

Brownlow Enterprises Limited

Abbeydale Residential Care Home - London

Inspection report

51-53 Fox Lane
Palmers Green
London
N13 4AJ

Website: www.ventry-care.com

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30 March 2017

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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

This inspection took place on 30 March 2017 and was unannounced. At our last inspection in November 2014 the service was rated as 'Good'. At this inspection, we found the service remained 'Good'.

Abbeylea is a 21 bedded residential home providing care for older people, including people living with dementia. On the day of the inspection, there were 20 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

People told us they were well treated at the home and risks to their safety had been identified and ways to mitigate these risks had been recorded in people's care plans.

Staff were aware that the people they supported were vulnerable and they understood their responsibilities to keep people safe from potential abuse.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

The home maintained adequate staffing levels to support people.

We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. Care plans were person centred and reviewed regularly.

People told us they enjoyed the food provided and that they were offered choices of what they wanted to eat.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

We saw evidence of a comprehensive staff induction and on-going training programme. Staff had regular supervisions and annual appraisals. Staff were safely recruited with necessary pre-employment checks carried out.

People were supported to engage in regular activities.

Quality assurance processes were in place to monitor the quality of care delivered.

Further information is in the detailed findings below.

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 continued to be safe.

Is the service effective?

Good ●

The service continues to be effective.

Is the service caring?

Good ●

The service continues to be caring.

Is the service responsive?

Good ●

The service continues to be responsive.

Is the service well-led?

Good ●

The service continues to be well-led.

Abbeydale Residential Care Home - London

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 checked 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 inspection took place on 30 March 2017 and was unannounced. 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.

Before the inspection we reviewed relevant information that we had about the provider which included the provider information return pack that the home sent to us to tell us how they manage the service under the five key lines of enquiries.

During the inspection we spoke to seven people who used the service and six relatives. We also spoke with three staff, the cook, the registered manager and two visiting healthcare professionals. We observed interactions between people and staff to ensure that relationships between staff and the people they supported was positive and caring.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at four people's care plans and risk assessments.

We reviewed four staff files which included induction and supervision records. We looked at other documents held at the home such as medicines and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe living at Abbeydale Residential Care Home. All relatives we spoke to told us they felt their relative was safe. One person told us when asked if they felt safe, "Yes. 100 per cent." A second person told us, "The staff are very, very nice. No problem here staff are okay. My room, food, everything is okay."

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report concerns regarding abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the local safeguarding authority and Care Quality Commission (CQC).

We saw that risk was managed effectively. Care plans identified the potential risks to people in connection with their care. These risks included falls, moving and handling, inadequate nutrition and hydration and risks associated with health conditions such as diabetes, epilepsy and dementia.

People were supported by sufficient staff to meet their individual needs and promote person centred care. We saw that there were three care staff on duty throughout the day, one of which was a senior care assistant, in addition to the registered manager and the cook. Rotas confirmed that at night there were two care staff on a waking night shift.

Pre-employment checks such as references and criminal record checks had been carried out for staff recruited since the last inspection to ensure they were able to work with people safely.

People told us that they received their medications on time. We checked medicines stocks and MAR charts for four people. We checked the medicines administration records (MAR) and saw these had been completed and signed with no omissions in recording. We saw that codes had been used appropriately and reasons explained when medicines had not been administered.

On the day of the inspection, we noted that the lunchtime administration of a medicine for one person had been recorded without the person receiving the medicine. We checked the other lunchtime medicines administered and saw that they had all been correctly recorded and were accounted for. We discussed this with the registered manager who confirmed that the staff member would undergo an additional medicine themed supervision and following the inspection, we received confirmation and supporting evidence that this had been carried out.

The medicines were stored safely in a locked cabinet and there was a separate locked cabinet for controlled drugs, although at the time of the inspection controlled drugs were not in use.

Staff who administered medicines told us that they had received medicines administration training and this was evidenced by certificates in staff training files. We saw that staff had assessments and themed supervisions around medicines management. An "as required" PRN medicines protocol was also contained

within people's care plans and medicines files. We saw that where a PRN medicine had been prescribed, they were administered only when needed and the reasons for doing so were clearly recorded.

