

Caritas Services Limited

Abbeyfield House

Inspection report

114-116 Gatley Road
Gatley
Cheshire
SK8 4AB

Tel: 01614285434
Website: www.caritasservices.com

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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

Abbeyfield House is based in Gatley, Stockport and is part of Caritas Services Limited. The home provides personal and nursing care for a maximum of seven people with physical or learning disabilities. At the time of the inspection there were seven people living at the home.

At our last inspection in March 2016 we rated the service Good overall. At that inspection we found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because two people's risk assessments had not been reviewed in accordance with providers stated frequency and there was no trends analysis of accidents and incidents.

Following the last inspection, we asked the provider to complete an action plan to tell us what they intended to do and by when to improve the key question; is the service effective to at least good. At this inspection, we found that required improvements had been made.

We found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good overall.

Why the service is rated good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Care records were detailed and person centred. They identified what was important to and for the person.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm. Risk assessments were person centred and gave guidance to people and staff on how risks could be minimised and managed whilst promoting people's independence and opportunity's. Risk assessment had been reviewed regularly and updated if people's needs had changed. Accidents and incidents were monitored. These records were analysed each month so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

People were supported by staff who knew them very well. People's individual communication styles were respected, this included using body language, signs, photographs and pictorial prompts.

Staff received the training and support they needed to carry out their roles effectively. Staff members had

been safely recruited and there were sufficient numbers of staff to provide people with the person-centred support they needed.

The service has 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. People were very positive about the registered manager and the way the home was run. We found the registered manager to be passionately committed to providing responsive, person-centred support to people. All the staff we spoke with shared this commitment and enthusiasm.

Medicines were managed safely and people were supported to ensure their health needs were met.

The service had detailed guidance for staff on how to support people when they showed behaviour that challenged the service. Records contained information about what may make someone upset or angry and guided staff in how to respond, what to say and what to do to help the person and diffuse situations.

Health and safety checks had been carried out and there was a programme of regular maintenance to the building and any equipment used. The home was in the process of being updated and redecorated. The home was very clean and staff had been trained in infection prevention.

The requirements of the Mental Capacity Act 2005 were being met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

There was a wide range of activities available for people both in the home and in the community. Managers and staff in the service spent time getting to know people and what their interests, hobbies and goals were. People were supported to access a wide range of activities, hobbies and places of interest. Some people were also supported to work or attend college. People were supported to maintain friendships outside of the home.

Quality assurance systems were in place to monitor and continually improve the quality of the service provided. Policies and procedures were in place and were kept under review.

Feedback was obtained from people who used the service, their families and representatives. There was a procedure to help people to complain if they wanted to. People told us they had no complaints.

The provider had notified CQC of significant events and displayed the rating from the last 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.

Risk assessments were in place that guided staff on how to promote people's safety and independence. They had been reviewed regularly.

Accidents and incidents were monitored and action taken to reduce any risk.

Safe systems were also in place with regards to infection control procedures, the management of medicines as well as protecting people from the risk of harm or abuse.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Abbeyfield House

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.

This was an unannounced comprehensive inspection which took place on the 30 August and 5 September 2018. The inspection was undertaken by one adult social care inspector.

Before the inspection we asked the provider to complete 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 what improvements they plan to make. We reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Stockport for their views on the service. They raised no concerns.

During our inspection we spoke with six people who used the service and four relatives, the registered manager, the deputy manager, one of the homes nursing staff, three support workers, the business operations director and a visiting social worker.

We carried out observations in public areas of the service. We looked at three care records, a range of records relating to how the service was managed including medication records, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

At the last comprehensive inspection of the service on 20 October 2015 we found the service was not always safe. This was because the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two people's risk assessments had not been reviewed in accordance with providers stated frequency and there was no trends analysis of accidents and incidents. The overall rating for this key question was requires improvement.

Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

At this inspection we had no concerns and found the required improvements had been made. The rating for safe was now found to be good.

During this inspection we found assessments were carried out to identify any risks to the person or the staff supporting them. These included environmental risks and any risks to people's health and well-being. Risk assessments were person centred and gave guidance to people and staff on how risks could be minimised and managed whilst promoting people's independence and opportunity's. Records showed that risk assessments had been regularly reviewed and updated when people's needs changed.

Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident, any injury and any action taken by staff or managers. We found that managers of the service kept a log of all accidents and incidents. These were analysed each month so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. Staff had received training in preventing and detecting abuse. They knew how to raise any concerns. Staff were confident any concerns they raised would be dealt with appropriately. One staff member said, "We are actively encouraged to report any concerns."

We found there was a safe system of staff recruitment in place. The provider completed pre-employment checks before they offered staff employment. There was a system for checking any nurses were up to date and remained validated with the Nursing and Midwifery Council (NMC.) These checks should help to ensure people are protected from the risk of unsuitable staff being employed. We saw the service had policies and procedures to guide staff on what was expected of them in their roles.

There was sufficient numbers of staff to provide people with the support they needed. People knew which staff were coming on duty as there was a rota that used staff photographs. Two people who used the service took turns in changing the photographs to reflect staff coming on duty. They told us they enjoyed doing this.

We looked to see if there were safe systems in place for managing people's medicines. We found that

records we reviewed were fully completed and people received their medicines as prescribed. Medicines were stored safely and securely.

Controlled drugs (CD) are prescribed medicines that have additional safety precautions and requirements. There are legal requirements for the storage, administration, records and disposal of CDs. The service met these requirements.

We found medicines management policies and procedures were in place. Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked. We observed staff supported people to take medication in their own time, not rushing them and signed the MAR only after medicines had been administered.

Systems were in place to protect people in the event of an emergency. Health and safety checks had been carried out and there was a programme of regular maintenance to the building and any equipment used. A review of records showed that internal fire safety checks were completed to check the fire alarm, emergency lighting and extinguishers were in good working order and the fire exits were kept clear.

People we spoke with told us the home was always very clean. We found the home to be visibly clean in all areas and there were no unpleasant odours. Records showed that staff had received training in infection prevention. Records we saw and staff we spoke with were aware of their responsibilities in protecting people from the risks of cross infection. There were robust systems in place to prevent the spread of infection or disease. People who used the service had also taken part in the infection control training.

We looked at the systems in place for laundry. The service had a system for keeping dirty and clean items separate and used red alginate bags to safely wash soiled items.

Is the service effective?

Our findings

At our previous inspection we found that the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

Relatives of people who used the service told us, "I couldn't do without them. I don't think [the person] would settled anywhere else", "I couldn't be happier. I don't have to keep ringing up. I know [person] is all right" and "It's always about [person who used the service]. They look at what the [person] can do and look at other ways of doing things."

All the staff we spoke with thought they had received enough training to care for people living at the home effectively. We saw staff completed an induction to the service which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. Records showed that staff completed a range of mandatory training. Staff also received training that related specifically to the needs of people who did or may use the service. We saw this included epilepsy awareness, autism, dementia, diabetes, communication, person centred planning and first aid. Some staff had also received additional training relating to the use of defibrillators, which we saw were cited in the entrance hall. Staff we spoke with told us the training was good. People who used the service told us staff had the skills and knowledge they need to support them.

Nursing staff were supported to keep their skills and knowledge up to date and received clinical supervision. Staff we spoke with, and records we looked at showed that staff received regular supervision. Staff told us they felt very well supported. One staff member told us, "If I want to talk to someone [manager] I always can."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection 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 found the provider was working within the principles of the MCA. Care records contained information to guide staff on how best to support people to enable them to make decisions and give their consent. During our inspection another person who used the service received a letter asking their permission to use photograph taken of them during a community based activity. Staff took time to explain what this meant, how the photographs would be used and where the photographs may appear. They made sure the person understood what giving their consent meant.

Care records we reviewed gave staff information on how people communicated. This included information on non-verbal communication such as what people's gestures and facial expressions meant. We saw they also included where people used a communication aid or system, for example we saw that people used pictures and photographs. One person used a system of pictures to help them communicate their needs and wishes. This was called a 'talking mat' and staff could use pictures and photographs on this to help the person express what they wanted and to make choices. The person also had signs and pictures on drawers and cupboards in their bedroom to help them identify where things were.

