

Abbeyfield York Society Limited (The)

Abbeyfield House - York

Inspection report

Regency Mews
Dringhouses
York
North Yorkshire
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Tel: 01904704500

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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

Abbeyfield House – York is based within an extra care complex made up of 21 ensuite studio flats. The service was registered to support older people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, nine people were in receipt of regulated care.

People's experience of using this service

We received positive views from people about the support provided. Care and support was tailored to each person's needs and preferences. People were supported to remain independent and access to local activities with the community was promoted and supported.

People and their relatives were fully involved in developing and updating their planned care. Staff knew people's likes and dislikes well and people felt happy with the support they received.

People were supported with their communication needs and staff demonstrated effective skills in communication. Recruitment checks were in place to ensure staff were suitable to work at the service. Staff had received training and support to enable them to carry out their role.

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 received their medicines on time and their health was well managed. Some changes to medicines paperwork were being made. Staff had positive links with health care professionals which promoted people's wellbeing.

Relatives and staff told us the registered manager was approachable. All feedback was used to make continuous improvements to the service. The provider had systems in place to safeguard people from abuse and staff demonstrated an awareness of safety and how to minimise risks.

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 21 April 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Abbeyfield House - York

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

One inspector carried out this inspection.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the CQC. 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. The provider sent us a provider information return prior to the 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. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with the registered manager, the service manager, two support workers and a trustee was there to greet us at the start of the inspection. We spoke with five people during the inspection. We looked at two people's care records in full. We also looked people's medication administration records and a selection of documentation about the management and running of the service. We looked at recruitment information for two members of staff, staff training records, policies and procedures and records of complaints.

After the inspection

We reviewed training information further and contacted two visiting healthcare professionals, for feedback. Neither provided feedback.

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 as 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; Staffing and recruitment

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary.
- People told us they felt safe. One person told us, "Yes, I feel safe here with these support workers."
- There were enough staff available to meet people's needs.
- Checks were in place to ensure staff were recruited safely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood and recognised potential risks to people. Care plans and risk assessments contained explanations of the control measures and strategies for staff to follow to keep people safe.
- People were supported to take positive risks to aid their independence.
- Accidents and incidents were responded to appropriately. The registered manager reviewed all accidents and lessons learnt was evidenced.

Using medicines safely

- Medicines arrangements were safe and managed appropriately; people received their medicines when they should.
- The registered manager had identified that new medication paperwork was required and had started to implement this. Some paperwork was not always fully completed by staff. We saw this was being monitored and addressed with staff when necessary. Not all 'as and when' required medication had a protocol in place. The registered manager acted during the inspection to address this.

Preventing and controlling infection

- We observed staff to follow good infection control practices and to use personal protective equipment to help prevent the spread of healthcare related infections.

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 as 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.

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 with appropriate legal authority. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We were told all people had capacity to consent to their care and make their own decision's. There had been no applications to the court of protection to deprive someone of their liberty.
- It was not always clear from records who was consenting to the care being provided. The registered manager advised that paperwork would be updated to reflect this moving forward.

Staff support: induction, training, skills and experience

- Staff had not received appraisals. Supervision with all staff had recently taken place. Plans were in place for more regular supervisions and appraisals moving forward.
- Staff felt supported by the registered manager and told us they could approach them at any time for advice or support.
- A staff induction and training programme was in place. Staff told us they found their ongoing training to be good and felt skilled to meet people's needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Assessments of people's needs were completed, and these had been reviewed.
- Care and support was planned, delivered and monitored in line with current best practice and evidence-based guidance.

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

- People were supported to maintain a balanced diet.

- People were protected from risks of poor nutrition and dehydration. This included introducing specialist drinks and working with other healthcare professionals.
- People gave positive feedback regarding the food. One person told us, "The food is top, it really is wonderful, and you get plenty of it. If you didn't like it, you could ask for something else." People were consulted regarding menu's and food preferences and changes were made accordingly.

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

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals.
- Systems to record contact with professionals was being implemented.

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 as 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 were treated with kindness; they were actively listened to and their choices respected. One person told us, "I feel happy, the carers are all nice."
- People's right to privacy was respected and reflected in care planning.
- Staff were friendly and demonstrated a passion for providing a good quality service.
- Staff demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them.

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

- Staff supported people to make decisions about their care. They knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people, such as other health professionals.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. One person told us, "Staff treat me with dignity and respect all the time, I have no complaints."
- People were supported to remain as independent as possible. Staff could describe how people were encouraged and supported to do things for themselves, including house hold tasks such as washing and personal care.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

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 as 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 ensure people have choice and control and to meet their needs and preferences

- People's needs and information on how best to meet their preferences were identified, met and reviewed.

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

- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.
- People regularly engaged in the local community including visits to points of interest, the theatre and local churches. Events were advertised and supported by staff.
- People were supported to maintain contact with family and friends.

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.

- People's communication needs were identified, and reasonable adjustments were made. Information was presented in a way people could understand.
- Information in people's care plans supported staff to understand people's forms of communication.

Improving care quality in response to complaints or concerns

- There was systems in place to respond to any complaints. The complaints procedure was available within the service.
- Although no formal complaints had been received this year, the service kept a log of informal complaints and what action had been taken to address these. People told us they hadn't felt the need to raise a formal complaint.

End of life care and support

- End of life care planning was in place. One support worker spoke about end of life care training and how they had embedded this learning into their practice.

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 as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- One notification had been delayed in being sent to the CQC. The registered manager understood their legal responsibilities to ensure regulations were being met and provided reassurance that delays would not occur again.
- The registered manager had recognised the need for a new quality assurance system. This was taking a number of months to implement and embed. Whilst some minor recording issues were identified throughout the inspection, none of these impacted on the care being delivered to people. The registered provider gave reassurance that these issues would be identified through the new quality assurance systems moving forward.
- People we spoke with had confidence in the registered manager and the care staff.
- People were treated with respect and in a professional manner.
- Regular checks ensured people were safe and happy with the service they received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Staff and the registered manager involved people and their relatives in discussions about their care.
- There were opportunities where people could be involved in the service. We saw staff and people regularly had meetings and feedback questionnaires to provide feedback about the care provided. Actions were taken where necessary.
- Staff told us the registered manager was approachable and would listen to their concerns or ideas.

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 management team were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

Working in partnership with others

- The service worked closely with key organisations and had good links within the local community to

ensure good outcomes for people.