

Abbeyfield Loughborough Society Limited(The) Abbeyfield Loughborough Society

Inspection report

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Date of inspection visit:
20 December 2019

Date of publication:
29 January 2020

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 Loughborough Society provides accommodation and personal care for up to 31 older people living with dementia and similar health conditions. At the time of our inspection there were 29 people using the service.

People's experience of using this service and what we found

The staff were caring and kind. They continually interacted with people, talking with them, smiling, holding their hands and taking an interest in what they were doing. The atmosphere in the home was happy and positive.

Staff were knowledgeable about people's needs and supported them in the way they wanted. A relative said, "The staff care so much and know people very well. They anticipate people's needs."

The premises were well-suited to the needs of people living with dementia. They were spacious, light, and decorated with interesting items and displays to stimulate conversation and orientation. People enjoyed using the retro sweetshop and vintage kitchen area.

People were safe at the home. There were always enough staff on duty to meet people's needs and staff were safely recruited, competent, and knowledgeable about the people they supported. All areas of the home were clean, tidy and fresh.

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.

Meals were wholesome and well-presented. Staff ensured people's dietary needs were met. The home had a weekly GP surgery. Staff worked with healthcare specialists to support people living with dementia.

Relatives took an active role in how the home was run and had their own support group. Staff welcomed relatives' involvement in people's care and support, listened to them, and acted on their comments and suggestions.

People enjoyed the home's extensive activity programme. A relative said, "The activities are excellent, really imaginative. There is always stimulation for people. They can watch or join in, it's up to them." People had one-to-one and group activities and went on trips out.

The home was well-managed. Its purpose was to enhance the quality of life for older people, and staff and managers achieved this along with the people living there and relatives. The result was a home where people thrived and became more independent and fulfilled.

Managers and the home's board of trustees carried out quality audits and monitored the home's performance. They made ongoing improvements based on the views of people, relatives, staff and their partners in care.

Rating at last inspection

The last rating for this service was Good (inspected 14 March 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 Loughborough Society

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

The inspection was carried out by one inspector.

Service and service type

Abbeyfield Loughborough Society is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both 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

This inspection was unannounced.

What we did before the inspection

We looked at the information we held about the service, which included any notifications that the provider is required to send us by law. We also reviewed the information the provider had sent to us in the provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people using the service. We observed staff interactions with people. We spoke with three relatives, the general manager, the deputy manager, a senior care worker, two care workers, and the activities co-ordinator. We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at two people's care records.

Following our inspection visit, the registered manager sent us further documentation we had requested.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Since our last inspection window restrictors have been fitted on first floor windows in line with Health and Safety Executive guidelines and risk assessments reviewed and improved.
- There were measures in place to prevent the risk of accidents. For example, a person who had previously fallen had a pressure mat and a sensor system in their bedroom to alert staff if they got up in the night.
- External professionals were involved, where necessary, to reduce risk to people. For example, following incidences of distressed behaviour, two people's medicines were reviewed, and staff took advice from mental health specialists on how best to reassure the people involved. This had positive results with a reduction in incidents occurring.
- Risks were regularly reviewed, and any changes were shared with staff to ensure they had up to date information on how to meet people's care needs.
- The home was well-equipped for people with limited mobility, including those who might be at risk of falls. People had adjustable hospital beds, hoists, and other equipment to support them to mobilise safely.

Using medicines safely

- Following an audit carried out by the registered manager in September 2019, improvements were made to the way medicines were managed at the home. The audit found medicines errors had not always been reported to the local authority and some records were incomplete. There was no evidence of people being harmed due to these shortfalls.
- In response to the audit's findings, managers worked with the local authority to ensure errors were reported in a timely manner, staff re-trained and their competency checked, and ongoing monthly medicines audits introduced.
- People had their medicines safely and on time. Medicines were kept securely at the right temperature. Medicines records were accurate and in good order. Staff arranged for GPs to review people's medicines when necessary and followed their prescribing instructions.
- Only senior staff with enhanced medicines training administered people's medicines. We observed part of a medicines round. A senior staff member took people's medicines to them and waited while they took them safely with a drink. The staff member was patient and kind and ensured people were comfortable taking their medicines.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the home. Relatives said staff kept people safe. A relative said, "I never worry about [family member] from a safety point of view. This is a safe place."
- Staff were trained in how to keep people safe from abuse and recognised the signs that might indicate a

person was being abused. They knew how to report concerns to the registered manager, provider, and external agencies if necessary.

- The provider had systems in place to safeguard people from abuse including safeguarding and whistleblowing policies and procedures.

