitment systems were followed to ensure staff were suitable to support people. The management of medicines was safe.

Qualified and competent staff were employed and supervised by seniors or the registered manager. Their personal performance was checked at an annual appraisal. People's mental capacity was appropriately assessed and their rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported with nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitably designed and furnished for providing care and support to older people and those living with dementia.

People received compassionate care from kind staff that knew about people's needs and preferences. People were provided with information that helped them make choices, involved in their care and asked for

their consent before staff undertook any support tasks. People's wellbeing, privacy, dignity and independence were respected. This ensured people felt satisfied and were enabled to maintain control of their lives.

People were supported according to their person-centred care plans, which reflected their needs well and were regularly reviewed. Everyone we spoke with felt Abbey Lea Care Home provided support that was very responsive to people's needs. People engaged in an abundance of pastimes, activities and occupation if they wished to and were encouraged to maintain many of their daily living skills and abilities. The focus of the service was on activity and occupation at an appropriate level for people to achieve. There was an array of interesting visual displays around the premises, which promoted discussion and reminiscence, while daily activities and conversations evoked memories for people. People had very good family connections and support networks and families were also very well supported. The service had an effective complaint system and complaints were investigated without bias.

The service was well-led and people had the benefit of a positive and inclusive culture. The management style of the registered manager was founded on teamwork, collaboration and inclusion. An effective system was in place for checking the quality of the service using audits, satisfaction surveys and meetings. People made their views known through discussion, behaviour and exercising independence. People's confidentiality was maintained as records were held securely on the premises.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good

Person-centred care plans reflected people's needs well. Everyone felt the service was responsive, which enhanced people's sense of wellbeing and gave them a good quality of life.

People engaged in an abundance of pastimes, activities and occupation and were encouraged to maintain many of their daily living skills and abilities.

There were interesting visual displays around the premises and activities and conversations promoted reminiscence and memory recall. All of this was based on best practice.

People had very good family connections and support networks, which meant they had active involvement with the community. The service had an effective complaint system and complaints were investigated without bias.

Is the service well-led?

Good ●

The service remains Good.

Abbey Lea Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection of Abbey Lea Care Home took place on 27 September 2017 and was unannounced. One adult social care inspector carried out the inspection.

Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also received feedback from local authorities that contracted services with Abbey Lea Care Home and reviewed information from people who had contacted CQC to make their views known about the service. We received a 'provider information return' (PIR) from the provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people that used the service, one relative, two district nurses and an officer of the North Yorkshire County Council. We also spoke with the registered manager and two staff that worked at Abbey Lea Care Home. We also completed a 'Short Observational Framework for Inspection' (SOFI). SOFI is a way of observing care to help us understand the experiences of people who cannot speak with us.

We looked at care files belonging to two people that used the service and at recruitment files and training records for three staff. We viewed records and documentation relating to the running of the service, including quality assurance and monitoring, medication management and premises safety systems. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises, including

communal areas and some people's bedrooms.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Abbey Lea Care Home. They explained to us that they found staff to be friendly and helpful. They said, "I feel very safe here", "The staff would never harm us" and, "I think the staff are very reliable." A relative we spoke with said, "I think people are very safe here and I know that safeguarding principles are understood and followed. There are sufficient staff here whenever I visit and there are risk assessments in place to prevent people coming to any harm."

Systems were in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. Staff demonstrated their knowledge and understanding of their safeguarding responsibilities. Safeguarding records were held in respect of handling incidents and the referrals that had been made to the local authority. Formal notifications were sent to us regarding incidents, which meant the registered provider was meeting the requirements of the regulations.

Risk assessments were in place to reduce people's risk of harm from, for example, falls, poor positioning, moving around the premises, inadequate nutritional intake and the use of bed safety rails. Maintenance safety certificates were in place for utilities and equipment used in the service, and these were all up-to-date. All of this ensured that people who used the service were protected from the risk of harm and abuse. These safety measures and checks ensured that people were kept safe from the risks of harm or injury.