Staff received training in supporting people whose behaviour might be challenging. Records were detailed and included what might make the person upset or angry and how staff would know if the person was becoming upset, such as body language. Care records contained very detailed plans that guided staff on how to prevent or deescalate incidents. They also gave very good detail of what staff should do if someone was becoming upset or angry. Staff told us that if an incident occurred they were always given the opportunity to talk with a manager about what had happened. They told us this helped them feel supported.

We found that people's nutritional needs were met. Food was stored and prepared safely.

The dining room was homely. We found the home to be well maintained. There was a planned programme of updating bedrooms. People chose the décor of their own rooms. Bedrooms were personalised and individual to each person. All area of the home was bright and well furnished.

People who lived at the home had access to healthcare services and received on going healthcare support. Care records included a 'Health Action Plan' (HAP). This contained important information about what the person needs to maintain and improve their health. People were supported with their health needs and had access to a range of health care professionals. Records showed these included; GP, dietician, psychiatrist., speech and language therapist and opticians.

Records included a 'Hospital passport'. This used a traffic light system; for example; red was used to highlight what was most important to and for the person. We found this contained information that would help keep the person safe by making sure healthcare staff had the information they needed to care for and support the person in the way they preferred.

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

People who used the service were really positive about the staff. They said, "Its way nice. They know me really well" and "It's a nice place to live." Relatives we spoke with told us, "The atmosphere is so lovely. People are always happy and smiling. All the staff are so happy", "[person who used the service] couldn't be anywhere better, they know [person] so well" and "I would recommend it. Its homely."

Everyone who used the service we spoke with told us managers and staff knew them well. A relative told us, "[registered manager] knows my [person who used the service] so well. She knows when [person's name] is not well." Other people said, "Every one of them [staff] is great", "It's an extended family for [person who used the service]. They [staff] are so interested in [person] and looking at ways to see [person's name] as a person."

We saw staff related to people in an easy and friendly manner and appeared to know individuals well. Staff spoke with genuine empathy and compassion about people. They showed us they knew people well, both their care needs and as individuals. They knew about people's families and their preferences, what food they liked and what activities they enjoyed. This showed us staff and the registered manager genuinely cared about the people in their care. One staff member said of people who used the service, "They are all great. They care for each other as well." Others said, "I like coming to work", "I love it here. I enjoy it. The atmosphere is great", "It is very homely" and "It's great. I like making a difference. Helping to improve people's lives."

Throughout our inspection we saw staff treated people with respect and dignity. We found that the service placed great importance on promoting and maintaining people's independence. One staff member said, "We encourage people to be as independent as they can. People are involved in the housework, they help with the [vacuuming]." One person who lived at the home told us, "I go out on my own. I do my own ironing, staff supervise me when I do it." Another said, "It [living at the home] has given me lots of confidence and increased my independence. I go to the shop on my own."

People who used the service and their relatives told us that visitors were always made to feel welcome. We saw that the service held regular social events and that lots of relatives and friends attended these. Relatives told us, "Whenever there is an event, other members of our family come as well" and "Staff make everyone very welcome. They bring [person who used the service] to see me every week."

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We saw records about people were provided in a pictorial and written format, which were easy to follow. We saw that each person medicines were described on information that also had a photograph of what it looked like, information on keeping safe on the internet and sexual health and health and safety were also available in

accessible formats.

We saw that leaflets were available to people who used the service to inform them about a local advocacy service should they need someone independent to advise them.

We found that care records were stored securely. Policies and procedures, we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

At our previous inspection we found the service was responsive. At this inspection we had no concerns and the service continued to be good in this area.

People who used the service told us the staff were responsive to their needs. People told us, "We get out and about a lot. I am growing my own veggies" and "Its brilliant. The best place I have ever been." Relatives said, "They have so much activity. They go on holiday every year", "They go out a lot, on the trains and buses. [person who used the service] has a very full life" and "[registered manager] has a good team of support staff, dead, dead positive. Its 'yes we can do it'."