The home was clean and tidy on the day we visited. There were records of recent maintenance checks including gas, fire, water and electrical safety.

Is the service effective?

Our findings

We asked people if they thought the staff were well trained and good at their work. Responses were positive and one person told us, "Yes. It's satisfactory for me. They're fine, they're okay." A relative told us, "Yes they do go on regular training. Yes, they are very kind. When the people are 'creating' (displaying challenging behaviour), they know how to calm them down; sometimes they walk with them to calm them." Another relative told us, "It's the tiny things, like the outbursts from other residents, they are all handled well."

Staff had the knowledge and skills which enabled them to support people effectively. All new staff were required to undertake a comprehensive induction which covered the common induction standards as outlined in the care certificate. The care certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support. Training records showed that people had completed training in areas that helped them to meet people's needs. Mandatory training included moving and handling, medicines, first aid, safeguarding, dementia, food handling and mental health awareness. Additional training provided to staff included end of life care provided by a local hospice and falls prevention provided by the local care home assessment team.

Staff told us they received regular supervision and a yearly appraisal which was evidenced from reviewing staff files. We saw that during a supervision session, the registered manager discussed scenarios such as return from hospital, medicines issue and a dementia case study and questionnaire.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where a DoLS had been applied for and granted, the DoLS authorisation was recorded in the person's care file and the registered manager maintained a matrix of people with DoLS and when they were due to expire. We saw that DoLS renewal applications had been submitted in a timely manner. Staff had knowledge of MCA/DoLS and understood the importance of obtaining consent from people prior to providing assistance. People we spoke to also confirmed staff asked for consent. One person told us when asked, "I need help to get dressed. They [staff] always ask me and ask me what I want to put on. They are very helpful."

People told us they liked the food provided at the home. One person told us, "Yes. There's no problem with the food." A relative told us, "[My relative] gets a choice and needs help with eating."

We observed lunchtime at the home and saw that the atmosphere was calm and unhurried. People who required support to eat were supported patiently and kindly by staff. Menus were on display and drinks were freely available to people. We saw that alternatives were provided where people did not want what was on the menu. People's dietary requirements were on display in the kitchen and the cook who had been

employed at the home for a number of years was knowledgeable around people's dietary needs and preferences. We sampled the food on offer and found it to be tasty and appetising. In the afternoon of the inspection, a person who had declined lunch as they were feeling unwell requested a meal, we observed staff offer choice and encouragement to the person.

People were supported to maintain good health and have access to healthcare services and received on-going healthcare support. People had access to a GP, optician, dentist and chiropodist. Care plans detailed records of appointments with health and care professionals. We also saw evidence that following appointments, people's care plans were updated accordingly.

Is the service caring?

Our findings

People told us that they were treated in a caring and respectful manner by staff. A person told us, "[The carers are] lovely. Not a bad word to say. All the carers respect me and are lovely to me." A relative told us, "I find that they are very good. When [my relative] first came here, he would be in his room. He doesn't trust people. He was very restless but now he sits in the lounge and mingles with the other residents." A second relative told us, "They treat [my relative] with love and care."

Staff were caring and supportive towards the people who used the service. People were treated with kindness and compassion in their day-to-day care. We observed positive and caring interactions between staff and people who use the service. Staff spent time sitting with and talking to people. Staff had a cheery and bright disposition and we observed laughing and gentle banter between staff and people who used the service.

We saw that people were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do, for example meal choices and activity choices in the afternoon.

Care plans showed that people and their relatives were involved in the care planning process and feedback from relatives regarding people's likes, dislikes and particular behaviours were incorporated into people's care plans. We saw that where possible, relatives completed a family questionnaire which detailed the persons family background, education and work life, religious background and detailed likes, dislikes and favourite past times.

Care plans also detailed people's cultural and religious preferences and whether people practice a faith. We saw that the family of one person requested that the home play prayers and music from their religious background which had been provided by the service. A relative told us, "They are very nice. They do all the events and festivals. They keep up with all the religions."

Care staff were able to demonstrate how they ensured people were treated with dignity and respect. A staff member told us, "Keeping the door closed is the main thing. Wearing a dressing gown if going to shower." A person told us, "I have my own room and it's all okay."

