Dhillon Care Ltd

Abbeygate Care Centre

Inspection report

2 Leys Road
Brockmoor
Brierley Hill
West Midlands
DY5 3UR

Tel: 01384571295

Date of inspection visit:
23 January 2017

Date of publication:
09 March 2017

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

We carried out this unannounced inspection on the 23 January 2017. Abbeygate Care Centre provides accommodation and care for up to 17 older people who may also have dementia. At the time of our inspection 16 people were residing at the home. The home was previously registered under a different provider/legal entity and this was the first inspection of this provider.

The provider is required to have 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 requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left in December 2016. The provider had interim management arrangements in place which included them working in the home on a daily basis. The registered provider was in the process of recruiting to the role of home manager with the intention of the successful applicant also applying to become the registered manager.

People were protected from abuse by staff who had been trained to recognise and report concerns. Risks to people's safety had been identified and people were supported in a safe way. People were supported with their medicines and took them as they had been prescribed by their doctor. We saw that there were enough staff available to meet people's needs and to keep them safe. Recruitment procedures were in place and checks were carried out on the suitability of new staff to minimise risks to people. .

Staff had a planned induction to prepare them for their role and had training and support to ensure they understood and met people's needs effectively. Staff had been provided with training to enable them to meet people's needs. People enjoyed their meals and were supported to eat and drink and staff knew who was at risk of choking and how to avoid this. People had access to health care professionals to promote their health and well-being.

People were supported by staff who we saw were patient, caring, and showed a genuine interest in them. People's privacy and dignity was protected and staff encouraged people's independence.

People were enabled to make decisions about their care and felt that staff knew their preferences and routines. Activity provision was being extended to ensure people had fun and stimulating things to do. People and their relatives had access to a complaints process if they were dissatisfied with any aspect of the service provision.

There was a management team that people and relatives could access if they had the need. The provider had systems in place to regularly check on the quality of the service and these had been effective in identifying where improvements were needed. The provider had plans to make the identified improvements. The provider was obtaining people's views on service provision and was acting on their feedback. The overall governance and leadership of the home was effective in ensuring people had their

needs met.

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.

People were protected from harm and abuse by staff who had been trained to recognise and report concerns.

Risks to people's safety were identified and planned for.

Medicines were managed safely and people had support to take these as they were prescribed.

Is the service effective?

Good

The service was effective.

Staff had received the training and support they needed to meet people's needs effectively.

Staff understood the need to seek people's consent and ensure people were not unlawfully restricted.

People received input from a range of health care professionals to meet their healthcare needs. People's dietary needs had been identified and managed and they were offered meals that they liked.

Is the service caring?

Good

The service was caring.

People were observed to be supported by staff who were kind, patient and caring.

People could be certain that their privacy and dignity would be upheld.

Is the service responsive?

Good

The service was responsive.

People's needs and preferences were met in their preferred way.

People were provided with the opportunity to undertake activities that they liked, and these were being further developed.

There was a complaints procedure and complaints were investigated and responded to.

Is the service well-led?

Good

The service was well-led.

There was a temporary management structure in place. The provider was taking action to recruit and register a new manager. Interim management arrangements were being supported by the provider on a daily basis.

The provider had systems in place to monitor the quality of the service so that people would receive safe and appropriate care.

Abbeygate Care Centre

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.

Our inspection was unannounced and took place on 23 January 2017. Our inspection team included two inspectors 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.

We considered the information supplied to us in the provider's information return (PIR). The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

We asked the local authority for their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

Some people were unable to share their experiences of the home so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We spoke with ten people who used the service, one relative, five care staff, the acting manager, provider, and the cook. We also spoke with a visiting healthcare professional. We looked at five people's care records and medicine records, three staff member's recruitment records and the staff training records. We looked at systems in place to monitor the quality and management of the service including surveys completed by people who used the service and complaints records. We observed a lunchtime meal with people and observed the administration of people's medicines.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. A person told us, "I do feel safe; staff take good care of me". Another person told us what made them feel safe and said, "All the staff watching me makes me feel safe". A relative said, "There are plenty of carers around I feel mum is safe; they ring me if they are concerned about her health. I'm happy that she is in safe hands".

Staff we spoke with confirmed that they had received training in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. A staff member said, "I do know what abuse is; it can be physical, neglect or financial. If we had any concerns about people being mistreated in any way we all know that we must report it". The provider had reported appropriate concerns to the local authority safeguarding team. This showed that they recognised what constituted harm or abuse and we saw evidence that action to minimise the potential for abuse and help keep people safe had been taken. Lessons had been learned, for example arrangements to safeguard people's financial affairs and possessions had been put in place. A person told us they were happy with the arrangements for their money and possessions. They said, "I have my own personal things in my room, some in the safe too, they look after my cash". We saw that receipts were used when financial transactions were made by staff on behalf of people. Another person told us, "My money is in the safe and I have an iPad which I keep in the lounge I trust the carers there is never a problem".

