

Rev Edmund Kofi Ampadu

Abba Residential Home

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

About the service

Abba Residential Home is a residential care home providing personal care to four people with mental health needs at the time of the inspection. The service can support up to five people in one building.

People's experience of using this service

People using the service had risk assessments carried out to protect them from the risks of avoidable harm. Staff were knowledgeable about safeguarding and whistleblowing procedures. Medicines were managed safely and people were protected from the risks associated with the spread of infection. The provider had a system in place to learn lessons from accidents and incidents.

Staff were supported in their role with training and supervision. People's care needs were assessed before they began to use the service. Staff supported people with their nutritional, hydration and healthcare needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff demonstrated they knew people and their care needs well. People told us staff were caring. The provider and staff understood how to provide a fair and equal service. People were involved in their care planning and were encouraged to make choices. Staff understood how to maintain people's privacy, dignity and independence.

Care plans were detailed and personalised. Staff understood how to provide a personalised care service. The provider understood how to meet people's communication needs. People were able to participate in activities which interested them. There was a system in place for people to make a complaint. The provider had an end of life care policy which gave guidance to staff about how to provide this should this be required.

People and staff spoke positively about the leadership in the service. The provider carried out quality checks to identify areas for improvement. People were asked to give feedback about the service through a feedback survey and through individual meetings. Staff had regular meetings so they could be updated on service development and people's wellbeing. The provider worked jointly with other agencies to achieve good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published on 26 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Abba Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by one inspector.

Service and service type

Abba Residential Home 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with the registered manager and one care staff. We reviewed a range of records. This included two people's care records including risk assessments. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including health and safety checks and quality assurance were reviewed.

After the inspection

The registered manager sent us documentation we requested including training data. We spoke with one staff member.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service.
- People were protected from the risks of being harmed or abused.
- Staff received training in safeguarding and whistleblowing.
- Staff knew what action to take if they suspected somebody was being abused. One staff member said, "We tell the [registered] manager, the proprietor of the home and the local authority as well. We do an incident form."
- Staff understood whistleblowing. One staff member explained, "Whistleblowing is to be able to expose whatever is going on that is wrong. You can whistleblow to the [registered] manager, the local authority, the police."

Assessing risk, safety monitoring and management

- The registered manager told us, "The care plan includes the risk assessment and we discuss every risk that is in the care plan." A staff member confirmed this was the case and said, "We do a risk assessment."
- People had risk assessments carried out to protect them from the risks of harm they may face. Risks assessed included mobility, medication, social activities, mental health, finances, nutrition and hydration and general health.
- For example, people with specific health conditions, such as epilepsy, had a risk assessment about this which gave clear guidance to staff on the symptoms to be aware of and the action they needed to take.
- Where people needed support with their finances, there was a system in place for staff to record how much money was spent and receipts were kept of expenditure.
- Building safety checks had been carried out as required including a gas safety check on 12 June 2019 and portable appliance testing on 5 July 2019.
- The service had recently had a fire safety inspection carried out by the London Fire Brigade which highlighted areas that needed improving including the installation of an interlinked fire alarm system. The provider sent us a copy of the action plan after they received the fire safety report.
- We were reassured by the action plan which showed that five identified areas had already been completed. Three other areas for improvement were in process with two of them due to be completed by the end of January 2020.

Staffing and recruitment

- People told us there were enough staff on duty to meet their needs.
- Staff confirmed there were enough staff on duty to support people. One staff member said, "If there is extra staff needed, [registered manager] gets extra staff to come in."
- Records and our observations confirmed there were enough staff on duty to meet people's needs. Staff

rotas showed extra staff were rostered to cover people's appointments and extra activities.

- The provider had a safe recruitment process in place to confirm staff were suitable to work with vulnerable people. This included obtaining proof of identification, right to work in the UK and written references.
- The provider carried out criminal record checks of new staff before they began employment and regular updates for this were obtained to confirm continued suitability of staff.

Using medicines safely

- The provider had a medicines policy which gave clear guidance to staff about how to manage medicines safely.
- Staff had received training about how to administer medicines safely.
- Medicines were stored appropriately in a locked cabinet in people's bedroom.
- Medicine administration records were fully and accurately completed.
- Records were maintained of the quantities of medicines held in stock. We checked the number of tablets in stock matched the records and these were accurate.

Preventing and controlling infection

- The home was clean and free from malodour on the day of inspection.
- The provider had an infection control policy which gave clear guidance to staff on how to prevent the spread of infection.
- Staff had received training in infection control.
- Staff were provided with personal protective equipment (PPE) such as gloves and aprons and there were handwashing facilities available to them. One staff member told us, "I use [PPE] all the time because of infection control."

