







# Abbeyfield Society (The) Abbeyfield Parkdale

## 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	

### Overall summary

Our inspection took place on 9 and 13 July 2015 and was unannounced. We last inspected the service on 17 October 2013 and we did not identify any areas where the provider was not meeting the law at this time.

Abbeyfield Parkdale provides personal care and accommodation for to 30 older people. There were 25 people living at the service when we carried out our inspection.

The service did not have a registered manager at the time of our inspection, although the manager who was at the

service at the time of our inspection is now registered with the Care Quality Commission (CQC). 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.

People told us that they felt safe and they were treated well by staff. They told us how they were cared for in a

# Summary of findings

safe way which also maintained their independence. The manager and staff had a good understanding of how to keep people safe and escalate any concerns appropriately. People told us that there were enough competent staff to ensure the care they received was safe and addressed their needs and wishes in a timely manner. We found that the provider ensured people's medicines were managed in a safe way.

People told us, and we saw care and support was provided in a way that showed staff were kind and considerate. Staff were knowledgeable about people's care and support needs, and were supported with appropriate training. People were supported to make their own decisions and choices by staff who understood and promoted people's rights and worked in their best interests. People's healthcare needs were promoted and regular appointments with healthcare professionals were maintained.

People told us they liked the staff. We saw people had developed positive working relationships with the staff who supported them. People told us that they were well cared for and staff understood what was important to them. They told us they were satisfied with the way care

and support was provided to them, and this reflected their individual preferences. Staff demonstrated a good knowledge of what was important for people and what was recorded in their care records.

People's needs were assessed and their support plans provided staff with guidance about how they wanted their individual needs met. Staff were able to tell us how people preferred their care and support to be delivered. People participated in a range of activities and were regularly supported to when they wished to access facilities and amenities in the local community that reflected their individual interests and preferences. People knew who to speak with if they had any concerns.

The provider assessed and monitored the quality of the service. There were systems in place to gain people's views on the service and these views were acted upon. In addition there were systems in place to monitor the quality of the service such a range of management audits. People and staff told us they found the manager and other senior staff approachable and were able to share their views about the service with them. Staff felt well supported by the provider and were aware of the provider's values and vision in aiming to provide good quality care.

# Summary of findings

## 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 is safe

There were systems in place to manage potential risks to people's health and welfare. There were sufficient staff to meet people's care and support needs. Staff could identify signs of abuse, knew how to escalate any concerns, knowing how to keep people safe from harm. People received their medicines as prescribed and in a safe way.

Good



### Is the service effective?

The service is effective

People told us that they had confidence in staff who they felt were skilled and competent. The provider ensured that people's rights were promoted, and their best interests were considered. People's health care needs were promoted. People had a choice of, and enjoyed the food and drinks that were available to them. The provider had systems in place to ensure any risks to people due to their health were identified and minimised.

Good



### Is the service caring?

The service is caring

People told us that staff were consistently kind and caring. We saw that staff spent time explaining people's care at the point it was provided and they respected people's dignity. People's independence was promoted.

Good



### Is the service responsive?

The service is responsive

People were involved in planning their care. Staff were knowledgeable about people's needs and preferences. People were able to pursue pastimes that they enjoyed and were supported by staff to follow their chosen lifestyles. The provider had methods for gaining people's views about the care they receive and any issues or concerns they may have.

Good



### Is the service well-led?

The service was well led

The manager was knowledgeable about people and the service. Systems were in place to review people's experiences and to monitor the quality of the service provided. People and staff felt able to approach the manager and provider and share their views or concerns and were confident these would be listened too, and changes made if needed.

Good



# Abbeyfield Parkdale

## 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.

The inspection took place on 09 and 13 July 2015 and was unannounced. The inspection team consisted of one inspector. Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. These

are events that the provider is required to tell us about in respect of certain types of incidents that may occur like serious injuries to people who live at the service. We considered this information when we planned our inspection.

