

## Abbey Grange Residential Home

# Abbey Grange Residential Home

### Inspection report

43 Venns Lane  
Hereford  
HR1 1DT  
Tel: 01432 271519  
Website: [www.abbeygrangehome@yahoo.com](mailto:www.abbeygrangehome@yahoo.com)

Date of inspection visit: 9 and 10 December 2015  
Date of publication: 05/02/2016

### 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

This inspection was carried out on 9 and 10 December 2015 and was unannounced. When we last inspected the service in February 2015 we found that they did not meet all the requirements of the regulations we assessed them against. The provider had not kept people safe and staff did not understand the principles of the Mental Capacity Act. At this inspection we found that improvements had been made.

Abbey Grange provides accommodation and personal care for up to 29 people. At the time of our inspection there were 21 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

People we spoke with were positive about the care that they received. Staff were kind and caring and treated them with dignity and respect. People were supported to take their medicines when they needed them and their medicines were managed safely.

People were able to make choices regarding their care and support. Where people did not have the capacity to make specific decisions themselves these were made in their best interests by people who knew them well. People were able to eat what they wanted. People had choice of fresh nutritious food. Where recommendations had been made by other professionals regarding people's diet or health needs these had been acted upon.

Staff felt well supported in their job they had access to regular supervision and training in areas important to their roles.

People found the staff and management approachable, willing to listen to their views and opinions. Feedback from the people that lived there and their relatives was gathered on a regular basis and any areas identified for action were acted upon. Audits and checks were completed regularly to ensure that good standards were maintained.

People knew how to complain and who to complain to. They felt that any concerns would be listened to and acted upon. Feedback from the people that lived there and their relatives was gathered on a regular basis and any areas identified for action were acted upon.

# 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 was safe.

People were kept safe because there were sufficient staff to meet people's assessed needs and staff knew what to do if they suspected that any type of abuse had taken place.

People were supported by staff to take their medicines when they needed them.

Good



### Is the service effective?

The service was effective.

People were able to make choices about their care and treatment. People had the right support to meet their health needs and had access to healthcare services when needed.

Staff felt well supported and had regular access to training and supervision.

Good



### Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect. People were supported by staff to be involved in their care.

People received care that was person centred and respected their individuality.

Good



### Is the service responsive?

The service was responsive.

People had their health needs responded to appropriately. Where people's needs changed the staff worked with other professionals to ensure that their needs continued to be met.

People were able to raise concerns and they would be listened and responded to.

Good



### Is the service well-led?

The service was well led

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from people that lived there and their families. They used this information to improve the quality of the service.

People and staff felt that the manager was approachable and supportive.

Good



# Abbey Grange Residential Home

## 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.

This unannounced visit took place on 9 and 10 December 2015 and was carried out by an inspector.

Before the inspection we reviewed information we held about the provider including statutory notifications and enquiries relating to the service. Statutory notifications

include information about important events which the provider is required to send us. We also asked the local authority for any information relating to Abbey Grange. We did not receive any information of concern.

During our visit we spoke with ten people who lived at the home, four care staff, two senior staff, three relatives and the registered manager who was also the provider. We also received feedback from health and social care professionals. We spent time looking at the care people received in the shared areas of the home where people were happy to share their experiences of life at the home. We also spoke with staff and relatives and looked at three people's care plans for personal care and two people's risk assessments for mobility .

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person said, “Staff make you feel safe.” Another person said, “It’s my home and I feel safe here.” People told us that they could raise any concerns with staff. Staff had completed training on how to keep people safe and when we spoke with them they were able to tell us about their understanding of the different types of abuse and what action they would take if they became aware of or observed abuse taking place. They told us that they would make sure that the relevant authorities were informed and swift action taken to keep people safe.

The people we spoke with told us that staff gave them help and support to keep safe. A relative told us how staff took extra care to make sure that the person did not fall. When we spoke with this person they told us that they had falls in the past, but now they felt confident they could move about safely with the support from staff. We spoke with staff about this person and they showed that they had knowledge about the care plans and risk assessments for this person’s mobility. What we saw matched what was written in the care plans. They were able to tell us about what support people needed to promote their safety. Staff were keen to stress that they helped and enabled people to maintain their independence rather than doing everything for them. Risks to people’s safety had been routinely assessed, managed and reviewed.