Staffing and recruitment

- The home was well-staffed. Since we last inspected staffing levels were increased with the introduction of a new three-hour morning shift. This meant people had extra staff to assist them to get up in the morning at what was a busy time in the home.
- Managers adjusted staffing levels in relation to people's dependency needs, and the views of people, relatives and staff. For example, if a person had a behaviour that challenges, staffing levels were temporarily increased to reduce risk, observe the behaviour, and look for triggers to find a solution to manage the behaviour.
- The provider followed safe staff recruitment practices. Records showed staff went through a robust recruitment process which included criminal records checks and supplying references. This meant only suitable staff were employed at the home.
- A relative asked us to check if there were enough staff on duty at handover time (when staff gather in the office before shifts to share information about people's needs). We made observations and discussed this with the deputy manager. We found there was always one staff member on duty in the lounge at this time and other staff close at hand if they were needed. The deputy manager said staffing levels at this time would continue to be monitored to ensure they were safe.

Preventing and controlling infection

- All areas of the home were clean, tidy and fresh. Relatives commented on how clean the home was, and one relative said it was 'always clean and a credit to the housekeeping team'.
- Staff were trained in food hygiene and infection control. They used thorough handwashing techniques and used personal protective clothing to prevent the spread of infection.
- The cleanliness, facilities and management oversight of the home's kitchen was rated as 'Good'/'Very Good' by the Food Standards Agency. This meant food was safely handled, stored and prepared in a clean environment with appropriate infection control measures in place.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reported, where necessary, to the appropriate authorities. Managers reviewed incident and accident data to identify any themes or trends.
- Lessons were learned when things went wrong. For example, following shortfalls in medicines management, new systems were put in place to ensure medicines were managed safely and staff suitably trained and competent in medicines administration.

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 and relatives' feedback confirmed this.

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

- The registered manager or deputy manager assessed people before they came to the home to ensure it was right for them and staff could meet their needs.
- Assessments were comprehensive and in line with best practice guidance. People's needs, including their culture, faith, age, sexuality and disability were clearly documented.
- People and their relatives, where appropriate, were involved in the assessment process. This meant staff had personalised information about people to base care plans and risk assessments on.
- Since our last inspection staff were trained in oral health care. People had oral health care plans and monthly assessments to check their oral health need were met.

Staff support: induction, training, skills and experience

- Staff were skilled and knowledgeable about the people they supported. The home's training programme ensured they could meet people's needs and included courses on equality and diversity, dementia awareness, and behaviour that challenges.
- Training was provided online or face to face depending on the subject. The deputy manager said more face to face training was being introduced as it gave staff the opportunity to discuss what they had learnt and ask questions.
- Staff had specialised training to meet people's individual needs. For example, district nurses trained senior staff in insulin administration.

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

- Relatives praised the food served and people were seen to enjoy their meals at lunch and teatime during our inspection. Meals were wholesome and well-presented with plenty of choice for people.
- The chef consulted with people and relatives when planning the menu. If people had any cultural or dietary needs these were met. Staff assisted some people with their meals and ensured those who needed them had adapted plates and cutlery so they could eat independently.
- The main meal of the day was served at teatime, and a hot or cold snack at lunchtime. Staff said this was because some people became sleepy after having a large meal in the middle of the day and missed out on the afternoon activities as a result. Staff said people seemed happy with this arrangement and were more active in the afternoon and sleeping better at night as a result.
- People's nutritional needs were assessed and if there were any risks identified staff referred them to a dietician and/or the speech and language team. Where necessary people were regularly weighed and their food and fluid intake monitored to ensure they were eating and drinking enough.

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

- Relatives said staff responded promptly if their family members were unwell. For example, a relative told us how staff immediately called in a GP when their family member had a chesty cough so they could be treated.
- People's healthcare needs were assessed and met. Staff ensured they saw a GP or other health care professionals when they needed to. The home had a weekly in-house GP surgery so people didn't have to travel to appointments in the community if they didn't want to.
- To support people living with dementia, staff worked with the community mental health team and an 'inreach' team who specialised in supporting people in care homes.
- Other healthcare professionals, including opticians, chiropodists, hearing specialists, dentists, and occupation therapists, provided services to people at the home.

