

Wolfe House Limited

Abbey Dean

Inspection report

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Date of inspection visit:
11 October 2016
13 October 2016

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22 November 2016

Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Requires Improvement ● |
| 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 11 and 13 October 2016 and was unannounced.

Abbey Dean is registered to provide accommodation and personal care for up to 18 older people, some of whom lived with dementia. At the time of this inspection there were 17 people accommodated.

A registered manager was in post when we visited. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present during our visit.

This is the first inspection of this service since the current provider was registered in August 2014.

The registered manager and staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised. 10 of the 17 people accommodated lacked capacity to make decisions for themselves. Appropriate steps had been taken to ensure decisions made on their behalf were in their best interests. DoLS authorisation applications had been made on behalf of all 10 people, of which one had been granted. However, a DoLS authorisation for one person had expired but had not been renewed, even though care reviews indicated there had been no change to their circumstances.

Staff confirmed they had been trained in how to identify and report any incidents of abuse they may witness.

Any potential risks to individual people had been identified and appropriately managed.

Care plans had been drawn up with the involvement of people or their relatives to ensure they included people's preferences and wishes with regard to how they wanted their care to be delivered.

People's medicines had been administered and managed safely.

There were sufficient numbers of staff on duty with the necessary skills and experience to meet people's needs. They had received appropriate training and support to enable them to deliver the care people required.

Staff supported people to eat and drink if required. They ensured people at potential risk received adequate nutrition and hydration.

People were provided with support to access health care services in order to meet their needs.

Positive, caring relationships had been developed with staff to ensure people received the support they needed. They were encouraged to express their views and to be actively involved in making decisions about the support they received to maintain the lifestyle they had chosen. Appropriate activities had been provided to meet people's social needs

The culture of the service was open, transparent and supportive. People and their relatives were encouraged to express their views and make suggestions so they may be used by the provider to make improvements.

Systems were place which enabled the provider to monitor the service and the quality of the care delivered.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

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.

Risks to people had been managed safely. Records demonstrated, where risks had been identified, action had been taken to reduce them where possible.

People's safety had been promoted because staff understood how to identify and report abuse.

Sufficient numbers of suitable staff had been provided to keep people safe and to meet their needs.

Prescribed medicines had been safely managed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Improvements were needed in how Deprivation of Liberty Safeguards (DoLS) were managed to ensure that, where they have expired, appropriate action is taken to protect people's rights.

Staff received appropriate training to enable them to provide care skilfully and effectively. They also received support and supervision on a regular basis to ensure they understood what was expected of them.

People were supported to have sufficient to eat and drink.

People had access to community healthcare services.

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Is the service caring?

Good ●

The service was caring.

People were supported by kind and friendly staff who responded to their needs.

People, or their representatives, had been actively involved in

making decisions about their care and treatment.

People's privacy and dignity had been promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised and responsive to their individual needs.

They felt able to raise suggestions or concerns and the registered manager responded to any issues people raised.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted a positive culture which was open and inclusive.

Staff were well supported and were clear about their roles and responsibilities.

Quality monitoring systems were in place to ensure the quality of the service provided to people.

Abbey Dean

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. The 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 11 and 13 October 2016 and was unannounced. The inspection was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed this and information we held about the service, including statutory notifications and previous inspection reports to help us to decide which areas to focus on during our inspection. Statutory notifications are specific incidents which the registered person is required to tell us about, such as injuries to people which require hospital treatment and incidents which involve the police.

We spoke with three people and a relative who was visiting their family member. We were unable to have meaningful conversations with many people who lived at the service. This was because the majority of people lived with dementia and had difficulty expressing their views. We, therefore, also carried out observations of the care and support provided to people over lunch time. We used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experience of people who were unable to talk with us. We observed care and support being delivered during the main meal of the day.

We also spoke with representatives of the provider, the registered manager, the deputy manager, three care assistants, the chef and the activities organiser.

We reviewed a range of records relating to the management of the home and the delivery of care. They included care plans and medicine administration records (MAR) for three people. Management records included the provider's quality assurance records, staff rotas for a period of four weeks, minutes of recent meetings and the training and supervision records of all the staff employed at Abbey Dean.

This is the first inspection of this service since the provider was registered in August 2014.

Is the service safe?

Our findings

People and relatives confirmed they felt safe. They told us they had never been badly treated and had never witnessed this happening to anyone who lived at Abbey Dean. We observed that interactions between people and staff were positive, warm and friendly.

We also found that people's safety had been promoted because staff understood how to identify and report abuse. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate potential abuse. Staff also explained they were expected to report any concerns to the registered manager or a senior member of staff. This was in line with the provider's procedures and local authority guidelines. Staff we spoke with also confirmed they had received training, including refresher training, in this area.