People told us that they felt there were enough to help and support them with their needs when needed. People told us that staff always had the time to chat if people wanted it. One person told us, “The staff are great they always

come and check that I am ok. If I need help they don’t leave me waiting.” Throughout the day we saw that staff responded to people in a timely way. For example we saw that one person asked for a member of staff to speak with her. We saw that this staff member immediately went over to see what the person wanted. Staff told us about the recent decision made by the provider to reduce the daytime staff levels by one member of care staff per shift. When we spoke with the provider they explained that they had reduced staffing due a drop in the number of people living at the home. They assured us that staffing levels would increase once the occupancy of the home went up. We spoke with the people that lived there, relatives and staff about this reduction and they told us that they felt there were sufficient staff to keep people safe and meet their needs. Our observations supported this.

Staff told us that checks were made to make sure they were suitable to work with people before they started to work at the home. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care. Staff told us they undertook a structured induction programme, including shadowing experienced staff members, until they were confident and able.

People told us the staff supported them with their medicines. People received their medicines safely and accurate records of medicines were kept. Only staff that had received training in the safe management of medicine were able to administer medicine. We found that medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines.

# Is the service effective?

## Our findings

The last inspection found the provider had not always followed the legal principles of the Mental Capacity Act 2005. This had meant that people that were unable to give consent to their care and treatment did not have their rights protected. During this inspection we found that improvements had been made.

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 told us that they were able to make choices and that staff respected their wishes. One relative said, “[Person] is quite happy. They [staff] try to accommodate what [person] wants to do.” For example we observed that a person had wanted to go out to celebrate a birthday. Staff arranged for a member of staff to support the person to go out. We also saw that people were able to choose when they wanted food or drinks throughout the day. We discussed with staff what needed to happen if people did not have the capacity to make decisions for themselves. What they told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA.

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. The application procedures for this in care homes and hospitals are 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 were being met.

We found that people’s mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited appropriate people for example social workers and family members to be involved with best interest meetings which had been documented fully. At the time of inspection DoL applications had been

authorised for seven people. These were specifically around people's constant supervision by the service. We found that requirements of the DoL were being met by the provider.

People said that staff had the knowledge and skills to meet their needs. A relative told us, “They [staff] really know what they are doing.” Staff told us that they had enough training to enable them to do their jobs effectively. We talked to a new member of staff who told us they had a comprehensive induction to support them in their role, which included attending training and working alongside more experienced staff. They said that the induction process had been a positive experience. Staff said that they had completed a range of training that they felt were appropriate to their roles including training in dementia, safeguarding and the mental capacity act.

Staff told us that they had good supervision and support from the registered manager and senior staff. Staff told us that they were able to go to senior staff at any time and felt well supported in their roles. One member of staff said, “We get really good support. Plenty of training and supervision.”

People told us that they enjoyed the food and that they were given choice over what they wanted to eat. There was a choice of hot and cold food and a varied nutritious menu. Where people needed extra support with their meals this was offered. We found that mealtimes were a positive time with staff laughing and chatting with people.

People told us that they were supported by staff to maintain good health and access to other health care services. We could see that where needed referrals had been made to relevant health professionals and guidance followed. For example a relative told us about how the home had arranged for a health professional to visit following a change in the person’s mobility. Some adaptations had been made to the person’s footwear and staff had followed the guidance given. Other people that we spoke with told us that if they needed to see a doctor an appointment would be quickly arranged. We observed that there were detailed handovers between shifts. Staff told us that they found that these provided them with them important details about how people had been and any changes to people’s health or support needs.

# Is the service caring?

## Our findings

People told us that staff were kind, caring and supportive to their needs. One person said, "They [staff are all lovely." A relative told us, "We are so lucky with staff, they are all really lovely including the owner." We saw that staff spoke to people with kindness and compassion. We saw that staff took time to sit with people and reminisce about past events and the people's families. People told us that they found the time they spent with staff made them feel positive.

People told us staff treated them with respect. One relative said, "The staff are always respectful and dignified in how they speak and act." Staff addressed people by their preferred names and knocked on people's doors before going into their room. There was a dignity champion in place. We spoke with this dignity champion and they told us that they worked with staff to promote dignity and respect and also supported new staff with this. They told us that they had recently made changes to how staff were allocated to different people on shifts to make sure that where possible people's personal care preferences were met. For example where possible people's personal care needs were met by people of their own gender.