Staffing rosters were posted in the office and showed those on duty during our inspection. People and their relatives told us they thought there were enough staff to support people with their needs. One relative said, "I visit at all times of the day and week, though not so much at weekends, but there are always enough staff on duty to meet people's needs." One person that lived at Abbey Lea Care Home said, "We don't have to wait long for someone to help us when we call."

Staff told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities to meet people's needs. They said that agency staff were never required because staff preferred to maintain a consistent group of workers, which reassured people and did not cause them any anxiety. A visiting officer of the local authority told us there were sufficient staff around whenever they had called in for people's reviews.

Recruitment procedures ensured staff were considered to be suitable for the job; applications, references and Disclosure and Barring Service (DBS) checks were all part of the recruitment process. A DBS check is a legal requirement for anyone applying to work with children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Medicines were obtained in a timely way so that people did not run out of them. They were stored safely, administered on time, recorded correctly and disposed of appropriately. Controlled drugs were safely managed in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001) at the time of the inspection. Medication

administration record charts we looked at were accurately completed.

The provider had policies and procedures in place to cover, for example, accidents, incidents, safeguarding, staffing levels, recruitment and medicines. These were available to staff and reviewed as necessary.

Is the service effective?

Our findings

People told us they felt the staff at Abbey Lea Care Home understood their needs and had the knowledge to care for them. They said, "Staff are lovely. They know just how I like things" and "I have no worries at all that staff know what they are doing."

Staff received the training and had the experience they required to carry out their responsibilities. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed. We saw evidence of induction, supervision and a staff appraisal scheme. Staff confirmed with us the training and qualifications they had completed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw evidence of best interest meetings and DoLS authorisations in place for people who lacked capacity and these were appropriately reviewed.

People were only given support and care when they consented to it and staff were very aware of their responsibilities to obtain consent. Some signed documents in people's files gave permission for photographs to be taken, care plans to be implemented and medication to be handled on people's behalf.

People's nutritional needs were well met. Staff consulted people about their dietary likes and dislikes, allergies and medical conditions. Staff sought the advice of a Speech and Language Therapist (SALT) when needed. The kitchen staff provided three nutritional meals a day plus snacks and drinks for anyone that requested them, including at supper time. Nutritional risk assessments were in place where people had difficulty swallowing or where they needed support to eat and drink. People that preferred 'finger' foods were provided with them. Menus were on display for people to choose from and people told us they were satisfied with the meals provided. They said, "The food is marvellous", "I really like what we are given", "Food is perfectly adequate and plenty of it" and "I'm sometimes given too much food."

Support was given to people to maintain their health, as staff consulted them and their relatives about medical conditions and liaised with healthcare professionals. Information was collated and reviewed as necessary. People saw their doctor, district nurse, chiropodist, dentist and optician on request. Health care records were maintained of when they had seen a professional and the reason why. Guidance on how to manage people's health care was recorded so that staff knew how to assist people appropriately. Two visiting district nurses confirmed that staff followed health care instructions well and were always helpful when they visited.

For those people that used the service who were living with dementia, the signage and environment was

conducive to meeting their needs. Signs that pointed out facilities and plain décor and furnishings were appropriate to people's needs, which enabled them to navigate their environment easily and also enjoy their surroundings. Efforts had been made to offer people a visual experience along the extension corridor, where shop fronts and gardens had been painted to give the effect of a suburban street, which sometimes encouraged conversation. Sitting areas were placed throughout the premises and a secure enclosed garden with tables, benches and other seating was accessible at all times. Some bedrooms had been fitted with ceiling tracking hoists and these were used by people whose dementia had advanced and were supported in bed for much of the time.

Is the service caring?

Our findings

People told us they got on well with the staff and each other and that they were very happy. They said, "I really like it here. Staff are so helpful and caring", "Everyone is so kind", "We all get along nicely", and "I thought care homes were impersonal places, but not this one." One visitor told us, "I find the staff caring and supportive of my relatives but not just of them, also of me and my siblings, always taking an interest in us as well as updating us on how my relatives are." One relative wrote in a satisfaction survey, 'You demonstrate genuine warmth, caring and a loving approach with residents. There is a lovely atmosphere and your kindness and patience are always apparent and appropriate.'