Care plans documented that advanced care planning and end of life care was discussed with most people and their relatives. People's choices and wishes were recorded in relation to planning the way in which they wanted to be cared for. Staff had received end of life care training in association with a local hospice. We saw thank you card received from relatives of people who had passed away. Comments included, "Thank you for the care for Mum. You are an amazing team!", "Lovely and caring staff" and "Excellent care."

We saw that bedrooms were pleasantly decorated and people decorated their bedrooms with photographs and pictures. On the day of the inspection the weather was pleasant and people could access the garden if they chose to do so.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. The provider carried out a comprehensive pre-admission assessment which provided detailed information about the person, their medical health needs and their circumstances. This assessment formed the foundation of the care plan which was then built upon based on further information that the service obtained from the person, any involved relatives and health care professionals.

Care plans were reviewed regularly and updated as changes occurred. We saw that when a care plan was reviewed, the registered manager set actions such as referring the person for a medicines review or referral to the Community Mental Health Team which were marked as completed and families informed. Through our observations and discussions with staff they demonstrated an awareness of people's preferences, what people were able to do and what they needed support with. A relative told us, "They accommodate the needs of everyone as individuals and generally."

People using this service and their relatives told us that the management and staff responded to any changes in their needs. We saw from people's care records and by talking with staff that if any changes to people's health were noted by staff, they would report these changes and concerns. Relatives told us they were kept up to date with any issues.

People were supported to engage in a range of activities. A person told us, "I'm able to go out when I want by myself. I meet friends for a coffee." Activities such as bingo, daily exercise, quizzes and sing-along were primarily delivered by care staff with external activities resourced on a regular basis such as music and comedy shows. On the day of the inspection we observed a morning exercise class. A person told us, "You do exercise. I love it." On the afternoon of the inspection, we observed people engage in a cake decorating session with a member of staff and when the activity had been completed, the staff member asked people what they wanted to do next. Most people said that they would like a quiz which then took place.

Themed activities also took place on a regular basis and significant events were celebrated such as Valentine's Day, St Patrick's Day and Christmas/New Years. We saw that on Mother's Day, the weekend prior to the inspection a writing competition, themed dinner, baking and a dancing event took place. Records confirmed and we received feedback that people were supported to engage in external trips and activities with family members. A relative told us, "Every Sunday we take [relative] out, temple and then lunch after."

Relatives told us they felt confident about raising concerns or complaints regarding the service and had no complaints. A relative told us, "The manager is very good and I feel that they would take anything very seriously." We looked at the service's complaint log and noted that there were no complaints received in the last 12 months.

Is the service well-led?

Our findings

The service had an open culture which encouraged good practice. We received positive comments from staff regarding the registered manager and support provided. Comments from staff included, "[Registered manager] is lovely", "[Registered manager] is always supporting us" and "I like it here. The residents are like family to me."

A person told us, "She's [registered manager] nice." A second person told us, "Nothing could be improved." A relative told us, "[Registered Manager] is very good, a nice person." A second relative told us, "The staff are the best thing about this place. It's well-managed and the staff are kind and courteous."

Regular auditing and monitoring of the quality of care was taking place. Quality checks included weekly medicines audits, unannounced night spot checks, monthly care plan and risk assessment reviews and regular supervisions with staff.

The registered manager told us that recent home improvements made included new furniture and painting, the provision of new kitchen catering equipment and increased usage of external entertainers for activities.

There were arrangements in place for people, relatives and healthcare professionals to provide feedback. A questionnaire was sent to people, relatives and professionals in September 2016. We saw that the results were positive.

Staff confirmed they attended regular staff meetings and told us they felt able to raise any issues or concerns. Minutes of a recent staff meeting showed that MCA/DoLS and maintaining cleanliness of the home was discussed.

We saw that resident and relative meetings took place on a quarterly basis. Minutes confirmed that people actively engaged in the meeting and topics such as menu planning, maintaining privacy and dignity was discussed. People and relatives were also encouraged to provide feedback on any issues or concerns. One person raised that they wanted to assist with cleaning and help staff with laundry which had been accommodated.