

Cumbria County Council

The Abbey

Inspection report

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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

This comprehensive inspection took place on 6 December 2017 and was unannounced. At our last inspection the home was rated overall as requiring improvement and we made three recommendations to the provider. At this inspection we found that the provider had acted on those recommendations and we found the service was meeting the fundamental standards of quality and safety.

The Abbey is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Abbey is registered to provide accommodation and care for up to 28 older people. On the day of this inspection there were 10 people living in the home. The home is situated in the centre of the village of Staveley near to the town of Kendal and has been modernised and adapted for its purpose. There is a passenger lift to assist residents to access the first floor of the home. However at the time of the inspection the lift had been under repair and all of the people were residing on the ground floor. There are four separate units within the home each with bedrooms, lounges and different dining areas. One of the units specialises in providing care to people living with dementia.

There was a registered manager in post. 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.

Medicines were being administered and recorded appropriately and were being kept safely.

During the inspection we saw there were sufficient numbers of suitable staff to meet people's needs. Staff had completed a variety of training that enabled them to improve their knowledge in order to deliver care and treatment safely.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions that had been taken by the home to protect people.

When employing fit and proper persons the recruitment procedures had included all of the required checks of suitability.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

People were supported to maintain good health and appropriate referrals to other healthcare professionals had been made.

There was a clear management structure in place and staff were happy with the level of support they received.

People living in the home were supported to access activities that were made available to them and pastimes of their choice.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the home.

We observed staff displayed caring and meaningful interactions with people and people were treated with respect. We observed people's dignity and privacy were actively promoted by the staff supporting them.

People living in the home spoke highly of the staff and told us they were very happy with their care and support.

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.

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 was safe.

Prescribed medicines were managed safely and stored safely.

People told us they were safe and very well cared for in this home.

There were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People said they enjoyed the meals provided and appropriate assessments relating to nutritional requirements had been made.

Consent to care and treatment had been obtained from the relevant people.

Staff had received the appropriate training to fulfil their roles.

Care plans and records showed that people were seen by appropriate professionals, when required, to meet their physical and mental health needs.

Is the service caring?

Good ●

The service was caring.

People told us they were being well cared for and we saw that the staff were respectful and friendly in their approaches.

Staff demonstrated good knowledge about the people they were supporting and knew their likes and dislikes.

We saw that staff maintained people's personal dignity when assisting them.

Is the service responsive?

Good ●

The service was responsive.

We saw there were activities which people took part in and people were encouraged to be independent.

People felt able to speak with staff or the management team about any concerns they had.

Plans were in place to ensure people could record the support they wished to have at the end of their life.

Is the service well-led?

Good ●

The service was well led

There were adequate processes in place to monitor the quality and safety of the service.

Staff told us they felt supported and listened to by the registered manager.

People living at the service and their relatives were able to give their views and take part in meetings and discussions about the service.

The Abbey

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 checked 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 inspection took place on 6 December 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of caring for older people and dementia care.

Before we carried out our inspection we looked at information we held about the service. This included the statutory notifications we had received from the provider. Statutory notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

During our inspection we spoke with four people who lived in the home and four staff including the cook. We also spoke with the registered manager and one of the provider's operations managers. We observed interactions between the staff and people living in the home.

We looked at care and medication records for five people and the personnel records for four staff. We also looked at records around the maintenance and servicing of equipment, fire safety records and quality monitoring documents.

Is the service safe?

Our findings

People living at The Abbey who we spoke with told us they felt people were kept safe. One person told us, "I feel safe here" and "It's [the home] lovely, absolutely fantastic, couldn't be better". Another person said, "I don't feel threatened in any way" and "I feel safe here the staff make sure I am". People also told us that they had, "No worries or concerns" about the care they received.

During this inspection staff we spoke with had received training in safeguarding and had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to a senior staff member. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made.

We looked at the details of a specific incident that had occurred in the home. We found that the risks associated with that incident had been considered by the registered manager and provider and at the time of this inspection we were assured that the provider had taken appropriate actions to ensure that the likelihood of it reoccurring had been addressed. The risk management put in place showed that lessons had been learned from this incident.