Staff were extremely pleasant and kind towards people but also professional. Staff knew people well and were attentive to their needs when they offered support. The registered manager led by example and assisted people whenever necessary. The registered manager was polite, attentive and informative in their approach to people that used the service and their relatives.

At the time of our inspection some people were being appropriately supported by staff in areas of their care and wellbeing where they might have been at risk of discrimination. For example, where required, people with a physical disability were supported to maintain independence and those who wished to practice their faith were helped to do so. Those that required full support with mobility were helped to join in with activities if they wanted to. Males and females had the same opportunity to help around the house or take part in planned and impromptu pastimes. Married couples were accommodated regarding shared bedrooms if that was their wish and several people received weekly visits from a local Catholic priest who gave them Holy Communion. Staff recorded people's differing food preferences and how they wanted to be addressed, for example, in their care plans. Staff knew these details and responded to them accordingly.

People's general well-being was considered and monitored at all times by the staff who knew what events or circumstances could upset their physical or mental health. People were supported to engage in old and new pastimes, which meant they were able to maintain some aspects of the lifestyle they used to lead or learn new skills if they wished. One person liked to set tables at meal times and another folded the clean laundry when it came out of the dryer. Most people enjoyed a sing-a-long with staff. Activity and occupation helped people to feel their lives were fulfilling and purposeful, which aided their overall wellbeing. We found that people were alert, interested and enjoyed a satisfactory level of wellbeing.

We were told that everyone living at Abbey Lea Care Home had relatives or friends to represent them, but that advocacy services were available if required. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them.

People told us their privacy, dignity and independence were respected. They said, "I have no worries as far as those are concerned. Staff are discreet" and "Staff are very caring and make sure I feel comfortable when being assisted." Staff only provided personal care in people's bedrooms or bathrooms, knocked on bedrooms doors before entering and ensured bathroom doors were closed quickly if they had to enter and

exit, so that people's dignity was promoted. Staff told us how they treated people to ensure their privacy and dignity were respected.

Is the service responsive?

Our findings

People told us they felt well cared for and their needs were appropriately met. Two people talked about going out and staff assisting them with arrangements. They used the enclosed garden area a lot too. We saw several people ask for support with daily activities, food and drink needs or pastimes and staff were very responsive to their requests. The arrangements required to meet people's needs were recorded within their care plans and were clear for staff to be aware of and follow. One new person was being given adequate time and attention to make their wishes and preferences known so that staff would be able to support them in the way they wanted.

Everyone, without exception, told us that the service responded outstandingly well to people's needs. An officer from North Yorkshire County Council and a shadowing student expressed that Abbey Lea Care Home was staffed by extremely responsive staff. They said this was because they offered people every chance to lead the best possible realistic lifestyle while living with dementia and that the staff were focussed on providing person-centred care that achieved exceptional results. Two visiting district nurses explained that their instructions for people's health care were always meticulously followed to achieve the best possible outcome for them. Relatives told us that people's lives were not 'overshadowed' by their health and they were encouraged to maintain interest in activities and experienced busy and fulfilling lifestyles.

One relative told us, "They [staff] take the time to know the residents and know what my relatives like and don't like. For example my relative loves music and singing and the staff bought them a musical show CD for their birthday, which they love singing along to and my other relative has deteriorated a lot this year as their dementia has progressed. The staff treat both of them with such care; even the little things like keeping them well dressed and presented. The staff are working really hard to support them as best as they possibly can. I feel I am kept fully involved in relevant decisions and kept up-to-date with doctor's appointments and any changes in both my relatives' care needs."

