

# Abbeyfield Society (The)

# Downing House

## 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

Downing House is a residential care home providing care and support for people aged 55 and over, some with a diagnosis of dementia. The care home accommodates up to 25 people in one purpose-built building. At the time of the inspection 17 people were receiving care and support.

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

People told us they felt safe and risks to people's health and safety were managed well. People's needs were met safely with appropriate staffing levels and well trained staff. People were supported by staff who understood how to identify and report potential abuse. Medicines were managed so people received their medicines as prescribed. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again. Checks were carried out on new staff to ensure they were suitable to work in the home. Infection control was well managed and the home was clean and free from hazards.

People were offered choices around their meals and maintained a well-balanced diet. People were fully involved in helping to shape menus. People received access to health care services when required. Various professionals were involved when necessary to meet people's changing needs and to make sure people remained healthy. Improvements had been made to the environment with some new décor and brighter lighting. A room previously used as a bedroom had been turned into a quiet lounge.

Staff promoted positive, caring relationships with the people who lived at the service. The staff knew people well and were kind and caring. Staff planned and provided care to meet people's needs and to take account of their preferences. Staff respected people's privacy and dignity and promoted independence, equality and diversity. There was no discrimination in the service. People and their relatives were involved in the planning and delivery of their care.

People's care plans were individualised and staff adopted a person-centred approach with the delivery of care. People had access to a range of activities and told us they enjoyed these. The registered manager was looking to appoint a new activities co-ordinator and to develop activities further. People and their relatives were confident to raise issues and concerns. Complaints procedures were effective. The service sought feedback to help maintain and improve standards of care. People's wishes regarding their end of life care were explored and documented, so these could be addressed at the appropriate time.

There was extremely positive leadership in the service. People, relatives and staff spoke highly of the registered manager. They described the registered manager as caring and approachable. Audits and monitoring procedures were used effectively to manage the service and to make improvements where needed. The registered manager made best use of networks and resources available to care homes, such as Skills for Care, and incorporated advice and guidance into staff practice.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was requires improvement (published 24 December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Downing House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

# Downing House

## 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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Downing House 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 both were looked at 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch. They had recently carried out an Enter and View visit at the home and had no concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care worker, two care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted a health professional who regularly visits the service for feedback about the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was safe and there were assurances about safety.

### Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and managed. A range of risk assessments were in place which covered aspects of care such as moving and handling, falls and leaving the home.
- Staff understood the people they were supporting, which gave us assurances risk assessments were followed.
- Regular checks were undertaken on the fire system. The service was proactive in ensuring the risk of legionella in water systems was minimal. For example, maintenance staff were flushing toilets and running taps in vacant bedrooms on a weekly basis.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding training. They knew how to report any concerns and felt able to raise any issues with either the registered manager or provider.
- People told us they felt safe and well supported. They told us they felt comfortable to report any concerns that affected their safety.
- All safeguarding procedures had been followed in line with the provider's safeguarding policy and referrals were appropriate. CQC had received the required notifications.

### Staffing and recruitment

- People's needs were safely met. People told us there were enough staff and they did not have to wait for support.
- There were sufficient staff on duty. The registered manager had not reduced staffing levels in the home in line with the number of people living at Downing House. The home had two bank members of staff who were available to cover in the absence of permanent staff.
- Staff were recruited safely, with all pre-employment checks completed before a new member of staff started work.

### Using medicines safely

- People received their medicines safely. Food was given after the required time to ensure prescribed medicines to be taken 'on an empty stomach' remained effective.
- There were rigorous checks in place, including stock balance checks, to ensure medicine quantities were accurate.
- Protocols were in place for medicines prescribed as and when needed, to ensure they were administered consistently and appropriately.
- Medicines records were completed accurately. Staff were trained to administer medicines and had their competency assessed.

#### Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- The environment was clean and there were no malodours. Regular audits on the cleanliness of the service were completed.
- Staff had access to, and wore, personal protective equipment when required.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the registered manager. A summary of all accidents and incidents was used to identify any trends.
- Following a recent incident the registered manager had updated the person's risk assessment, made changes to their care plan, increased observations and revised a company protocol.