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

- The premises were designed and adapted to meet the needs of people living with dementia. The home was spacious and light with dementia-friendly signage in place.
- Themed areas and murals throughout the building helped people find their way around and provided a stimulating and interesting environment for them.
- Bedroom doors were designed to look like front doors and had memory boxes (filled with photos or personal items familiar to the occupant) to make it easier for people to locate their own rooms. There were scarves and hats and other items of interest scattered around the home for people to look at and pick up.
- When people moved in staff found out what colour their previous bedroom was. They then painted one of their new bedroom's walls the same colour so it would seem familiar to them.
- Other dementia-friendly features at the home included a retro shop with brass scales and sweet jars, a homely retro kitchenette with vintage kitchen utensils and cook books, and a kitchen serving hatch with a striped awning to resemble a café. A relative said, "I nearly cried when I walked in because it looked so incredible. It's perfect for the residents."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that they were.

- The home worked within the principles of the MCA and conditions on authorisations were met and monitored. Mental capacity assessments and best interest decisions were completed for individual decisions people were unable to make for themselves. The person's relative or an independent advocate and relevant professionals were involved. Processes were clearly documented.
- Staff were trained in the MCA and understood their responsibility to support people to make their own decisions where possible. Staff asked for people's consent before providing them with care and support.

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

- Relatives made many positive comments about the caring nature of the staff team. A relative said, "I have overheard the carers talking to [person] and they couldn't have talked to them in a nicer, kinder way."
- Staff were affectionate, loving and kind to people. A relative said, "The staff are like family. [Person] loves being hugged and kissed so the staff make sure they get lots of affection. One [staff member] speaks to them in [their first language] and calls them 'grandma'. They love that too."
- Staff reassured people when they needed to. For example, when one person was distressed at teatime staff brought them to the lounge area for their pudding. The staff member sat with them while they had their pudding. This resulted in the person becoming calm and happy.
- Staff communicated well with people. A relative said, "The care staff mingle with the residents even when they're on their breaks, they don't sit away from the residents and chat like you see in some homes."
- The home recruited student volunteers to spend time with people and befriend them. This meant people had extra opportunities to socialise.
- The home had an established staff team, some of whom had worked at the home for many years. This meant people had regular staff and enjoyed continuity of care with staff they knew well.

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

- People, relatives and staff contributed when people's care plans were written. Once completed, people and relatives were given a copy to sign to ensure they agreed with the content.
- People, relatives and staff attended review meetings where care plans were updated, where necessary, to reflect people's changing needs.
- Staff welcomed relatives' involvement in people's care and support. A relative said, "[Senior carer] and I work closely together. We do [person's] care plan together." Another relative said staff emailed them 'at the drop of a hat' to let them know how their family member was.

Respecting and promoting people's privacy, dignity and independence

- Staff were trained in Dignity in Care. They were respectful and polite in their dealings with the people they supported. They knocked on bedroom doors before entering, and closed curtains and doors when giving personal care.
- Some people had found it difficult to get out of their chairs due to their declining mobility. In response the home purchased more 'rise and recline' chairs which enabled people to get up independently which was more dignified for them than being hoisted

- People's records were kept securely in line with the General Data Protection Regulation (GDPR). This meant no-one had unauthorised access to people's personal information.

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

- Relatives said people's care needs were met promptly in the way they wanted. A relative said, "[Person's] key-worker and senior understand [person] and what makes them tick. The key-worker water's [person's] plants and keep on top of what they need."
- People's care plans were personalised, so staff could understand and support people on an individual basis. Each person had an 'all about me' poster in their room so staff could familiarise themselves with the person and find topics for conversation with them.

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.

- Staff understood people's communication needs and ensured they were met. People's had care plans telling staff how best to communicate with them.
- Measures were in place to ensure people's communication needs were taken into account. For example, one person had hearing difficulties so the doorbell on their bedroom made a light flash in their room to alert them, as did the fire alarm.
- Staff communicated with people in the way they preferred. A staff member told us, "[Person] has a hearing aid but they don't like using it and prefer us to write things down for them which we do."
- The home had pictorial signage to help people find their way around. Menus were also pictorial and plated meals were shown to people to help them choose what they wanted to eat.

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

- The home had an extensive activity programme. A relative said, "Every day there's something going on. [Person] loves it. They love the music and they love to dance. Staff know this."
- The home employed an activities organiser and an activities worker and provided 45 hours of activities per week. People were assessed when they came to the home to see what their hobbies and interests were and what activities they might like to try.
- On the day of our inspection people were cake decorating, singing, and using therapy dolls. People took part in group and individual activities. For example, one person liked to crochet so staff took them to a local wool shop to choose their materials.
- Visiting entertainers came to the home and people went on regular trips out, for example, on boat trips

and to local parks and a manor house.

- People's cultural needs were addressed. Ministers from different churches came to the home to hold services. The home celebrated religious and cultural festivals, for example Diwali, St Patrick's Day and Christmas.