We observed during a Short Observational Framework for Inspection that everyone received regular interaction with staff and this was always positive and of a good quality. Although staff came and went from the lounge and did not stay for any length of time, being involved in tasks such as cleaning or providing drinks, they were alert to people's demeanour and aware of the signs people displayed to demonstrate they had a need. Whenever someone looked like they were becoming anxious about something staff used distraction techniques to re-focus their minds by talking about people's areas of interest or singing to them. Staff also showed support and affection with smiles, hand-holding and hugs, which gave people reassurance. Staff were verbally encouraging of people's independence, which enabled them to stay in control as much as possible. This gave people an enhanced sense of wellbeing.

Care plan instructions advised staff how best to meet people's needs. Care plans were person-centred and contained information that had been obtained from people, their relatives and from careful observation of and interactions with people in their first two weeks after admission. This was all recorded under eight areas of need. For example, we observed one person new to the service being consulted frequently about every aspect of their daily care and support needs, with staff offering options, enabling independence and

regularly checking that the person was coping. Suggestions were made to them about their lunch and how much they thought they would like to eat. They were then asked if everything was satisfactory and what could have been done to improve their experience. All of this was noted and passed on to other staff.

Care plans contained personal risk assessment forms to show how risk to people was removed, for example, with pressure relief, falls, moving and handling, nutrition and bathing. Care plans and risk assessments were reviewed monthly or as people's needs changed. On reviewing one person's falls risk assessment staff had referred the person to the falls team. This highlighted the need for them to attend a specialist clinic where changes in their physique were identified and specialist shoes made. Since the intervention they had not fallen again and their confidence was greatly improved. Their falls records evidenced this.

There was an activities committee made up of a team leader and several other staff members. Activities were facilitated in-house by all of the staff and although planned in advance, it was decided each day which activity would go ahead. For example, if people presented as interested and amiable then staff judged that group activities would be successful and carried these out. Sometimes one-to-one sessions took place instead, but all of the activities were facilitated according to people's mood and reactions, so that they experienced the best possible enjoyment from them. The approach was not about innovation but about mood, receptiveness, energy, inclination and focus on the part of people that used the service and recognition of all of these factors on the part of the staff.

On the day of our visit people joined in with a singing session in the afternoon and we were told about craft sessions, themed events and social gatherings that regularly took place. People and staff told us that people had recently joined in with a Hawaiian event, where they ate, dressed up and danced. Relatives were invited to this and we were told that everyone had a great time interacting with each other while enjoying a new experience.

One relative told us, "The staff put on some lovely social events, which are a real family occasion and it always impresses me how some of the staff come in when they are not due to work just to join in and have fun with the residents. My relatives really respond to music and love a bit of a jig. The recent 'luau' [Hawaiian feast with food and music] was great fun and my children really enjoyed going along and having a dance with their grandma." Another relative said in a satisfaction survey, 'It [Abbey Lea Care Home] is home-from-home with lots of activities for all to enjoy and nothing is too much trouble.' All events were recorded in photographic format and saved on the computer, with sample photos being printed off for display and shown to people to remind them of the day.

Staff used both mobile and fixed hoist equipment in response to people needing assistance to move around the premises and we observed that this was used promptly and effectively. People were assessed for its use and there were risk assessments in place to ensure no one used it incorrectly. Other items used in response to mobility needs included slide sheets and supporting belts. Bed safety equipment was in place on some people's beds in response to reducing the risk of falls from beds and these had also been risk assessed.

Where it was considered appropriate people were asked if they would like the use of adaptive cutlery and crockery so that they could maintain their independence. All equipment in place was there to aid people in their daily lives to ensure independence and effective living, as well as in response to meeting people's needs and reducing risks.

Staff told us it was important to provide people with as much choice as possible, so that people made decisions for themselves and stayed in control of their lives. People had a choice of food at meal times and if they changed their mind the staff provided an alternative. People had plenty of communal space to

choose from regarding where they sat and who with. People could choose when they got up in the mornings, went to bed at night, what they wore each day and whether or not they joined in with entertainment and activities.

