

Abbeyfield Society (The)

Abbeyfield House -

Stockport

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

Abbeyfield House - Stockport is an adapted building located near Bramhall Village in Stockport. The home provides accommodation for older people who require nursing or personal care for a maximum of 16 people over two floors. At the time of our inspection there were 16 people living at the service.

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

People felt safe and well cared for at Abbeyfield House. Systems were in place for assessing and managing risk and action was taken in a timely way when shortfalls were identified. If things had gone wrong, such as accidents, systems were in place to ensure lessons were learnt. There were enough staff to meet people's needs and staff were safely recruited. People were being supported to take their medicines safely and were protected from the risks associated with the spread of infection.

People's needs were assessed, and care provided in line with preferences. People were supported to access health care services as needed and were supported to eat and drink well. Staff were well trained and supported to undertake their roles. 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.

People had positive relationships with the staff supporting them and felt that staff were kind, caring and respectful. People were supported to make decisions as much as possible and independence was promoted.

People were receiving personalised care from staff who knew them well. Care was tailored to people's communication needs and staff ensured people had all the equipment they needed to support good communication. People were supported to access a range of activities and interests, and the service worked with the local community to meet people's needs. People felt able to raise concerns if they needed. The service understood of how to support people as they approached the end of their life, and the service received a number of compliments from relatives in relation to the care given to family members.

The manager was proactive and committed to ensuring that Abbeyfield House provided good quality, personalised care to the people they support. People, families and staff spoke positively about the manager and how the service was run. The manager had an understanding of the role and a number of ideas for the future of Abbeyfield House. People and families were encouraged to be involved through service feedback and development. The community was involved and people living at the home could choose to be in contact with members of faith groups and local schools. There were suitable systems for oversight and governance of the service to ensure it provided safe and good quality care.

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 19 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Abbeyfield House - Stockport

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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by 1 inspector.

Service and service type

Abbeyfield House - Stockport is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbeyfield House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The home manager had begun the process of registering with us.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any information of concern and notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan the inspection.

During the inspection

We reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 5 people who use the service, 2 relatives and 8 members of staff, including the manager, care workers and auxiliary staff.

We reviewed a range of records including full care plans for 3 people and additional care records in relation to the management of other specific needs. We looked at 3 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including policies and procedures were examined.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and happy living at Abbeyfield House. One person commented, "The staff are very helpful and look after me." One relative told us, "[Family member] always tells us how lucky they are to be at Abbeyfield House."
- Staff had completed training in safeguarding. The manager maintained accurate records of any safeguarding concerns and would investigate and work with the local authority where safeguarding concerns were identified.

Assessing risk, safety monitoring and management

- The manager completed regular checks of the environment and took action to ensure the environment was safe. During the inspection we fed back that some wardrobes were not suitably secured to the wall. The manager immediately arranged for maintenance staff to complete full checks to ensure furniture was suitably secured where this was needed.
- The provider had arrangements for checks on maintenance of the environment and equipment to ensure it was safe for use. This included electrical items, lifting equipment, water and gas facilities.
- People's individual risk was assessed, and action taken to mitigate risk recorded in care plans.

Staffing and recruitment

- Staff were suitably recruited. Pre-employment checks were completed to ensure applicants were of suitable character to work in care settings. This included completing checks with the Disclosure and Barring Service (DBS) and seeking references from previous employers. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- There were sufficient staff employed to meet people's needs. People, relatives and staff all felt there were sufficient staff to meet people's needs and any shortfalls were met through teamwork. We observed staff were available to support people as needed and took time to chat with people. Support was provided in a patient and unhurried manner.

Using medicines safely

- People were receiving their medicine as prescribed and there were suitable systems to ensure medicines were securely stored. This included regular checks of the temperature and counts of medicines. All medicine's we checked were correct indicating no medicines had been missed.
- People had medicine care plans and protocols around any medicines they may need occasionally. At the time of inspection these were stored separately, rather than at the point of administration in medicines administration records. We discussed this with the manager who agreed it may help staff to have all the information they need at the point of administration and took quick action.

- Where people had medicines which were in the form of a patch applied to the skin there were systems in place to monitor where these were applied. However, the records did not always provide sufficient information to ensure manufacturer's guidance, relating to the frequency of patch rotation to protect the skin from irritation, was being followed. This was discussed with the manager who took immediate action to implement an appropriate system.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- Systems were in place to ensure lessons were learnt if things went wrong. Investigations and analysis of incidents were completed to identify themes and trends, and the manager was quick to address shortfalls if these were identified.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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's needs were assessed prior to admission. These were subject to ongoing assessment and review. Care was planned in line with good practice guidance and people's preferences.
- People were receiving care in line with assessed needs and preferences. One relative told us, "Staff are very good. They are doing everything asked of them. They support and encourage [family member] to make healthy decisions."

Staff support: induction, training, skills and experience

- Staff spoke positively about working at Abbeyfield House and positively about the support they received from the home manager. One staff member commented, "[The manager] is very approachable and very fair."
- Staff were supported to access a variety of training, had regular supervision and the manager completed observations of practice to ensure staff were competent in the support they were providing to people. There were some areas of training where compliance needed improving and this was discussed with the manager.

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

- Mealtimes were relaxed and sociable occasions for people. People were given choices of what they wanted to eat, and we observed people were enjoying their meals.
- The menu was developed based on feedback from people and the meals they enjoyed. Staff knew what people liked, and the kitchen staff had a good understanding of people, their preferences and how to meet their specific needs, including those who required a modified diet.