Learning lessons when things go wrong

- The provider had a system of recording accidents and incidents.
- Staff told us lessons learnt following an accident and incident were shared with them. One staff member said, "There is an incident book and they are discussed in supervision and team meetings."
- The registered manager gave an example of a lesson learnt as a result of an accident whereby one person had slipped on the floor when coming out of the shower. The outcome of this was the person was advised to wear their slippers when they went into the shower room to eliminate the risk of slipping and this had been effective.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an assessment of their care needs carried out before they began to use the service to ensure the provider could meet their needs.
- The assessment process captured information about the person's support needs around their physical health, mental health, environment and communication
- Assessments included lifestyle choices, family history, employment history, social history, ethnic and religious needs.

Staff support: induction, training, skills and experience

- People told us staff had the skills needed to provide them with care. One person told us, "[Staff] treat you good." Another person said, "The staff are good at their job."
- Staff told us they found training useful. One staff member said, "[Training] is very useful. It keeps us in touch and keeps us [skilled]."
- Training records showed staff were up to date with training including health and safety topics such as, fire safety, health and safety and first aid awareness.
- New staff received an induction which included shadowing experienced staff and completing the Care Certificate over a three month period. The Care Certificate is training in an identified set of standards of care which care staff are recommended to receive.
- Staff were supported with regular supervision and annual appraisals. Topics discussed included, training, the wellbeing of people using the service, the job role and identified further development.
- Staff told us they found supervision useful. One staff member told us, "We have ongoing supervision. We have an openness and transparency here, so we can speak to the manager at any time."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the food offered. One person told us, "You get to choose your food."
- Staff were knowledgeable about people's dietary requirements and preferences. One staff member confirmed, "[People] have a choice and if they say they want something special they do get it."
- One staff member told us when the registered manager served food to people they decorated the plate to make it look appealing and to encourage people to eat healthily.
- Menus showed people were offered a varied and nutritious diet. Records showed people were able to choose alternatives and decided on the day what they wanted to eat.
- Food was stored appropriately in the kitchen. Opened food was stored in sealed containers and labelled with the opening date and expiry date, Records were kept of fridge and freezer temperatures and these were within the recommended range.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare when they needed it.
- Staff confirmed they supported people to maintain their health. One staff member told us, "We empower [people] but we assist them. When [people] go for GP appointments or for a medicine review, we give an update to the GP or the [health] professional."
- Monthly records were kept of people's weight so that advice could be sought if there was a concern about weight loss or gain.
- Care records showed healthcare appointments and the outcome which included optician, health condition specialists and the GP.
- People had access to dental care as and when they needed. Staff supported people with their dental hygiene.

Adapting service, design, decoration to meet people's needs

- The service was provided in one building across two floors and people had access to a garden area.
- At the time of inspection there was nobody using the service with mobility needs.
- Should people develop mobility needs in the future they would be considered for a bedroom on the ground floor.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People signed to consent for their photo to be taken and to the service to administer their medicines. When people did not want staff to check them during the night they signed a form indicating this.
- Staff understood the need to obtain consent before delivering care. One staff member said they would ask for consent if they needed to share a person's information and if they were going to help a person with personal care.
- Staff understood MCA and DoLS. One staff member told us, "It is about the capacity and their capability of doing things. We don't deprive [people using the service] of what they want. They have the right to choose."
- The registered manager told us at the time of inspection, there was nobody using the service who required a DoLS.
- However, one person who used the service was recently not able to leave the house without a staff member accompanying them because there was a change in their health condition. The registered manager told us they would be discussing this change the following week with the placing local authority.
- Following the inspection, the registered manager confirmed the above situation had been discussed with the placement monitoring officer and arrangements had been made for a DoLS assessment to be carried out.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring. Responses included, "[Staff] are kind" and "[Staff] are caring."
- Staff knew the people they supported well and described how they got to know them. One staff member told us, "We normally start by reading their placement notes to get a comprehensive history. Then we approach them in a sensitive way in line with the way they have had care before."
- The same staff member told us, "You respect their views and decisions. When [people] say something you listen without being judgemental."
- The registered manager and staff knew how to provide a fair and equal service.
- The registered manager told us, "We just let them [people using the service] be free. We don't impose our views on anybody. We support them if they need it."
- A staff member told us, "You have to ensure everybody has equal opportunity, regardless of their abilities, their background, sexual orientation and you don't treat [people with protected characteristics] different to anyone else. You make sure you appreciate their differences."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in their care planning and reviews. They confirmed that staff listened to them and respected their preferences.
- The registered manager told us, "The care [person using the service] receives is discussed with them."
- Staff confirmed people were involved in making decisions about their care. One staff member told us, "We normally have informal discussions with them, sometimes one on one when they are able to say a lot. We ask them if they like the food and the way the home is run."
- Staff also told us people were encouraged to express their preferences. One staff member told us, "We speak openly. We ask them what they want and we let them choose."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted.
- People told us their privacy was respected. One person told us staff knocked on their door before coming in.
- Staff confirmed they promoted people's privacy and dignity. One staff member told us, "We don't barge into [people's] room. We have to knock and ask permission."
- Staff explained how they promoted people's independence. One staff member said, "We encourage [people using the service] to do as much as possible for themselves. Whenever they want to get up [from bed] they get up."