# 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 requires improvement. At this inspection this key question has improved to 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 using the service, to help ensure the service could meet their needs.
- A range of care plans were developed on admission, demonstrating people's needs were fully assessed.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to effectively carry out their role. Staff told us how the support and direction under the current registered manager had improved immensely.
- People told us staff were competent to meet their needs. Staff were able to describe how aspects of training were put into practice.
- As the future of the home was secured the registered manager planned to appoint staff into 'champion' roles in the future based on any areas of expertise or interest.

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

- People's nutritional and hydration needs were met, and clear guidance was in place to support people to maintain good nutrition and hydration.
- People were complimentary about the food and told us they could make daily choices regarding what and where they chose to eat.
- People's weights were monitored, and referrals made to appropriate health professionals where people were at risk of losing weight.
- People's food and fluid intake was recorded when needed. Referrals were made to other health professionals when necessary, for example, the dietician or speech and language team.
- The home had achieved a food hygiene rating of 3 prior to our inspection. This meant that hygiene standards and food safety systems were 'generally satisfactory.' The service was looking to improve on this at the next re-inspection.

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.

- The service was acting within the legal framework of the MCA. People's capacity to consent to various care related decisions was assessed.
- Where people lacked capacity, best interest processes had been followed and decisions were documented.
- Appropriate DoLS applications had been made where the service identified it was depriving people of their liberty. Dates of these were logged and monitored so that re-applications were submitted in a timely manner.

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

- People's healthcare needs were assessed, and they were supported to stay healthy.
- People had access to a range of health professionals, including G.P.s, district nurses, dentists and tissue viability nurses. The service made timely referrals and one person told us, "Whenever I tell staff about my aches and pains, they call my GP."
- People had their oral health needs met when required, although there were no specific care plans in place for oral health. Notes on a person's care plan indicated they had been referred to the dentist and were to be encouraged to brush their teeth. The registered manager contacted the oral health team for future training and advice during our inspection.
- We received positive feedback from a health professional we contacted after the inspection. They considered staff were approachable, knew people well and requested help and advice when needed. Communication from staff was effective and this ensured people's health needs were met.

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

- During our last inspection of the home we identified some areas of the home were dark due to the ineffective lighting. At this inspection we saw improvements had been made to the home with new décor and brighter lighting.
- At previous inspections we identified that communal space was limited. On this inspection we saw a room previously used as a bedroom had been turned into a quiet lounge space. This was well used by people receiving visitors or who wanted to spend time away from the main lounge.
- The environment was appropriate to meet people's needs. For example, there was some dementia friendly signage within the service to assist people to find their way around.
- Room checks had been introduced by the registered manager. These included visual checks on bedrooms and identified any equipment a person might need, for example, a pressure mat or call bell.

# 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 requires improvement. At this inspection this key question has now improved to 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 were treated with kindness and respect by staff. People were positive about the care and support they received from staff. One person said, "Staff treat everybody with respect; they try to politely involve you." Another person described the care as "amazing."
- People were relaxed in the company of staff. Staff knew people's needs and their likes, dislikes and preferences. It was clear positive relationships had developed between people and staff.
- People appreciated the care staff who had stayed working at the home, despite a previous threat of closure. One person said, "Some [staff] left. Staff who remained showed compassion and it was very reassuring to us."
- People were treated as equals. There was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, religion or belief, race or age.

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

- People were supported to express their views in different ways. People were either directly involved in planning their own care or had support with this from a relative or independent advocate.
- People told us they were listened to and their care choices were taken into account. One person told us, "I can still say what I want and do as much as I can." Another person preferred to stay in their room and staff respected their decision.
- Staff demonstrated caring values and a desire to provide people with good personalised care. Staff were able to describe how they gave people day to day choices.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and maintained their privacy and dignity. Staff knocked on people's doors, waited for a response and consulted with people about their care.
- Staff explained how they maintained people's privacy and dignity when providing personal care and support.
- People told us they were supported to remain as independent as possible. Staff outlined to us the ways they encouraged people to retain the skills they had, for example, by walking and eating independently.

# 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 requires improvement. At this inspection this key question has improved to 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

- Care plans were improved. They contained more personalised information and were updated in response to people's changing needs.
- Any actions taken by staff in response to changes in need were documented, for example referrals to other health professionals or a GP.
- People's care plans described their health, care and support needs and included their preferences and routines.