Some people were able to tell us how staff helped them with any risks to their safety. One person told us, "I might fall over so the staff walk with me". A staff member said, "There are different things that are risky for people; falling, choking, losing weight or developing pressure sores, but we know what to do to support them". Our observations showed that people did receive care that kept them safe from the risk of harm. We saw that staff knew how to manage risks to people's safety. For example we saw a staff member preparing a drink with a prescribed 'thickener' to aid a person who was at risk of choking. The staff member told us, "(Name) has all their drinks thickened because they cannot manage them in liquid form. We also puree their food and supervise all drinks and meals to ensure they do not choke". We saw that where some people required help to move safely, staff walked close to the person, prompted them to use their walking aid and supported them to avoid hazards when navigating around chairs and tables. We saw that people had been supported to change their position to protect their fragile skin. Staff told us that they followed the instructions in each person's risk assessment and we saw that risks had been identified and that controls were in place to manage the risk. We found risks were monitored and recorded and showed this was consistently done to keep people safe.

The provider had recruitment procedures in place which included carrying out employment checks before staff started working. We saw that a Disclosure and Barring Service (DBS) check was carried out to help the provider make sure that suitable people were employed. Whilst references were sought, and employment history was undertaken, we identified gaps in the provider's records. Written documentation to show references were sought and received was needed to ensure there was a clear audit trail. Gaps in one staff's employment history had not been explored. We saw the provider had audited their recruitment checks and they told us they would address the gaps identified to ensure their recruitment processes were effective .

People who used the service and their relatives told us that they felt that there was enough staff to meet people's needs. One person said, "Oh yes there is always staff around to help me". Another person said, "If I buzz in the night for help they come". A relative told us they had no concerns about the numbers of staff available to support people. Staff we spoke with told us they had enough staff to meet people's needs safely. One staff member said, "There are enough staff and we always ensure someone is in the lounge to support people". The provider told us that the activities worker also provided additional support at peak times such as mealtimes. Our observations showed that people were assisted to the toilet when they requested this and without delay. We also saw that staff were consistently available to provide people with drinks, make them comfortable and take time to talk with people and respond to their distress. A cook and domestic staff complemented the care staff team so that care staff could focus on the delivery of care. Staff were organised and managed people's needs without rushing. One staff member told us, "I've worked here a long time and so have other staff and I think we are pretty well organised". The provider had a system in place to ensure that staffing levels were based upon people's level of dependency.

People living at the home required support to receive their medicines safely. One person told us, "The staff give me my tablets and I am happy with that". A relative said, "There has never been an issue with medication in fact they sorted it out when she came here". We observed the medicine round and saw that the staff member followed the procedures for the safe administration of people's medicines. She ensured she explained to people what their medicine was for and encouraged people to take their medicines and checked that they had. Staff had training to administer medicines safely and told us competency checks were in place to review their skills in this area. We checked the medicines available in the home against records maintained by staff. This is a way of determining if people had received the correct doses of prescribed medicines. Our checks showed that people had received their medicines as prescribed. Some people had medicine prescribed that was to be taken "when required". The staff member was able to tell us what the medicines were for and when to give them. Additional written information to guide staff as to when to administer these medicines would ensure consistency so that it was clear which symptoms/behaviour would indicate the medicine would be needed. Our observations of one person confirmed that staff were administering this medicine when the person needed it. We saw that medicines such as eye drops and prescribed creams had a date of opening to ensure staff used these within their shelf life date. The provider was monitoring the management of medicines via audits to identify and rectify any gaps.

Good

Is the service effective?

Our findings

People we spoke with told us that they were happy with the care they received. A person said, "It is good here; the staff know how to look after me".

Staff told us that they had received an induction when they were first employed. They told us that this had included working alongside more experienced members of staff. A staff member told us, "I did training and shadowed staff until I was competent to do things on my own". The provider told us in the Provider Information Return (PIR) that new staff had a full induction in line with the new Care Certificate. This is a set of fundamental standards for the induction of adult social care workers. Staff told us that they had supervision in which they could discuss their performance and development and records confirmed that they had their practice observed to ensure they were competent to carry out care tasks independently. Staff told us they had training opportunities to develop their skills and knowledge. The training plan showed staff were being supported to undertake professional care qualifications such as the National Vocational Qualifications (NVQ) and other training to develop and refresh their knowledge in a range of areas.