- Records confirmed people were encouraged to maintain their independence. For example, one person enjoyed going out for bus rides without staff support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff understood how to deliver a personalised service.
- One staff member told us, "The [person using the service] chooses for themselves and the holistic care is centred around the [person]." Another staff member said, "We try to be sensitive to all the things that make [person] feel self-important. It is their home so they lead the way and we respond."
- Care records were personalised and detailed. For example one person's care plan stated they liked to spend time on their own whilst another person's care plan stated they liked to meet up with friends and family to socialise.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
- The registered manager told us for people with a visual impairment, "We would have to provide the information in braille or in a way they would be able to get the information."
- The registered manager told us for people with a hearing impairment, "You could use pictures and non-verbal communication or written [information]."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain links with friends and family.
- People told us they had the opportunity to do activities they enjoyed. One person told us they liked, "Going for a walk and going to the shop."
- People were able to participate in a range of activities including playing darts, visiting local cafes, going out to lunch, Tai Chi and the cinema.
- Each person had their own weekly activity timetable which they were able to change if they wished. Records showed one person liked to go out independently for bus rides and another person liked physical activities such as table tennis and swimming.

Improving care quality in response to complaints or concerns

- People knew who to talk to if they were not happy with the service provided.
- Staff explained the actions they would take if somebody wished to complain. One staff member said, "If there is a complaint we encourage [person] to talk and we have to record everything they complain about."
- The provider had a complaints policy which gave clear guidance to staff about how to respond to complaints.
- Records showed no complaints had been made since the last inspection.

End of life care and support

- At the time of this inspection, there was nobody in need of end of life care and nobody diagnosed with a terminal illness.
- The provider had an end of life care policy which gave clear guidance to staff about how to provide care sensitively when a person was at the end of their life should this be needed in the future.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were happy with how the service was managed and spoke positively about the registered manager. Responses included, "[Registered manager] is good" and "[Registered manager] is a good manager."
- Staff told us they felt supported by the registered manager. One staff member said, "[Registered manager] has a good relationship with the staff. Very good leader. There is an open [door] policy and at any time I can approach [them] if I am not sure about something."
- The registered manager told us they encouraged staff to contribute their views, "Through supervision. They [staff] are quite happy to voice their opinions. It's kind of an open culture here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility to notify CQC and the local authority about incidents and safeguarding concerns as required.
- The registered manager told us the duty of candour was, "Being transparent, open and honest with [people using the service] and their families when things go wrong." They understood the need to also apologise when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us they did not have meetings for people using the service but would document important discussions with individuals about key topics.
- Records showed a discussion with one person about what they wanted to do for their birthday. Another example of a recorded discussion was people were asked what they wanted to do and they decided they wanted to go to the cinema.
- Staff had regular meetings and told us they found them useful. Records showed topics discussed included the rota, training, health and safety, care planning, the weather and health and activities for people using the service.
- The provider had a system of carrying out an annual feedback survey with people who used the service. The most recent feedback survey was carried out in December 2018 and the feedback was positive with no actions identified.
- Staff confirmed they were treated equally. One staff member said, "I do believe [staff] are treated equally."

Another staff member told us when asked if staff were treated equally, "I have no reason to think otherwise."

Continuous learning and improving care

- The provider carried out quality checks for the service in order to identify areas for improvement.
- The registered manager carried out daily finance checks to ensure people were protected from financial abuse. Records showed no issues were identified.
- The registered manager carried out monthly medicine checks to ensure people were given their medicines safely. Records showed no issues were identified.
- The provider carried out monthly unannounced visits to monitor the quality of the service provided. During these visits, the provider checked the general hygiene and maintenance of the home, medicines, health and safety, staff records and quality assurance checks.
- We reviewed the providers visit record for 5 December 2019. They had noted a more efficient way was needed to monitor all aspects of service provision. There was a plan in place for action to be taken by the end of March 2020.

Working in partnership with others

- The registered manager told us they worked jointly with "Healthcare professionals and the psychiatry teams. We go to the Waltham Forest providers forum."
- Records confirmed the service worked in partnership with health and social care professionals in order to achieve good outcomes for people.