We spoke with 10 people who used the service and one visitor. We also spoke with the manager, the deputy manager and six staff which included carers, the cook and administrator. We also spoke with a visiting health care professional who had involvement with the service. We observed how staff interacted with the people who used the service throughout the inspection. We looked at five people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We looked at two staff recruitment files and records relating to the management of the service, including for example quality audits.

# Is the service safe?

## Our findings

People told us they felt safe and staff treated them well. One person told us, “Certainly feel safe, no feeling of worry”. Other people said that they had, “No worries” and “Felt safe”. People told us of ways in which staff supported them, for example with transferring them from chairs or helping them mobilise and we heard that they were comfortable with how this was done and confident that they were safe. We saw that people were comfortable in the presence of staff and other people that lived there. People told us that they felt their possessions were safe. Staff were able to tell us how they ensured people’s safety, for example ensuring they knew who visitors to the home were before allowing entry.

The manager and staff had a good understanding of what potential abuse looked like so they could recognise how to protect people from harm. Staff we spoke with described what potential abuse may look like and were confident in describing how they would escalate their concerns to ensure people were kept safe. The manager was well informed as to how to report potential abuse and made accurate reference to changes in local reporting arrangements due to the Care Act 2014.

People told us that there were enough competent staff who had the right mix of skills to make sure the care provided was safe and staff were able to respond to people’s needs. One person told us that when they used their call button, “Staff come straight away and I don’t feel I have to wait”. Another person said, “Use the bell and staff respond”. We saw when people needed assistance staff responded promptly to what was requested from them, or when they observed someone in need of assistance. We spoke with staff and they felt there was sufficient staff available to ensure people were safe, and a senior carer told us that they considered how staff were delegated tasks based on their particular skills to meet people’s needs.

We looked at the systems in place for recruitment of staff and found these were robust and made sure that the right staff were recruited to keep people safe. We saw that checks, for example Disclosure and Barring checks (DBS), were carried out before staff began work at the service, and volunteers were also subject to these checks. DBS checks include criminal record and barring list checks for persons

whose role is to provide any form of care or supervision. We spoke with a member of staff that had recently commenced working at the service and they confirmed that the provider had carried out all the appropriate checks needed before they started work.

We saw risks to people due to their health or lifestyle choices had been identified, assessed and recorded in their care records. People told us that their choices were discussed with them and their independence was never compromised even if there was a degree of risk, although we saw steps were taken to minimise these risks. For example, we saw the provider had ensured appropriate equipment including a lower bed and falls mat was in place to protect a person who was at risk of falling out of bed. We saw that these measures had been identified through use of risk assessments and the manager had also ensured a referral had been made to the local falls prevention team. The manager told us that the falls prevention team that visited during our inspection had not identified any additional steps needed to promote the person’s safety from falls.

We found that the provider ensured medicines were managed consistently and safely. People we spoke with told us people had their medicines at the times they needed them. One person said, “Never have to remind staff to give medicines”, another person telling us they knew what medicines they were prescribed and they were always given to them correctly. One person told us how staff administered a controlled medicine and said they gave it to them in a safe way, with two staff checking it was administered properly. Controlled medicines are those that are subject to more robust recording and storage due to the higher risk they may present. We checked the records for this medicine and found the administration was properly recorded and the medicine was stored safely. We observed the administration of medicines on a number of occasions and saw that staff checked medicines so they were given to the right person and as prescribed. We found people’s care records contained details of the medicines they were prescribed, any side effects, and how people should be supported in relation to medicines. When people were prescribed ‘as required’ medicines there were clear instructions for staff as to when and how to give these. Staff were able to describe these protocols in detail.