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. Throughout the inspection we saw staff cared for people in a way that involved them in making some choices and decisions about their care. A person said, "I am free to make my own decisions there are not any rules here". We heard staff asking people if they could help and support them before they carried out any care. We heard staff explaining to a person why they were in the dining room, (to have their lunch) but supported the person to move to the lounge as this was their choice. A staff member said, "We always take the time to explain to people; although some people lack capacity in some areas they can make some everyday decisions". We saw from records and our discussions with staff that where people lacked the mental capacity to consent to bigger decisions about their care or treatment the provider had arrangements in place to ensure that decisions were made in the person's best interests.

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 saw that the provider understood how and when to make DoLS applications. Where these had been approved by the local authority, staff we spoke with understood which people the DoLS approvals related to and the reasons for the approvals. We identified from training records that some staff had received MCA and DoLS training and the provider told us that training for the remainder of staff had been planned. Staff we spoke with knew that people should not be unlawfully restricted. We saw that people were free to move around the home as they wanted and that their walking aids were always within their reach to enable them to do this.

We saw that people looked well cared for. We observed a person being supported to elevate their leg as part of their care plan. We saw staff supported another person to fit their hearing aid. We saw that care plans had information about how to recognise and prevent people becoming agitated and upset. Our observations showed that staff supported people who were distressed or agitated and we saw staff had a good understanding of how to relieve this. For example we saw one person who was very agitated and upset was taken for a walk. On their return the person was calm, smiling and singing. Staff told us; "We know the signs of their agitation and sometimes a walk calms them down". This showed that staff understood how conditions such as dementia may impact on a person's well-being and what they should do to support the person.

Relatives that we spoke with told us that they felt their family members were well cared for and that they were kept informed about the things they needed to know about. Staff were able to tell us about the healthcare needs of the people they supported. Records looked at showed that people were supported to access a range of medical professionals such as the district nurse, GP, physiotherapist and dentist. Health concerns had been identified quickly and referrals made without delay. For example a relative told us their family member had been complaining of tooth ache and we saw they had been seen by the dentist. Another person had recently been identified with a significant health issue and staff were aware of this and the person's care plan had been updated to guide staff as to what signs or symptoms to monitor and what action to take. We spoke with a visiting health professional who told us that staff made timely alerts to them about people's changing health. They told us that staff were positively managing a person's diabetes and promoting their diet. We observed that appropriate snacks were provided to this person throughout the day to ensure their blood sugar levels were maintained.

People told us that they enjoyed their meals and had choices. One person said, "They are very good; they get me what I like". Another person told us alternatives were offered, "I would like a bit of variation I have asked for something different and they do try I like a bit of salad". We observed the breakfast and lunchtime meals and saw that people were supported with their meals. People had the one to one attention of staff to eat their meal and the correct utensils to eat independently. People had eating plans in place which included the recommendations of the speech and language therapist. This included how they needed their food to be presented and we saw people were presented with the pureed foods they needed. People at risk of weight loss had been reviewed by their doctor and had access to food supplements. The cook was able to identify those people who needed their meals fortified to increase their nutritional intake. A nutritional risk assessment was in place and people's food and drink intake was monitored to ensure they ate and drank enough. Snacks were evident throughout the day and we saw people enjoyed biscuits and cake as well as fruit.

We saw that that staff knew which people needed support and encouragement to drink. Throughout the day we saw that a choice of drinks was offered on a regular basis and that staff took the time to sit and support the people to finish their drinks. We observed that where people were at risk of choking they had a prescribed thickener added to their drink to aid swallowing. The staff member was able to explain how the person needed their drink and we saw this was thickened to the consistency described in their eating plan.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring. One person said, "They are all very good or you wouldn't stop (here)". Another person told us, "Carers are very good; they are more like friends than carers". A relative told us, "It's brilliant here; they really settled mum in they seemed to understand her moods they used to have to ring me in the night but they have got her over that by listening and talking to her. She is calmer now".

We observed consistently positive interactions between people using the service and staff. Conversations were caring, respectful and inclusive. We saw that staff frequently engaged with people and included people in their conversations. We saw that staff had a very caring manner towards people and that people looked happy and smiled at the staff.

Staff we spoke with had a good understanding of people's needs and understood their history, likes and preferences. People's care plans showed that their preferences and expectations had been captured and evidenced that people received care in the ways they preferred. For example one plan showed the night time routine for a person which was designed to settle them into bed. Another plan showed that a person 'liked to brush their own hair'. This ensured that care plans were tailored to people's needs and had involved them or their family in identifying their preferences.