People spoke fondly of the staff as did the staff about the people that lived there. Staff told us that they enjoyed working at the home and liked getting to know the people, their interests, their likes and dislikes. We saw that there was a calm and relaxed atmosphere, and people told us that they enjoyed this aspect of living there.

People told us that they were involved in day to day decisions about their care. We saw examples where staff took time to sit with people and ask them what they wanted to do. For some people this meant that staff supported them to their rooms because they asked to rest, we saw other people that wanted to talk with staff about general things. One person said, "They [staff] always ask if you want anything."

People and relatives told us that they met with the provider frequently and felt they contributed to the care and support they received. Staff and the registered manager told us that the views of people were important to how care and treatment was planned and delivered.

# Is the service responsive?

## Our findings

People and relatives felt that the care and support was centred on the person's individual needs. One person said, "I feel that what I want and how I feel is important to them [staff]." Staff were able to tell us what people's interests were as well as their health needs. We saw that staff were attentive and made sure that people had what they wanted and needed. Some people were drawing, other people were reading and some people were sat talking to staff about the days news events. Two people we spoke with told us that their faith meant that they liked to attend a place of worship. They told us that staff supported them to do this.

We saw that people and their families had been involved in decisions about the delivery of their care and support, including details of their preferences and communication needs. We saw that contact with visiting professionals had been recorded and care plans updated to reflect any changes in need.

We could see that staff understood how to communicate effectively with people. We saw that staff took time and care to make sure that the person was able to express what they wanted and that they understood what was about to happen. We saw that where needed staff gave people reassurances and additional support if they felt unsure or nervous. We saw an example of this when a person was

prompted to move to the dining area for lunch. The person appeared a little unsure of standing up, but staff were quick to offer reassurance and the person successfully moved to the dining area.

People told us they could raise any concerns to staff and were happy with the care they received. Relatives also said that they felt the provider listened and would address any concerns or complaints as quickly as they could. The registered manager told us each person living at the home had been given a copy of the complaints procedure. The people that we spoke with all knew how to complain and who to speak to. Although no complaints had been recently received we could see that there was a system in place to make sure that complaints were responded to and dealt with in a timely manner. One relative said, "When I have had little concerns in the past, [provider] has been very approachable and always done something about it."

People told us that they had a choice of what they would like to do, and where they would like to spend their time. There was a member of staff whose role was to support people with their hobbies and interests. This person was working there on the days we visited. We spoke with them and they told us that their role was to support people to do different things. They said that their time was a mixture of spending time supporting people individually and also doing different things such as musical and craft activities with people as a group. We saw examples where some people were being supported with craft activities, while other people listened to music of their choice.



# Is the service well-led?

## Our findings

During the last inspection it was identified that preloaded statements were being used on the newly installed computerised care records system. This had meant that daily records were not personalised and always accurate. We found at this inspection that the provider had actioned all of the recommendations and improvements had been made to meet the requirements of the regulation. Also we found that the provider had improved the way that information was captured from checks and audits and we could see clearly where actions had been identified and taken following these checks. One example were the changes made to improve how they were recording handover information. This meant that information was accurately shared from staff finishing a shift to the staff that were starting their shift. We saw that detailed records and actions that needed to be taken regarding people's health needs were kept.

The provider told us that the vision for the care was to, "Provide care with integrity." We asked what this meant in practice and they told us that they placed the people that lived there at the centre of the care, and made sure that all care and support provided was honest and reliable. The staff we spoke with shared these values. A relative told us about how they found staff to be, "Honest and hard working."

People told us that when they wanted they could speak with the provider or any of the senior staff. One person said, "We are always able to have a word with [provider] or if he is not around whoever is in charge at any time." We spoke with staff about the support they had to do their job. Staff told us that the manager was supportive and approachable. Staff told us that they had access to regular supervision, training and regular staff meetings. They all felt that the registered manager listened.

People told us that they felt the registered manager listened to their views on the care they received. The registered manager told us that people's views of their care were an important measure of how well the service was running. There were regular meetings for the people that lived there as well as regular meetings which relatives could attend. One relative told us that at these meetings the provider listened to people's views and comments. Another relative said that staff always checked that things were ok. They said, "If the manager is in they always like to make time to meet with us and ask how we think things are going." A relative told us how some of the alterations that had been made to the building had been done with consultation with the people that lived there and their relatives.