# Is the service effective?

## Our findings

The manager and staff had a good working knowledge of the requirements of the Mental Capacity Act 2005. We saw these were put into practice so as to ensure people's human and legal rights were respected. Where there had been a need to restrict a person's liberty to promote their safety due to the person's lack of capacity, the provider had made applications to the local authority for authorisation to restrict the person's liberty. We saw that the manager and staff used techniques to avoid restricting people's liberty. For example, one person occasionally became anxious and wanted to leave the service which would have put them at risk in the community. We spoke with staff and they told us of ways in which calmed the person's anxiety, involving them in past times that they enjoyed and made them feel more relaxed, so avoiding the need to restrict them. We saw staff on occasion used this approach and the person was happy to follow the suggestions staff made to them.

People told us and we saw that people were given choices by staff. We saw staff helped people to make decisions by providing them with appropriate information. For example we saw people offered medicines and the staff administering these would explain what they were, what they were for and then ask the person if they wanted them. One person told us when staff supported them, "They certainly discuss what need to do, when providing support". Where people had difficulty making decisions for themselves, we saw that staff still offered people choices, for example when they offered them food and the person was unsure we saw staff showed people the meal to help them with their decision. We spoke with staff and they consistently said that they would always offer choices in this way when necessary, for example showing people a choice of clothing when helping them to dress so they had a visual reference to help their decision.

People told us they felt staff were good at their jobs and this enabled them to provide their care to the standard they expected. One person told us, "They [staff] know what they are doing". Another person said they, "Get on well with carers, they are quite good" and a third person that, "Staff have all sorts of skills that I didn't know about". We saw staff provided people with care and support on a number of occasions in a way that they were comfortable with and was safe. We spoke to a range of staff and they showed they

had an in-depth knowledge of people's needs. The manager said they were confident in the skills of the staff team and spoke of training they were introducing to develop their skills and knowledge, for example equality, diversity and human rights. Staff told us that they were supported with the training they needed one member of staff telling us, "There is plenty of training". All the care staff that worked at the service had achieved a vocational qualification in care. Ancillary staff also told us that they had access to training the care staff undertook so they could better understand the needs of people who lived at the service, for example the cook told us they had been supported to undertake training on dementia care. This showed the provider's commitment to supporting staff with their development.

People told us they experienced positive outcomes regarding their health. One person told us of an occasion when they were unwell and told us how the staff responded quickly and, "Knew what to do". People told us if they wanted access to a GP or other health professional they just had to ask staff. If they were unwell they said staff contacted the appropriate healthcare professionals. People told us they had access to routine health checks when they wanted these, such as opticians and chiropodists. Some people told us that they chose not to see a dentist unless they felt they needed to. A visiting healthcare professional told us the staff were good at picking up on issues that needed referring to them, for example changes to the condition of people's skin. They also told us staff followed advice they gave them in promoting people's health. We looked at some people's records and these showed us that any risks to people's health was assessed, monitored and reviewed on a regular basis.

People said that the food they received was consistently good and they always had a choice of the foods or drinks they had. One person told us, "Foods good, I have never asked for anything different but have what I like". Another person told us, "Food is very good, everyone has what they choose to have, you have absolute choice in what you want". People also told us that they had a plentiful choice of drinks throughout the day, and we saw staff encouraged and offered people a choice of drinks on numerous occasions during our inspection. We observed a lunch time meal and saw that this was a relaxed occasion that people enjoyed. The way that the meal was served acknowledged people's individual preferences with platters of vegetables and potatoes taken to people and served in accordance

## Is the service effective?

with their individual choices. We saw that gravy and sauces were taken to people and they were asked if they wanted some, how much they wanted and where on their plate. We saw that people that needed assistance to help them eat were provided with this promptly by staff, who assisted them at the person's pace and took note of what people told them.

We spoke with the cook who told us how they spent time talking with people to find out what their dietary likes and dislikes were. We saw these were recorded so that catering

staff had access to this information. This information also included a record of which people required special diets, such as softer or fortified foods where they may have difficulty swallowing or had been identified as losing weight. People we spoke with told us that they were able to talk to the cook about their views, and we saw the cook asking people their views of the meal after lunch was served. One person told us, "Staff know what I like and I have a fortified diet".