The registered manager explained that people were supported to engage in all manner of activities of daily living in order to maintain purpose and focus, such as setting tables and folding laundry. One person said, "I really enjoy helping set tables, as I like to be useful" and another said, "I love folding the clean towels and flannels, as it keeps me busy." The registered manager said that the day before our visit people had baked buns and one day last month people had made decorations for their Hawaiian 'luau'. Everyone led a lifestyle as near to the one they would have led in their own homes, but with a focus on being occupied, joining in and undertaking pastimes and activities for enjoyment, all of which was in abundance, meaningful and pleasurable.

The registered manager also explained that family members were invited and encouraged to join in as if they were visiting people in their own homes. For example, they were free to use the kitchen to make drinks, providing they followed safe hygiene practices. They were welcome to visit at all times of the day and night and could have a meal with people if they wished. Staff saw their role to support relatives and friends as well as people that used the service and to bring the community into the service on an impromptu basis, as much as possible.

People's relationships were facilitated and staff supported people to keep in touch with family and friends. There were two married couples living at Abbey Lea Care Home and their wishes regarding their accommodation were fully respected. Staff who key worked with people got to know family members well and kept them informed about people's situations if people wanted them to. Staff spoke with people about family members and friends to help them maintain their memory.

People were encouraged to remember family birthdays and anniversaries and always celebrated their own birthdays with cards and cake and/or a tea party, in the company of their family members. One person had family to visit for tea on the day we inspected, as it was their birthday. Two people celebrated their 'diamond' wedding anniversary earlier this year with a party and had a lovely time. These pleasurable and memorable experiences were what gave everyone their sense of wellbeing and fulfilment which kept them interested in life, smiling and happy.

A complaint policy and procedure were in place and records showed that complaints and concerns were handled within timescales. Few complaints were actually received, with two recent ones being the first for several years. These were being appropriately addressed and a family member was being kept informed of developments. People told us they knew how to complain, but that they never had any cause to, as staff were helpful and the service was very good. Compliments were also recorded in the form of letters and cards. Comments in these cards showed that family members were extremely happy with the service. All of this meant the service was very responsive to people's needs and enabled them to lead happy, fulfilling lives that living with dementia could have denied them.

Is the service well-led?

Our findings

People told us they thought the service was run very well. People and their family members liked that Abbey Lea Care Home was homely, relaxing and a comfortable place to live and visit. Staff felt that the place was run as near to a family home as possible. They described the culture as being "Friendly, cooperative, fun, homely and positive." They said that issues were always addressed quickly and using a no-blame approach. They felt that the management style was relaxed, supportive, approachable and enabling.

The registered manager had been in post for six and a half years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager maintained a 'duty of candour' (responsibility to be honest and to apologise for any mistake made). Notifications, which include information about events, incidents, accidents and safeguarding concerns, were sent to the Care Quality Commission and so the registered manager and provider fulfilled their regulatory responsibility.

People maintained links with the local community, where possible, through visits from family, friends, the local church and school and through frequenting shops and cafes in the area. Relatives played an important role in helping people to keep in touch with the community by supporting people with events and outings.

We reviewed documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw that quality audits were completed on a regular basis and satisfaction surveys were issued to people, relatives and health care professionals. Audits were simple but regularly completed. There was evidence, for example, in the form of changes made to menus and changes in the times meals were served to meet people's preferences. These requests were made in surveys and meetings and the action that had been taken to change them for people was clearly documented.

Survey questions were almost all answered positively with few comments made, but one survey stated, 'I am extremely happy for a member of my family to live in your home. The home is excellently led.' We saw that when questions were analysed the satisfaction levels were extremely high at 95-99%.

While the registered manager told us they verbally informed relatives and other stakeholders about the outcomes of the audits and surveys and relatives saw the changes or improvements when they visited, there was no formal written feedback to contributors of the quality assurance system. This was something we discussed with the registered manager and they assured us would be developed after the next round of quality assurance checks.

The registered manager held records regarding people that used the service, staff and the running of the business, such as case files, staff recruitment files, safety checks, staffing levels, accident/incidents and

medicine management. These were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held.