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

- People had their social needs assessed on admission and person-centred information in care records showed what people enjoyed and how they liked to be kept occupied.
- Life histories provided staff with details of people's past lives. Staff were able to communicate with people about family and past interests.
- People were generally happy with the activities on offer, although these had lessened due to the absence of an activities co-ordinator. The registered manager planned to recruit to the post and wanted to develop activities further.
- People spoke positively about the improvements in activities. Although we saw no activities happening on the day of our inspection there were photographs on display showing people on outings and events happening in the home.
- The activities co-ordinator had joined the 'postcards of kindness' social media group. The home had received postcards from travellers on holiday, sharing their experiences with people living at Downing House. The postcards were displayed next to a large world map on the dining room wall so that everyone could see where they had been sent from. They were a topic of conversation for people at meal times.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records included guidance for staff on how best to communicate to meet their individual communication needs.
- People identified as needing glasses were wearing them in line with their plan of care. Weekly menus in

large font were on display in the foyer to assist those people with a visual impairment. Staff also read out the choices on offer to those that requested this.

- People and relatives we spoke with were confident staff understood how to communicate effectively with them or their family members.

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns and complaints and told us they felt comfortable doing so.
- An effective complaints procedure was in place and followed by the registered manager, provider and staff.
- One concern raised about a person's discharge from hospital back to the home had been treated as a complaint. The registered manager provided the complainant with a full explanation and rationale for the course of action taken. The concern was resolved to the family's satisfaction.

#### End of life care and support

- No one was receiving end of life care at the time of our visit. The registered manager told us they would obtain support from health professionals, such as the district nursing team, to support with this when needed.
- The service worked with people to obtain their future wishes. These were recorded in care plans to assist with the provision of good end of life care. Staff had received some training in end of life care.
- The home had received compliments from relatives of people who had passed away, praising staff for the care and attention shown to their family member.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- In September 2019 the provider had informed CQC of it's proposed intention to close Downing House in early 2020. At the time of this inspection this decision had been reversed and the home was remaining open. The registered manager was working on increasing occupancy in the home and the recruitment of staff as a priority, as both elements had been affected.
- The registered manager had introduced additional quality assurance procedures, resulting in improvements in the quality and safety of people's care. For example, spot checks were carried out during the night to check that people's safety was being maintained by staff.
- The home, and staff practice, was more structured under the registered manager. Care planning documents were more person-centred and there was a more thorough approach to MCA.
- The provider maintained an overview of the service with weekly and monthly reports from the home and the registered manager received operational and regional support.
- Effective procedures had been introduced by the registered manager to communicate information about important issues in the service, such as changes in people's needs. A senior staff handover sheet was completed for each shift and passed on.

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

- The registered manager was committed to providing good quality care to people and promoted a person-centred culture. People spoke highly of the registered manager.
- People gave positive feedback about the management of the service. People told us, "I have seen him [registered manager]; he cares about us" "He [registered manager] is approachable" and, "I met the manager in our last meeting; he is an upstanding guy."
- Staff were passionate and enthusiastic when speaking about their work. They had great confidence in the registered manager and felt well-supported. One member of staff told us, "[Registered manager] has really picked this place up; he's turned it around. It was stuck in a rut."

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 and registered manager recognised the legal requirement upon them to inform people and relevant others in the event people were harmed because of the care and support provided.
- The registered manager sent us notifications in relation to significant events that had occurred in the

service.

- People, their relatives and staff told us the registered manager was visible, approachable and supportive.

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

- The provider and registered manager sought feedback to help maintain and improve standards at the service.
- People were able to give their views in resident's meetings. Relatives also attended. People told us they had been kept fully updated about the decisions made about the service. One person told us, "There has been meetings to talk about things in the home."
- Staff told us morale had suffered following the decision to close the home. Since this decision had been reversed morale had improved. Staff enjoyed working at the service and would recommend it to others.

Working in partnership with others

- The service worked in partnership with other agencies, such as social workers, community nurses, GPs, hospital staff, to help to provide coordinated care to people.
- The registered manager attended care home forums organised by local authority representatives.
- The registered manager made best use of networks and resources available to care homes, for example Skills for Care, and incorporated advice and guidance into staff practice.