We saw that staff were attentive to people and showed they could interpret people's gestures and facial expressions when they were communicating their feelings. For example we saw they responded to people's non-verbal attempts to communicate by acknowledging them, holding or stroking their hand. This ensured that people who could not verbally express themselves were able to seek out staff and staff responded in a caring way and took the time to acknowledge them and listen to them as well as reassure them.

We saw that staff were quick to respond to people's requests for care and support and this reduced people's anxiety. For example, one person was anxious about their missing watch and we saw staff went to find it which resulted in the person smiling and thanking them. Another person was struggling to hear and we heard a staff member say, "Let me check your hearing aid is in properly….is that any better?" Staff's response to people showed they were constantly checking people's well-being and comfort in a caring and compassionate way.

People's privacy and dignity was promoted. One person told us, "Everybody is friendly they look after my clothes they always make sure I am clean and fresh". We observed many interactions where staff promoted people's dignity including adjusting people's clothing when needed. We saw staff delivered personal care in the privacy of people's bedrooms and toilets and were sensitive when discussing personal care with people so as to protect their dignity. One person told us, "They help me have a wash and they are gentle and take their time, I don't feel embarrassed because they cover me".

People were supported to be as independent as possible. For example, people had cups and utensils which enabled them to eat and drink independently without spillage. This ensured they could continue to

undertake aspects of their care for themselves. We saw throughout the day that staff took opportunities to encourage independence such as encouraging a person to hold their cup when drinking. We saw staff prompted and reassured people with their mobility; for example advising a person; "I'll walk right beside you nice and slowly". Staff told us that they recognised the importance of encouraging people to do things for themselves and that this was promoted when possible.

People were dressed in individual styles that reflected their choices. One person told us, "I have my hair done by the hairdresser and I like that, staff help me but I choose my clothes". We heard staff compliment people on their appearance which showed that staff recognised the impact of this on people's wellbeing and self-esteem.

A person told us, "My family can come and see me at any time". We saw that people's relatives were visiting the home throughout the day. The staff we spoke with told us they welcomed people's visitors and that there was no restriction on visiting times.

Arrangements were in place for people to maintain their personal affairs such as their money and mail. Two people were able to tell us they were happy with their arrangements. Staff told us that family members supported other people with any decisions they might need to make. Staff were aware of independent advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. We saw that no one required the services of an advocate but that decisions made in people's best interests had included family members representing the individual's views.

Good

Is the service responsive?

Our findings

Some people were able to tell us that the care they received was flexible and suited their needs and wishes. One person said, "If I'm poorly staff will look after me in my bedroom". Another person said, "I have trouble walking and I'm frightened I might fall but staff help me". People told us they were happy with the care staff provided and it met their individual preferences.

The provider told us in their PIR that each person had an assessment of their needs undertaken prior to them living in the home. This would determine if people's needs could be met in the way they required. This assessment was used to develop a personalised plan of care.

People confirmed that staff had asked them about their needs. One person told us, "They ask me and know my routine". We saw that care plans contained information about people's needs and preferences such as the times they got up, the level of support they needed and how they liked things done. There were details about people's capacity to make everyday decisions such as managing their own finances or decisions about healthcare treatment. We saw people's communication needs were also identified. Staff were able to tell us how health conditions such as dementia affected people to include the cues that a person was unsettled or agitated. We saw that staff responded to people's behaviours recognising these as a sign of distress. Staff we spoke with gave us an account of people's needs which matched what we saw in their care plans.

We saw staff responded to people when they needed assistance throughout the day and anticipated people's needs well. Care plans had been updated where people's care needs had changed so that staff had up to date information available to them. Staff told us that they had a handover between shifts in which any changes to people's care were shared. One staff said, "If something has changed they tell us so we know what is needed daily". This ensured that staff were responsive to people's needs. We saw staff monitored aspects of people's care where they were at risk, for example food and fluid intake as well as blood sugar levels for people with diabetes. Staff told us this enabled them to identify any concerns and respond to people's needs accordingly.