The provider's PIR advised us, 'All staff are sufficiently trained in safeguarding and are aware how to recognise signs of abuse and the policy on how to report. This is reinforced at staff meetings, supervisions and notice updates.'

When we have received notifications of allegations of abuse from the registered manager they have demonstrated that these allegations have been taken seriously and have been subject to investigation to ensure people's safety and wellbeing had been protected. The registered manager has also demonstrated they have worked collaboratively with the local authority during such investigations.

People and relatives confirmed that staff knew how to deliver care in a manner which ensured their safety. Individual assessments were in place which identified potential risks to people with regard to their needs. They included supporting people with personal care, taking prescribed medicines and how to support people with reduced mobility. Assessments had been used to draw up care plans which gave staff the guidance they needed to deliver care to people safely. Staff described each person's needs and the support they required to ensure they had been met safely. Staff on duty were observed interacting with and providing support to people as documented in care plans.

People and relatives confirmed staffing levels provided were sufficient to meet their needs safely. When we arrived there were three care assistants on duty and there were 17 people accommodated, 10 of whom had needs associated with dementia. Staff told us there were enough staff on duty to provide the care and support people required. From our own observations, staffing levels provided were sufficient to meet the needs of people accommodated.

The registered manager confirmed that between 8am and 8pm each day, three care assistants were on duty. In addition there was a domestic, who was responsible for cleaning the premises, and a chef who was responsible for preparing and cooking meals. During the night, there were two care assistants who were awake and on duty from 8pm to 8am. We were provided with copies of staff rotas covering a period from 12 September 2016 to 23 October 2016. They confirmed these staffing levels had been maintained throughout this period. The registered manager also provided us with evidence which demonstrated the needs of

people had been taken into account when staffing levels that were required had been calculated. The provider's PIR advised us, 'Staffing levels at the home are adequate and these are reviewed based on dependency of residents.'

There were effective staff recruitment and selection processes in place. Applicants were expected to complete and return an application form and to attend an interview. In addition, appropriate checks and references were sought to ensure any potential candidate was fit to work with people at risk. Recruitment records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions.

Currently medicines for all people accommodated had been managed by the staff. People we spoke with confirmed they were happy with this arrangement. We observed medicines being given at lunch time. People were provided support in accordance with their wishes. Detailed guidance for staff was available in each person's care plan.

Storage arrangements for medicines were secure and were in accordance with appropriate guidelines. MAR (Medicine Administration Records) sheets were up to date, with no gaps or errors, which documented that people received their medicines as prescribed. Some people had prescribed 'when required' (PRN) medicines which was for pain relief or constipation. Protocols for their use were in place, detailing how and when the medicine should be given with the reason why it was required, had been drawn up. This meant that the registered manager was able to confirm that PRN medicines had been given as prescribed. Records we looked at indicated staff had completed training in the safe administration of medicines and staff we spoke with confirmed this.

The provider's PIR advised us, 'All senior staff receive training before being allowed to administer medication and management ensures they are competent to do so. All medication is kept in a locked trolley and records are kept of medication received, given and destroyed.'

Is the service effective?

Our findings

The CQC has responsibility for monitoring services to ensure they have been working within the principles of the Mental Capacity Act 2015 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager confirmed that 10 people had been assessed as lacking capacity to make decisions for themselves. Care records provided evidence that, where necessary best interest decisions had been made on behalf of those considered not able to make specific decisions for themselves. They included the involvement of family members who had been granted Power of Attorney (PoA) and were legally responsible for making decisions on their relative's behalf.

Of those people assessed as lacking capacity to make decisions, DoLS applications on behalf of all 10 people had been sent to the local authority, one of which had been granted. Care records included appropriate documentation which gave the reason for the restriction and the length of time it would be in place before a review was required. However, records demonstrated the authorisation for one person had expired in February 2016. The reason given why the authorisation had been made was that, if the individual left the premises unaccompanied, they would be at risk of harm. The registered manager confirmed that the potential risk remained and the person continued to be deprived of their liberty to leave the premises unaccompanied. This meant that their liberty may have been deprived without lawful safeguards.

The evidence above indicated this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person confirmed they had given consent to the care they received. They told us that the registered manager had discussed this with them, and that they were happy with the care they received. Records we looked at confirmed that, where people had capacity to do so, they had given consent to the care they received and had made decisions about how it had been delivered. The registered manager and the staff we spoke with confirmed they understood the principles of the MCA, and were able to describe how they related to the needs of individuals.

People and relatives we spoke with confirmed staff employed at Abbey Dean were competent and skilled in their work. One person said, "The staff are very kind and very friendly."

