

# Christchurch Court Limited

# Abington View

## 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

### About the service

Abington View is a small residential home which provides accommodation and personal care for up to three people with acquired brain injury. At the time of inspection two people lived at Abington View.

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

The registered manager oversaw the management of the service which was primarily managed by a team leader. The registered manager and team leader were respected by staff and had continued to improve the service.

Staff knew people well, supporting them to become independent. Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were supported to access relevant health and social care professionals.

People's medicines were managed in a safe way. People were involved in assessing their own risks which were reviewed at regular intervals or as their needs changed. Care plans provided people with information on how to keep themselves safe, and how staff could support them to do this.

Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People's care was person centred, their individual needs were being met. People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Staff were recruited using safe recruitment practices. Staff received training to enable them to meet people's needs and were supported to carry out their roles. Staff were supported to continue learning and gaining vocational qualifications.

The management team continually monitored the quality of the service, identifying issues and making changes to improve the care. People were involved in monitoring the service.

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 Good (published 14 July 2017). The service moved address on 13 July 2018.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Abington View

## 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 undertaken by one inspector on 5 and 8 August 2019.

#### Service and service type

Abington View is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with two people who used the service and two relatives about their experience of the care

provided. We spoke with four members of staff including the registered manager, a team leader, care staff and human resources officer.

We reviewed a range of records. This included two people's care records and 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.

# 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 people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff helped them to feel safe. One person said, "I feel very safe here, staff are really supportive."
- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. One member of staff said, "I have reported safeguarding alerts and followed them up."
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- People were involved in assessing their risks, making decisions about positive risk taking and maintaining their independence. One person told us, "I'm involved in my assessments and reviews, when these change [staff] make sure I am happy and explain everything."
- Staff helped people to find ways to minimise risks. For example, using their mobile phones when they were out to let staff know where they were and if their plans changed.
- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care during handovers and team meetings.
- The provider carried out risk assessments and timely repairs to the home.
- People had their own personal evacuation plan in case of an emergency.

Staffing and recruitment

- There were enough staff deployed to provide people with the support they needed.
- People received care from a regular group of staff who knew people well.
- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention.
- People were supported to keep their bedrooms and bathrooms clean and follow safe food hygiene practices.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, they received these as prescribed. One person told us, "I don't self-medicate, staff give them [medicines] to me and wait to make sure I've taken them."
- People often visited their families. Staff prepared people's medicines for the days they were not in the home and worked with families to ensure people continued to receive their medicines as planned.
- Staff received training in the safe management of medicines and their competencies had been checked.
- Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

#### Learning lessons when things go wrong

- The management team were pro-active in using information from audits, incidents and safeguarding alerts to improve the service. The managers worked with staff to understand how things went wrong and involved them in finding solutions.



# 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 Good. At this inspection this key question has remained the same. 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 were involved in their assessments and their transition to Abington View. Staff carried out holistic assessments to understand people's needs, preferences and long-term goals. The team leader told us, "We have a very careful transition into the home to make sure the right person is in the right service, we work toward their independence."
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools relating to the care of people with acquired brain injuries such as those British Society of Rehabilitation Medicine guidelines for rehabilitation following acquired brain injury.

Staff support: induction, training, skills and experience

- New staff received an induction which provided staff with a good foundation of knowledge and understanding of the organisation, acquired brain injury and their roles. They shadowed experienced staff to get to know people they would be caring for.
- Staff received regular updates to their training and their competencies were tested.
- Staff received additional training to meet specific needs, for example overcoming people's fears and anxieties.
- The provider supported staff to gain vocational qualifications in brain injury, autism and management.
- Staff received regular supervision and guidance to support them in their roles.

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

- People were supported to have a healthy diet. People had the opportunity to try food from different cultures. One person told us they had been out with a member of staff for a Chinese meal. They told us, "[Name of staff] is a good cook, they give us cooking lessons. We use special ingredients like lemon grass and soy sauce. We batch cook and use the vegetables we grow in the garden."
- Staff had training in food hygiene and managing people's dietary needs. They provided support for people to cook meals that met their dietary needs.

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

- People were supported to make healthier life choices such as diet and exercise. People were supported to go to the local gym and go swimming.

- People had programmes of care with a psychologist which enabled them to overcome specific issues. For example, staff supported one person to follow their psychologist's plan to manage anxieties; they no longer relied on the medicines. Staff told us, "[Name] has not had to have [medicine] for anxiety for eight months."
- People were referred to health professionals for assessments such as medicines reviews. One person's life had been changed dramatically following changes to their medicines which had caused them to be too sleepy.
- Staff supported people to attend health appointments and follow health professionals' advice.
- People were referred to their GP or other medical services promptly when they showed signs of illness.

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

- The provider had moved the location in July 2018. People had been involved in decisions about the facilities in the new house. For example, the provider had built a music room and had all the equipment set up by a professional the day they moved in. The person was extremely happy with this facility which was in constant use.
- People's bedrooms were personalised, and the home provided a homely space for people to learn how to be independent.
- People grew their own vegetables in the garden, which was also used to relax in.