Records we looked at relating to any risks associated with people's care and treatment were current and accurate. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks. These included all risks associated with the event of an emergency such as a fire.

We saw that there were sufficient numbers of suitable staff to meet people's needs and promote their safety. People living in the home told us "There is always enough staff". One person said, "We are well looked after". Another person said, "There is enough of them [staff] and they join in with us". Staff we spoke with told us they felt that staffing levels were sufficient and we observed they had time to spend chatting with people. The number of staff on duty at night was adequate to meet the needs of the people living in the home at the time of the inspection. We were told by the registered manager that this number of staff could, if required, be increased based on the needs of people should they vary.

We looked at four personnel files and saw that the necessary checks on employment had been completed. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the homes recruitment policy. Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks had been conducted.

We looked at how medicines were managed and observed them being given. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We also looked at the handling of medicines liable to misuse, called controlled drugs. These were stored, administered and recorded correctly. Regular checks on controlled drugs were carried out. We found that suitable care plans, risk assessments and records were in place in relation to the administration of

medicines.

We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines. We saw how, when errors had occurred, these had been picked up through the audit processes in place. We saw actions the registered manager put in place to prevent and reduce the risk the reoccurrence of any errors. Where people were in receipt of covert medications the registered manager took action to ensure that appropriate information was made available to the staff responsible for giving them. This meant that people received their medicines safely.

The premises were well maintained and decorated. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning schedule in place and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.

Is the service effective?

Our findings

People we spoke with told us they enjoyed the food served and there was always plenty of choice. One person told us, "Best thing is the food". Another person said, "Food is really good". We observed that people had regular drinks and snacks throughout the day. Lunchtime was observed to be a relaxed and very sociable event. The food served was freshly cooked and looked nutritious.

People had been asked for their meal preference and we saw that alternatives could be provided if the choice available was not to people's liking. We saw people received the right level of assistance they needed to eat and to drink and this was provided in a patient and discreet way.

We saw that people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where people had been identified as at risk of malnutrition and weight loss we saw that this had been appropriately managed and recorded. Where necessary people had been referred to their GP or to a dietician.

We looked at the staff training records which showed what training had been done and what was required. We saw that staff had completed induction training when they started working at the home and staff had received regular updates on important aspects of their work. Staff we spoke with were able to tell us about some of the training they had received and said they were up to date with all of their training. Two of the staff we spoke with told us how they felt they had been supported by senior staff and the registered manager in developing their roles.

We looked at individual staff personnel records these show that staff had effective induction, regular supervision, appraisal and ongoing training. Staff told us they felt they could discuss their needs in an open manner and would be listened to and action taken to help them to develop.

We saw from people's records that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services. People were supported in managing their health and wellbeing needs by appropriate referrals being made to external services. One person told us, "They [staff] take you to any appointments you have if family can't. They are brilliant".

We also saw that the provider had brought in professionals who were specialised in some of the needs and conditions of the people living at the home such as occupational therapist. This also supported the staff team in improving their skills and knowledge to better support the people they were working with.

We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to. At the time of the inspection the designated unit for dementia care was not in use due to the lift repairs. However we saw that another unit on the ground floor had been slightly adapted to meet the needs of those

living with dementia.

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw appropriate applications had been made and authorisations were in place.

We saw that people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected.

Is the service caring?

Our findings

People who lived at The Abbey who we spoke with told us they were "Very happy" and that the staff were very caring. One person we spoke with said, "I'm really happy here, good who treat me well". Another person said, "Staff make you feel comfortable, they are all lovely".

The atmosphere in the home was calm and relaxed. We saw that the interactions between staff and people living in the home demonstrated respect and an understanding of people's needs. Staff treated people with genuine affection, care and concern. We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity. One person we spoke with told us, "They help me when I am in bath and always protect my dignity". Another person said, "Staff knock on my door and check if I need anything".

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life. This helped the staff to know the things that mattered to individuals as well as the care they needed.

We were told independent advocacy could be arranged for people who did not have relevant others to help them in making important decisions. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.