Staff on duty confirmed the training they had received. This included moving and handling, first aid, fire safety, identifying and reporting allegations of abuse, and understanding the MCA and DoLS. Staff also

confirmed that the training provided enabled them to understand what was expected of them and they how should provide the care and support people required. Training records we looked at confirmed staff had received this training.

Staff also confirmed they received individual supervision from the registered manager or a more senior member of staff. They found this provided them with the support and guidance they needed to carry out the work that was required of them. When we asked about their role, one member of staff told us, "I make sure everyone gets the care they need." Staff also demonstrated they were knowledgeable about the needs of individual people, their wishes and preferences with regard to how care was to be delivered. This was in line with guidance and information provided in care plans.

People told us they were very happy with the food provided. They told us they were provided with a varied menu; the meals were well cooked and provided in ample portions for their needs. They also confirmed that their likes and dislikes had been well catered for. One person said, "I'm the difficult one – I don't eat butter or cream." Some people were observed enjoying the main meal of the day, which was taken at midday. The meal consisted of fish pie, sugar and peas and carrots followed by pancakes with fresh fruit and cream. People were provided with sufficient time to enjoy their meal without being rushed. The dining room was set out in an attractive and homely manner to ensure the meal time experience was positive.

The registered manager confirmed that, currently no one was at risk of malnutrition or dehydration. Risk assessments we examined confirmed this. We were provided with a copy of the menu plan. This demonstrated that a varied and nutritious diet was provided with alternatives made available for each meal. The staff on duty advised us that choices available were made known to people the day before so they may select their meal preference. This was recorded so that, where people may forget what they had chosen, the staff would be able to remind them. However, we were also advised the chef ensured enough food was available in case people wished to change their choice at the last moment.

People confirmed they were supported to maintain good health by having regular access to health care services. One person said, "I am going to the hospital this afternoon for my knee. The staff have arranged this for me."

The registered manager advised us they would contact the GP on each person's behalf if they needed an appointment when they were unwell. Arrangements would be made for GPs to visit the person at Abbey Dean, or, if the person wished, appointments would be made to visit the GP at their surgery. The registered manager confirmed arrangements would be made to accompany the person if this was required. Visits made by the GP to people had been recorded together with any treatment prescribed to ensure any support or assistance necessary could be provided by staff. The provider's PIR advised, 'New admissions are allocated a GP and registered or offered continuity of existing GP. Quick referrals to healthcare teams are enabled through close working relationships with district nurses, community psychiatric nurses (CPNs) and local doctors' surgery.'

Is the service caring?

Our findings

People we spoke with told us they were well cared for. There was a warm and relaxed atmosphere in the home. We observed staff being caring and attentive to people during our visit. Staff were observed smiling and talking with people as they went about their work.

We asked staff how they were expected to develop positive relationships with people. One member of staff told us, "I just try to be me and act as I always act. I treat residents like human beings, like I would treat my mum or my granny". Another member of staff said, "I go into people's rooms with a positive attitude and tell them what is happening. I always ask them what they want; it is always about their choices."

The registered manager demonstrated how people had been supported to express their views in order to be actively involved in making decisions about their care, treatment and support. There was evidence in care records of discussions with the person, or their relative, with regard to their care needs and their wishes. A member of staff told us, "(Registered manager) goes round to ask people how they want things done. We are expected to take this into account."

People confirmed they had been treated with dignity and respect. Members of staff were able to explain what they were expected to do to ensure people's privacy and dignity had been maintained. This included shutting the bedroom or bathroom door when helping someone to undress. From our observations we found all staff were polite and respectful when speaking with people. They also knocked on people's doors and waited to be invited in. Doors were kept shut when personal care was being provided. The provider's PIR stated, 'All staff are trained in equality and diversity and are expected to follow a zero tolerance policy of discrimination. Staff are expected to focus on treating service users as we would like to be treated ourselves.'

Is the service responsive?

Our findings

People and their relatives confirmed they, or their representatives, had been consulted about how they wanted their care to be delivered. The registered manager informed us that, on admission, they would ask the person, or their relative, about themselves and their wishes and preferences with regard to how they wanted their care and support to be delivered. This information would then be used to develop care plans which were person centred and reflected the individual and their care and support needs. Care plans confirmed this. They also included guidance for staff to follow regarding people's health and physical needs. The registered manager advised us care plans were regularly reviewed with people, or their representative, to ensure they were meeting people's needs. Care plans were reviewed at least monthly and would be updated when people's care needs changed. Information in care records also confirmed this.