Improving care quality in response to complaints or concerns

- Relatives knew how to make a complaint if they needed to. A relative said, "There is a proper procedure if you want to use it but there's really no need, if anything's wrong we just talk to the staff or the managers. They always listen and put things right."
- Information on how to make a complaint was displayed in the home. Staff advocated for people who might not be able to complain due to their mental health needs. A staff member said, "If people seem unhappy we find out why, there may be something wrong that they can't tell us about."

End of life care and support

- The home provided end of life care in conjunction with healthcare professionals and others involved in a person's care and support. Staff were trained in end of life care.
- People and their relatives had the opportunity to discuss their end of life care if they wanted to. Their wishes, preferences and cultural needs were recorded in advance care plans.
- The home had a memorial book where people who had died at the home were remembered. This meant visitors could see if a person had passed away and would be able to pass on their condolences to family members.

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.

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

- The home was well-led and had a positive, open culture. A relative said, "[Registered manager] is brilliant and a great listener. If something's not right she will query it. [Deputy manager] is very good too, very on the ball. They both listen to me and they always put my [family member] first."
- Staff were happy working at the home and understood its purpose, which was to enhance the quality of life for older people. A staff member said, "It doesn't seem like a care home. The residents are free to do what they want when they want. They can eat when they want and go out when they want. We're not an institution."
- Outcomes were good for people. Records showed people becoming more active and independent at the home. The atmosphere was warm and friendly. People enjoyed group and one-to-one activities and had good relationships with the managers and staff team.
- The home was well-supported by the provider. A staff member said, "This home is well-managed and well-resourced, so we are able to provide really good quality care. I'm happy coming here every day because this is a great place to work."

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 managers fulfilled their legal obligations to notify the Care Quality Commission of serious incidents involving people living at the home.
- Managers were open and honest when things went wrong. For example, following medicines errors the provider and registered manager acted to improve the way medicines were managed at the home. Further audits were introduced, including one carried out by a member of the home's board of trustees with experience in this field. As a result, medicines were now safely managed at the home.

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

- The managers and staff understood their roles at the home and worked together as a team to provide care and support to people. A relative said, "The seniors here are so professional, and so human as well." A staff member said, "We have a good group of carers who listen [to senior staff] and take everything on board."
- The provider, board of trustees, and registered manager carried out regular audits to monitor the quality of the home and make improvements where necessary. These included the registered manager's annual comprehensive audit that was presented to the board of trustees to give them an overview of how the home

was operating.

- A personalised 'resident of the day' audit was central to the quality monitoring system. This involved all the home's departments focusing on one person and reviewing every aspect of their care. On the day of our inspection visit the person whose care was being reviewed did their favourite one-to-one and group activities and had a meeting with the chef to choose their favourite dishes at mealtimes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers and staff saw people in small groups to listen to their views on the home. People had recently discussed how to raise a concern when they were reminded what to do if they were unhappy about anything at the home.

- The 'resident of the day' was asked for their views and these were recorded. For example, the latest 'resident of the day' made positive comments about all aspects of the home and said, 'I feel very spoilt.'

- Relatives shared their views in surveys and at quarterly meetings attended by members of the board of trustees.

- The home had a relatives' support group providing practical and emotional support to people's families. The support group liaised with the home's management who listened to their suggestions and ideas.

- Staff took account of people's cultural and communication needs when gathering their views. For example, a relative told us staff had carried language dictionaries with them to ensure they could understand what one person was telling them.

- During our inspection a relative asked if agency staff could wear name badges to make it easier for people to identify and address them. The general manager said this would be a good idea and they would look in to this.

- Staff shared their views at meetings, supervisions and appraisals. A staff member said, "The managers are brilliant. They listen to what we say and are really understanding and supportive."

Continuous learning and improving care

- The home had a culture of learning and listening to people, relatives and staff. A staff member said, "All the managers listen to the residents, relatives and staff. They take on board what we say and make improvements as a result."

- The home was planning to update their medicines room to improve storage facilities. Their request was being submitted to the home's board of trustees for approval. Plans to build a further home on an adjacent site were in progress as the general manager said there was an increasing need for dementia care beds in the area.

Working in partnership with others

- The home had links with a local nursery whose staff brought children to the home for regular dancing sessions. This had had a positive effect on the people at the home. For example, one person who rarely spoke began saying the name of one of the children they got to know. People enjoyed watching the dancing sessions which contributed to their well-being.

- The local authority carried out contract monitoring visits to the home. The report from their most recent visit stated, 'A positive visit with good outcomes noted for the service users living at Abbeyfield.' All actions from the previous visit were met and no further actions required.