We looked at the arrangements in place to ensure equality and diversity and that support was provided for people in maintaining important relationships. People told us they had been supported to maintain relationships that were important to them and to follow the religion of their choice. People told us their families and friends could visit them as they wished. One person told us, "My son can visit at any time".

We saw that the staff gave people time and encouragement to carry out tasks themselves. One person told us, "When I want I go for walks on my own I like that. I can walk down into the village". Another person told us, "I go out for walks on my own that's nice. I've got a bus pass I can go on the bus". This helped to maintain people's independence. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion.

Is the service responsive?

Our findings

We saw people could engage in activities of their choice. People were supported in attending their own social events in the local community or with visiting friends and relatives. The home held regular activity sessions and social events. The home also involved the local community in events in the home such as children from the local school. We also noted that a number of people also preferred to spend time individually in their own rooms.

The registered manager told us how they supported people to keep in touch with relatives and friends via the use of the internet allowing people to access different methods of technology to maintain contact such as the use of Skype.

We were told, "There's activities if you want to do them", "You can please yourself what you do" and "We all have TV's in our rooms". One person told us, "I like to watch rugby if it's on and staff make sure it's on for me". Another person told us, "The kiddies are coming in to sing next week we had a singer in last week". We were also told, "The vicar comes in and does communion on a Thursday" and "We go to church in two weeks for the kid's service that's really good".

We looked at the care records for five of the ten people living in the home. Each person had a care plan that was tailored to meet their individual needs. We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine whether or not they could provide people with the right level of support they required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.

People told us they had been asked about their care needs and been involved in regular discussions and reviews. One person told us, "I lost a dear friend about a month ago and they [staff] have sorted some counselling out for me".

From the records we saw that information available for staff about how to support individuals was very detailed, current and accurately recorded. We saw that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families had been involved in gathering background information and life stories. A member of staff said, "We read the care plans and information is shared at every handover so that we are up to date with any changes in residents care."

Everyone we spoke with said they knew how to make a complaint and would feel comfortable doing so without fear of reprisals and believed that their concerns would be acted upon. One person told us, "I have never had any need to complain. The registered manager told us they preferred to deal with people's concerns as and when they arose."

We saw that people's treatment wishes had been made clear in their records about what their end of life

preferences were. The records we looked at contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

Is the service well-led?

Our findings

People we spoke with told us they thought the home was well managed. One person told us, "The manager comes round most mornings and see us she's really good". Staff we spoke with said that they enjoyed working in the home. One staff member said, "We get lots of support from the manager and supervisors". The registered manager was experienced, suitably qualified and had been at The Abbey since May 2016.

At our last inspection the in November 2016 the home was rated overall as requiring improvement and we made three recommendations to the provider. At this inspection we found that the registered manager and provider had acted on those recommendations and we found the service was now meeting the fundamental standards of quality and safety. For example providing more refresher training this supported the staff to keep up to date with current practise and guidance.

We saw that residents meetings were held where people and their relatives were regularly involved in consultation about the provision of the service and its quality. We saw that regular reviews of people's care needs were held with relevant others. This meant that people and or their representatives could make suggestions or comment about the service they received and environment they lived in

There was regular monitoring of any accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed or lessons to be learnt. Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. Where required we had been notified of any incidents and accidents and appropriate referrals had been made to the local authority. This meant we could check that appropriate actions had been taken.

The auditing and quality monitoring systems that were in place were adequate in identifying any concerns relating to the safety and quality of the home. The oversight of quality and safety in the home was also monitored regularly by the operations managers that visited on behalf of the provider. Where actions had been required to improve thing these had been noted and addressed by the registered manager. We saw a wide range of records during the inspection and found these were detailed and up to date. This meant that accurate information was made available to the staff team to ensure they delivered the most appropriate care and support.

The service worked in partnership with other healthcare professionals such as district nurses and GPs. Referrals had been made to relevant professionals when required. There were links between the home and the local community. We saw the home had established links with the local school and they often provided entertainment for the people living at The Abbey.