Staff demonstrated they knew about each person in terms of their life story and family background together with their preferences regarding how their needs should be met. From our own observations we found that staff delivered care in accordance with the wishes and preferences of people as described in their care plan.

The staff informed us 'hand over' meetings took place at the beginning of each shift. We observed one such meeting which took place after lunch when staff began their shift at 2pm. Information in care plans was discussed and the meeting enabled the staff, who were beginning their shift, to be briefed about any changes to people's needs.

People confirmed that a range of activities and entertainment had been provided for them to enjoy. The activities organiser provided us with copies of a programme of activities that had been provided over the past four weeks. This included music therapy sessions, bingo, group discussion and drawing sessions. We observed a music session, which took place in the lounge, where six people and a relative were given musical instruments to play. The session was led by a guitarist who sang well known songs and encouraged people to join in. We also observed a session in the dining room where four people sat down with the activities coordinator to play a board game. From our observations, people clearly enjoyed participating in the activities provided.

The activities coordinator told us about their role. They also advised us they had recently received training with regard to providing appropriate activities to people living with dementia. We were advised how it was necessary to take into account some people's poor concentration levels when planning activities. We were advised of the importance of ensuring small groups or individual one to one sessions to help ensuring people remained engaged with the activity. Our observations confirmed that the manner in which activities provided ensured everybody accommodated at Abbey Dean could participate if they chose to do so.

People confirmed they had been sent satisfaction questionnaires. The registered manager advised us people, and their relatives, had been sent such questionnaires each year to provide them with an opportunity to express their views about the services provided. We were given a copy of an analysis of the results from the last survey which took place in July 2016. This recorded that nine people completed the survey. The majority of the results were positive and confirmed people were satisfied with the service. For

example everyone expressed satisfaction with the food provided and with the standard of the accommodation. However, three people said they did not have a choice when to have a bath. The registered provider advised us everyone had been offered a choice on admission. Two people said that the staff did not understand their needs or were not able to meet them. The registered manager confirmed that, although, it had not been recorded, they had discussed their concerns with each individual and had taken appropriate steps to improve the service provided. We also noted that, according to the survey, everybody felt their comments were listened to and acted upon.

The registered manager provided us with copies of meetings, which had taken place in May and June 2016, where people and their relatives had been invited to discuss the service provided and offer them an opportunity to give views and suggestions about how the service could be improved. For example, people asked for their supper to be later and some people asked for larger sandwiches. People we spoke with confirmed these suggestions had been implemented. The registered manager confirmed that meetings took place approximately every month.

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People and their relatives confirmed they knew how to make a complaint if necessary. They also confirmed they were confident that they would be listened to and their concerns taken seriously. One relative told us of an incident where they found it necessary to complain. They told us they spoke with the registered manager about how their family member's care was being delivered. As a result appropriate action had been taken and improvements had been made to the satisfaction of the person concerned. A copy of the provider's complaint procedure was on display in the front hallway of the service. We saw a record of complaints that had been kept, which indicated complaints received had been appropriately dealt with and to the satisfaction of the person who made the complaint.

Is the service well-led?

Our findings

People told us they experienced a culture that was positive and respected their needs as individuals. One person told us, "I have no complaints. I've only got to call for help and the staff are there in minutes. It is very nice here." Staff on duty also confirmed that the culture of the service was positive. One member of staff said, "It's like home from home." Another member of staff said, "(Registered manager's) door is open if you need a chat. We work as a team to ensure people receive an excellent level of care." The provider's PIR stated, "We have a culture of openness, transparency and continued improvement."

People and relatives were very complimentary about the management of the service. People told us the registered manager made themselves available to them and were very approachable. Our observations confirmed what we had been told. Interactions between people, their relatives and visitors, the staff and the management were very warm and welcoming.

The staff informed us they felt well led and well supported in their work. They were able to describe their role and explain to us what was expected of them. They also advised us they received supervision on a one to one basis where they were able to talk about any concerns they had and to request training to improve their performance. One member of staff said, "The management is fine. If I have a problem I can talk with (registered manager). I feel well supported."

People confirmed they found the quality of care was very good. The registered manager provided us with documentary evidence that demonstrated how the quality of the service had been monitored. They included routine health and safety checks and maintenance of the environment, the management of medicines and infection control. There were also regular audits of complaints, accidents and incidents in order to determine if there were patterns or factors that could provide a point of learning. In addition care records and staff recruitment records had been routinely checked to ensure they had been kept accurately. Representatives of the provider also conducted routine checks to satisfy themselves the registered manager was providing a good standard of care. Their PIR stated, 'The directors conduct regular provider visits and perform independent checks of compliance and mandatory checks, as well as supporting the management team.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment A service user had been deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13(5). |