# Is the service caring?

## Our findings

People who used the service and other people who had contact with the service were positive about the caring attitude of the staff. One person told us, "I'm looked after well, staff are polite, brilliant". Other people told us, "They are lovely girls, appreciate what they do", "Get on well with carers they are quite good" and, "Staff always do what they need to do for me".

People were supported to express their views when they received care and staff gave people information and explanations they needed to make choices. One person told us, "It's all very good, I have freedom of choice" another person saying staff, "Spend time to talk". We saw during our inspection that staff provided care to people that showed they were kind, attentive and compassionate. For example we saw staff talked people through the care and support they were to offer them before and during the process, offering good explanations and reassurances to people. Staff we spoke with understood that some people may have had difficulty expressing their wishes verbally and knew how they would make their wishes apparent. One person said, "Staff tell you what they are doing and do it well".

We found good relationships between staff and people that received support. We saw that staff promoted people's dignity and showed them respect. One person told us, "Staff have been very good in allowing me to come to terms with things" and another person said the staff, "Are extremely kind". We spoke with people as to their preferred titles and saw that staff always used these chosen forms of address. We saw that staff were consistently friendly and jolly with people with lots of smiling and laughing seen from people and staff when they were talking to each other.

We saw that people's privacy was promoted. A number of people we spoke with told us they liked to spend time in their rooms but could choose to sit in the communal areas if wished at any time as we saw happen during our inspection. We saw people's bedroom doors were pulled shut unless the person expressed a preference to have the door open. We saw staff knocked bedroom doors and waited for permission before entering. People told us staff always did this and that they respected their privacy one person saying, "Staff never come in without knocking the door first".

We saw that staff promoted people's independence, for example where people were able to feed themselves staff encouraged them to do so. We saw people had freedom of movement where wished. Where there were risks of people, for example falling we saw steps were taken to minimise the risks without unduly restricting people's independence or choice.

People told us that their relatives could visit at any time and a number of people had access to their own telephones for private use. One person told us how the manager had supported them when they moved in to get their private telephone line installed. People told us that they could see their visitors where they wished within the service, including their room, and told us how the staff ensured visitors were made welcome by offering drinks, and the option of meals at nominal cost.

We saw that some people's bedrooms were personalised and had items on display that people told us were of personal significance and important to them. People told us they liked their rooms the way they were and they reflected their personal preferences.



# Is the service responsive?

## Our findings

People told us that the care and support they received from staff reflected their expressed preferences and needs. One person told us, “Staff know me well” and, “If I wanted explanations about my care staff would provide these”. A second person said, “The care is okay and it’s as wanted”. A third person said, “Staff listen to me, don’t stop doing things for me I want and they have a fair knowledge of what’s important for me”.

One person told us about moving into the service and they said they visited before making any decision and met with senior staff. They told us they had questions and the manager and deputy, “Gave freely of their time to answer these”. They also said the manager, “Organised so I could speak to other people [living at the service]”. They told us that the manager undertook an assessment of their needs, preferences and requirements prior to their moving into the service and ensured these were updated after they moved in. The person told us, “I have seen my total care plan and they have read it to me too” and also said that staff knew what their preferences were in some detail.

We looked at a number of people’s care plans and found that these reflected the care people told us they received and what their preference and choices were. We also saw staff providing care and support to people on a number of occasions and this also reflected what we saw detailed in people’s care plans. We spoke with staff and they were well informed as to what people’s needs were and how people preferred these to be met.

The provider enabled people to have involvement in pastimes that they found meaningful. People told us that they were able to spend their time as they wanted and when wished were able to participate in activities they

enjoyed. People told us they enjoyed cake making, exercise and bingo sessions and following discussion in meetings, days out were planned. We saw that staff were aware of people’s individual interests for example one person was supported to grow plants in the garden. One person told us about a, “Lovely day out” they had which was, “Very enjoyable”. Some people said that volunteers hosted ‘strawberry teas’ and said these were enjoyable occasions. One person told us how the staff made people’s birthdays a special occasion saying the staff always, “Make a cake, show it to everyone then you blow the candles out and everyone sings happy birthday”. People were able to observe their religion and were supported by local places of worship, with one person telling us about regular visits to the Church and another saying that there were regular Church services at the home. People also received visitors from the church on an individual basis, these visitors from differing denominations.