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 receive regular checks with their doctor. The doctor completed visits to the home on a weekly basis, and people could access medical support outside of these rounds when they required.
- Referrals were made to external agencies such as the speech and language therapy and district nurses where a need was identified. Any advice provided by external services was incorporated into people's plans of care.
- Staff knew people well and were able to identify if a person needed additional input or medical intervention. People told us they were confident staff would arrange for them to access any health care services they might need. Staff would support people to appointments with external organisations when needed.

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

- The service was adapted to meet people's needs. The home was clean, tidy and well maintained. Adapted equipment was in place to support people to remain as independent as possible and people were able to access a variety of secure communal areas including a well maintained garden area.
- People personalised their bedrooms to make them comfortable and homely.

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 MCA 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.

- People were supported to make decisions and consent to the care they received. People's capacity was considered, and care records contained information about people's preferences and choices. People told us they were consistently asked for consent before support was provided.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 they were very well treated. One person said, "I am very happy living here. The staff treat you well."
- People equality and diversity was respected. Care plans considered people's specific needs and staff ensured that these were being met. People told us staff were respectful of them and their decisions. One person commented, "I always feel respected. They listen and do whatever they can to help."
- Staff spoke with genuine affection about the people they supported. One staff member commented, "I can't speak highly enough of the home, I would happily have any member of my family live here."

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

- People were consistently involved in decision making about their day to day care. We observe staff provide choice and support decision making in all areas.
- Care records indicated people and those important to them were involved in developing plans of care to meet their needs in line with their preferences. Relatives confirmed they were very involved in decision making along with their family member.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and kindness. Staff considered people's dignity and were discrete when providing support to people. People told us staff always knocked before going into their bedroom, and always asked before providing support.
- People were encouraged to do as much as they could for themselves, and equipment was sourced where a need was identified. For example, different coloured plates were used for some people to help them distinguish the food items on their plate.
- Relatives fed back the service was very proactive in ensuring people were encouraged to remain independent. One relative said, "They are very good, they encourage family member to eat well, they prompt them to look after their [personal care] and I know these things are happening."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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 told us they were receiving personalised care which met their needs. Staff knew people well and understood how to support them effectively in line with their needs and preferences.
- Care plans and records were person-centred, and people were involved in developing and reviewing how they were cared for. One relative told us, "As a family we have been very much involved. In fact, we have been supported to lead the decisions, they liaise with us, and everything has been dealt with."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The home manager understood how to support people's communication needs. Care plans detailed how to support people to communicate effectively and equipment, such as hearing aids, were regularly checked to ensure they functioned properly.
- Written information could be adapted to meet people's needs and included large print and translations services. Staff supported people calmly and with patience to ensure people understood information and could respond appropriately.

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

- There was an activity worker in place and a range of activities was available for people to engage with. Staff worked closely with other services to support people and reduce social isolation. For example, young people visited from a local school, and members of religious groups completed monthly visits with people if they choice to be involved.
- People, families and staff spoke positively about the activities and staff kept families up to date on events happening at the service. One relative commented, "The activity worker is brilliant. We get updates about what has been happening. The activities are good and wide ranging. They have always been very responsive to supporting [family member] with what they want to do."
- The activity worker spent time getting to know people and what they liked to do and would plan and arrange activities based on this information. Groups and one to one activities were provided, based on people's needs and preferences. Staff were proactive in encouraging people and supporting activities within

the home.

Improving care quality in response to complaints or concerns

- People and families felt able to raise concerns. One relative told us, "The manager is very receptive. I haven't needed to, but if I did, would have no concerns about approaching them."
- Information about how to make complaints was available for people. There had been no recent complaints. There were suitable policies in place and the manager understood what action to take to investigate complaints and told us they would take quick action in response to any concerns people raised.

End of life care and support

- Nobody was receiving end of life care at the time of inspection. The manager was passionate about giving good quality end of life care and we reviewed care plans which had been in place for people who had received end of life care at Abbeyfield House. These were detailed, and evidenced kind and compassionate end of life care was being given.
- Staff shared experiences of how the service supported people with end of life care. One staff member told us, "The manager is so loving with people receiving end of life care."

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; Continuous learning and improving care

- People and families felt the service was good and supported people in a person-centred and positive way
- The manager had several ideas to improve the quality and care delivered at the home. For example, staff ensured people's birthdays were well celebrated with special activities and meals. The manager told us, "I am so proud of the staff team. They work so hard."
- People families and staff spoke highly of the manager and how the service was being run. One staff member told us, "For me there is something very special about the care here. It's second to none."

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 provider understood the duty of candour. Incidents and complaints were investigated and responded to when needed. This would include an apology where this was appropriate.
- The provider understood their regulatory requirements. The previous inspection report was displayed in the service and on the provider's website. Relevant statutory notifications had been submitted to inform us of things such as accidents, incidents, safeguarding's and deaths.

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

- The provider had systems in place for audits and quality assurance. These were completed by the manager on a regular basis, with additional checks and audits completed by the provider. These were used to identify any shortfalls, which were quickly addressed, and identify areas for improvement.
- The manager and staff were clear about their roles and worked well together to meet people's needs. Staff spoke highly of the new manager and commented on how approachable, supportive and focused on developing and improving the home they were. A staff member commented, "The manager is easy to go to and will act on things straight away. The communication works well. They have great values, and a clear sense of right and wrong."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had recently completed a survey with people and relatives. Although this had not yet been analysed the responses received were positive.
- Meetings were held with people, families, and staff. These meetings discussed the current situation at

Abbeyfield House as well as any plans for the future. It was evident that people felt able to contribute to any discussions.

- The manager and staff had good working relationships with other services. This included members of the local community, such as local schools and faith based groups.