#### 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 were being met.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. One member of staff told us, "[Name] can be impulsive, we support them to think about the decisions they make."
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or, health and social care professionals make best interest decisions about people's future care.
- The manager confirmed no people using the service were currently subject to any restrictions to their liberty under DoLS.

# 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 Good. At this inspection this key question has remained the same. 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 received care from staff who knew them well. They had formed good relationships which people told us were invaluable. One person told us, "We have the same staff, so we get to know them, they are here for us, they are absolutely amazing." Another person said, "Staff are lovely, kind and caring. [Name of staff] is really good, they make a happy home for all of us." People's relatives were also happy with people's care, one told us, "The care is absolutely fantastic, staff are wonderful."
- People living at Abington View enjoyed each other's company and had developed a strong friendship. One person told us, "Me and [Name of other person using the service] get on really well." Staff told us people were no longer socially isolated as people were developing their independence together.
- People told us staff shared similar interests. One person who was a musician told us, "[Name of staff] is a good companion, they come with me to see [a musician]."
- Staff took pride in people's progress and spoke positively about the people they cared for. They shared examples of people learning to be more independent. One member of staff told us, "[Name] has a budget plan to manage their money. [Name and Name] plan what they want to do and [Name] does the costings."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care.
- People trusted staff and confided in them when they were unsure of situations. For example, when one person was impulsive or had made decisions they were unsure of, they discussed this with staff who supported them to reflect and think of other ways of managing similar situations.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. The team leader met with the local advocacy service regularly. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their privacy and dignity by ensuring people understood social boundaries in public. People were supported to maintain privacy about their own lives and keep their personal details safe.
- People were encouraged to live their lives as independently as possible. Staff supported people to plan

safe ways to travel, work and socialise. One member of staff explained, "We have brought in structure. We looked at the times of medicines and liaised with people and their GPs to see if tea time medicines could be given at night. This meant people could stay out longer."

- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

# 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 Good. At this inspection this key question has remained the same. 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

- People had been involved in developing their plans of care. People were successfully meeting their short-term goals with a view to becoming more independent.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred
- People's care was planned and delivered in a person-centred way. One person told us how they were encouraged to use their skills from their previous career in their job and volunteering. Another person showed us how staff helped them to develop and use their musical talent by using their skills in their volunteer role.
- Staff treated each person as an individual and considered people's personalities and previous lives. One member of staff told us, "We treat people how we would like to be treated. We follow their detailed plans, it is important as [Name] really needs stability and routine."
- People were supported to take responsibilities. For example, one person wanted to take the home's cat to the vet, which they achieved.

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 were helped to pursue their hobbies and pastimes. People were beginning to develop their personal lives, exploring theatre and social activities. Relatives told us they were so happy to see the transformation in people and how important this was in their recovery from brain injury. The team leader told us, "The reason [Name] is so settled is they are beginning to work at long term relationships and build a life, to be independent and safe."
- The provider set aside a fund for each person to experience their chosen special event. People had used their funds for events such as travel to see a show or a short holiday.

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.

- The provider complied with the Accessible Information Standard. They ensured they had the facilities to provide accessible information for people with a disability or sensory loss. There were no people requiring additional facilities at the home.

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

- There was a complaints procedure in place whereby complaints would be addressed in accordance with the provider's policy.
- There had not been any recent complaints. People were confident they could raise a concern with the manager. One relative told us they had been very happy with the response they received when they complained, they told us, "You can't get it right all of the time, in the past I complained about incidents with some old staff. I was able to complain to one of the directors and it was dealt with in the right way." Another relative told us, "I do not worry. I can ring [team leader] if I do have any concerns."

#### End of life care and support

- People were given the opportunity to record what was important to them at end of life.
- Staff had provided emotional and practical support for people who had experienced loss. They understood how life events or television programmes could trigger emotions; they supported people to manage these.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and team leader promoted person centred care in all aspects of the service.
- The whole staff team was supported by the team leader. The registered manager provided managerial oversight. Staff told us they were happy working at the service and felt supported by the management team. Relatives also told us they were happy with the management team. One relative said, "[Team leader] is lovely, I find them approachable, it's a good thing, it means a lot."
- The team leader told us, "I am really proud of what we have achieved. I've got such a good team and [Names of people using the service] wouldn't be so calm and happy if we were not."

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; Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken.

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

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. People took part in audits and the management team had thanked them for their contribution. Where issues were identified, the managers acted to improve the service.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place containing current and supported best practice.
- Staff attended meetings to discuss updates in policies and refresh knowledge.

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

- People were asked for their feedback through formal surveys and at group meetings. Issues and suggestions were acted upon.
- People's equality characteristics were considered when sharing information, accessing care and activities.
- Staff feedback was acted upon. For example, staff had requested further training in managing specific

mental health issues which had been provided by the provider's clinical neuropsychologist.

Working in partnership with others

- The provider encouraged team leaders and deputy managers to develop their management skills and share learning and best practice.
- The management team and staff worked closely with people's extended health and social care teams.