There were a number of ways people told us they were able to feedback their views about the care they received. One person told us, “I can complain if I want to, they [staff] will sort it out, would make changes if needed”. Another person said, “If not happy would talk to [manager], would think he would sort”. All the people we spoke with told us that they were able to complain to staff. We saw the provider’s complaints procedure was available within the service and people we spoke with were aware of this. This contained information about who people could complain to if they were not satisfied with the provider’s response to any potential concerns. No one we spoke with had any complaints, or recalled raising any concerns and we saw that two complaints received had been dealt with appropriately by the manager. The manager told us that they would record any complaints and investigate them, or escalate to the appropriate person.

# Is the service well-led?

## Our findings

The service did not have a registered manager at the time of our inspection, although the manager has since been registered with us. The manager was supported by an established deputy manager who had worked at the service for a number of years. Both the manager and deputy manager were knowledgeable about people's needs and the management of the service. The manager showed a good understanding of recent changes in the law that impacted on the service and told us of ways these were communicated to staff, for example through training, information hand outs and meetings. This was reflected by what staff told us.

We saw a range of internal quality audits were undertaken to monitor the service. There was a system in place to identify, assess and manage risks to the health, safety and welfare of the people using the service and others. We saw incidents, accidents, safeguarding and complaints were recorded and monitored for trends and patterns. These informed how risks were managed, for example we saw that steps had been taken to minimise the risks to people from falls and weight loss. We saw there was a regular monitoring visit carried out by the provider where they spoke with people, observed what was happening in the service and checked records. The records of these visits outlined the provider's findings and included action points identified for improvement, these related to target dates for completion.

People told us about positive outcomes, one person saying, "Can approach the manager and all the staff are wonderful" another that, "We are well fed, well cared for, absolutely marvellous". A visiting health care professional told us the service "Passes the mum test". We saw people's views were sought through a variety of methods including surveys and meetings. We saw that recent satisfaction questionnaires from people, relatives and other stakeholders had been completed and presented a positive view of the service. People told us they had meetings with one person saying, "Have residents meetings, talk about activities, food, wishes". People told us they were able to share their views at these meetings and the manager

listened to what people said. The manager said they operated an 'open door' policy and tried to make themselves accessible to people and visitors to allow them the opportunity to discuss their experiences. People confirmed the manager and deputy were accessible. One person told us the manager was, "Quite accessible to people, as was X [the deputy] and [senior staff]". We heard from one person that they had raised an issue about an item of equipment they used and the manager had ensured this matter was addressed promptly. People and relatives had raised some concerns with the manager about some of the bedroom windows, for example we saw some were fogged preventing a view outside. The manager had promptly escalated this issue to the provider who we saw from records was obtaining quotes for this work to be completed.

The manager told us about their vision and values for the service which we saw reflected those stated by the provider in their information about the service which was accessible to people. We spoke with staff who also had an understanding of the provider's value base.

Staff told us they understood their role, what was expected of them, and were happy in their work. Staff expressed confidence in the way the service is managed and told us the management were available when they wanted to talk to them, one saying the manager was, "A good boss". All the staff we spoke with told us they received regular one to one meetings with the manager or deputy where they were able to reflect on their work and discuss any issues of concern. They told us staff meetings were held to ensure any changes needed at the home were communicated to them. We observed the handover between staff shifts and saw this was also used to communicate information that staff needed to be aware of. Staff also told us that they felt able to raise concerns with the provider, one staff member telling us a senior manager, "Listens to" staff. Staff told us they felt able to raise concerns and would contact the provider or external agencies and 'whistle blow' if needed. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organization that is either private or public.