People told us that they had been on trips to various places. One person remembered going to the Botanical Gardens and told us they had enjoyed this. Another person told us, "I said I would like to go to the transport museum because I like old buses. They went but I couldn't go in the end because I had a hospital appointment". We heard a staff member talking to a person who told them that her sight was poor. The staff member told them that the visiting library was coming and that they would help them to get some audio books. Some people were unable to tell us about the hobbies and interests they had. We saw that some beauty and pampering sessions had taken place as some people had their nails painted by staff. We were told that singers and other entertainers visited the home. During the morning we saw that people were relaxed in the lounge and were enjoying music from the radio; it was positive to see that there was no reliance on the TV but a high level of social interaction between staff and people who lived there. A TV was available in another lounge so that people had a choice. One person told us they enjoyed watching sport on their IPad; they said, "The staff help me with setting it up". We saw that staff did assist the person to find the

sport channels. Staff told us and we saw that staff took people out for walks or to visit the shops, this was done spontaneously which showed staff tried to be responsive to people's individual needs. There were pictures of the trips that people had undertaken displayed on the notice board. An activities folder was used to monitor the range of activities and an activities worker had recently been employed. We saw the activities worker looked through a book with one of the people. The provider told us they would be providing training for the activities worker and would be developing the range of activities on offer to ensure people had opportunities for fun and stimulation.

People's religious needs had been taken into account. People told us that a local church service was held in the home monthly. A person told us, "Someone from the church comes to see us". Staff told us that if needed religious input from other denominations would be secured.

People told us that they would feel comfortable to complain but had not had any reason to. One person said, "I don't have any complaints but if there was something I wasn't happy with I'd talk to staff". A relative we spoke with confirmed they had access to a complaints procedure and we saw this was displayed on the notice board for easy access. There were no complaints from people or their relatives recorded in the complaints log. There was evidence that other complaints raised had been recorded and showed the nature of the complaint, action taken and how it was resolved. This demonstrated that the provider had a system in place to manage complaints and concerns.

Good

Is the service well-led?

Our findings

People were all very positive about the care and treatment they received. One person told us, "It's a nice home they look after us well". A relative told us that they knew who the provider was and had spoken to her often. They said communication between them and the provider was good, and they were kept informed of events.

The management structure had recently changed within the service. The registered manager had left in December 2016. Interim arrangements were in place until a new manager could be appointed. The acting manager was supported by the provider who worked in the home daily and demonstrated a good overview of how the home was run. The provider informed us that they would be recruiting for a registered manager.

Our discussions with staff showed they were motivated, enthusiastic and committed to providing positive care to people. This was well demonstrated via our observations of their interactions with people and the way in which they responded to people's needs. Staff told us they were happy working at the home and we saw the turnover of staff was low with some staff having worked at the home a number of years. This ensured people had consistency of care from staff who knew them well.

The provider had systems in place to support staff with their work and development. Staff confirmed that communication was good and that regular meetings took place to discuss any work related issues. Staff had supervision in which to reflect on their care practice and staff meeting minutes showed that meetings took place to ensure staff understood the expectations of their role and responsibilities. All staff had access to training opportunities and the provider had audited these. Training in The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) had been booked to ensure staff were provided with the knowledge and skills needed to support people who lacked mental capacity.

Staff reported that the management structure was clear within the home. They knew who to go to with any issues and told us that they saw the provider in the home on a daily basis and that there was an open door policy. Staff told us they would have no concerns about whistleblowing and felt confident to approach the provider. We observed that the provider had taken appropriate action in response to concerns raised and had ensured confidentiality in doing so.

The provider had met their legal requirements and notified us about events that they were required to by law. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken. The provider information return, (PIR); was completed and returned to us in a timely manner. The PIR reflected the service being provided and identified the provider's plans for the future. We saw from the PIR that they recognised some areas that they wished to develop further, for example to improve staff training, supervisions and observations of staff practice. They also identified more regular relative and service user meetings were needed. We saw that they had commenced improving the activities on offer by employing an activities worker and were looking to implement a monthly activities planner to ensure more activities specific to individuals were available. These plans reflect that the provider understood aspects of a well-run and effective service and was aiming to demonstrate their commitment to

improvements in service provision.

We saw that there were systems in place to monitor the quality of the service and identify any risks or concerns. For example we saw health and safety audits had identified repairs which were rectified. A falls audit was in place which showed falls were analysed for any patterns or themes and whether any further action was needed to reduce the number of falls experienced by a person. The provider had a key performance monthly indicator which identified the significant events within the home. This showed whether there had been any safeguarding concerns, applications to deprive a person of their liberty or accidents or incidents. This enabled the provider to have an overview of risk management and to take any action needed in response. We saw for example that monitoring records were in place where people were identified as at risk from not eating or drinking or developing pressure sores.

A relative told us that they had been asked their views about the service through surveys. The provider told us that information from surveys was used to continually improve the service. The latest survey results from 2017 were in the process of being analysed. We saw that as a result of the previous survey in 2016 some improvements had been actioned such as improving/tidying the front and rear gardens, separating people's laundry and replacing the heating system. Other improvements had been made to include improving the care plans to ensure all aspects of people's care was documented. We saw that care plans did reflect people's needs and that additional monitoring records and risk assessments were used consistently.