Care records we reviewed included detailed assessments and care plans. The assessment process ensured people were suitably placed and that staff knew about people's needs, wishes and goals. Records were very person centred and had lots of detail about what was important to and for the person. People told us they were involved in developing their care records and in reviewing the support they received. Where appropriate their relatives were also involved in the development of these records. Information about people was reviewed regularly and we saw changes were made if needed. One person who was living with dementia had been supported to move into a downstairs bedroom so that if they experienced any issues with mobility or confusion they would have easier access to staff. A visiting social worker said, "The care plans and risk assessments are so informative."

Everyone we spoke with said the registered manager led by example and the person-centred care and support came from their lead. One staff member said, "She treats everyone as an individual", "We are actively encouraged to work in a person-centred way." Others said, "They try to match staff with people, doing things they both like" and "Everyone [who lived at the home] is treated as an individual. It's also really good fun."

People had access to a wide range of activities both in the home and in the community. Activities included those specially designed for people with learning disabilities but also those open to the public. Activities were planned and organised to take into account people's preferences and abilities. We saw that some people had pictorial timetables of the activities that were planned for the week. This would help people understand and remember what they would be doing each day. It also allowed them to communicate with staff by pointing at the pictures if they wanted to talk about the activity.

Activities were very wide ranging and included; Walking football, tea dances, rave nights at local pub, college, shopping, attending clubs and discos, cinema and work experience. One person was a season ticket holder to their favourite football club. The service was signed up to the 'stay up late' campaign which encourages care homes to support people to activities whatever the time they finish, the home works rotas around these events. One person had attended a pop concert the week before our inspection and had got home around midnight. Everyone also had a holiday each year. People who used the service told us they were very happy with the activities on offer. One person told us they did lots of activities. They said, "I just ask my support worker and they sort it out."

One person was a fan of the pop group the Beatles. They showed us their bedroom which contained their collection of memorabilia. This included the famous photograph and the Beatles crossing the Abbey Road, they also showed us a photograph of them when they had gone on holiday to London, to have their photograph taken on the same road crossing. They showed us that in the garden the provider had helped them build Beatles themed projects. There was a life size replica of the Abbey road crossing, including zebra crossing and flashing beacon lights. There was also a collage about Beatles songs; created using old penny's that they called Penny lane. It had replica strawberries at the side which were to represent Strawberry fields. The person was very proud of these exhibits.

One staff member said, "The opportunities people get are great, they have a more exciting life than me. It's about getting the best for people."

We saw that people had access to two computers. We were told each person had their own log in and that people had been taught about staying safe on the internet. Staff told us that some people who lived at the home used this to communicate with relatives and friends via email and social media. The home also used a hand held electronic devise to aid communication with one person who used the service. On the first day of our inspection the person was learning to sign and sing along to a song they were watching.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff, people and visitors demonstrated that discrimination was not a feature of the service and that the service had a positive approach to supporting people as individuals.

Care records we reviewed identified if the person had specific wishes about they wanted to be cared for at the end of their life. Staff had received training in end of life care.

We saw there was a complaints procedure and we saw that a system was in place to log any complaints received. People who used the service knew how to make a complaint. "I have only complained twice, well more grumbled. But they dealt with it straight away." Another person said, I can't say a bad word about them." We saw that some people were encouraged to keep a book, in which they could write any concerns or things that they wanted staff to talk to them about.

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

Everyone we spoke with was very positive about the registered manager and the way the service was run and organised. People who used the service told us, "I am happy", "Its excellent", "Its way nice." Relatives told us, "It's amazing", "I wish they [care homes] were all like Abbeyfields", "I think it's the best care home in the country. You just can't fault it", "They are all part of a team. They all work together" and "Abbeyfield is very special."

The home had a registered manager in place. 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.

People we spoke with were full of praise for the registered manager and spoke with real affection for them. People who used the service told us, "She is an inspiration to all of us. It wouldn't be the same without her", "She is a good manager", "She does a good job" and "[registered manager] is the best manager. She gets holidays for us." Relatives we spoke with said, "We mustn't lose [registered manager] She is Abbeyfields", "She is very good, very helpful", "She is absolutely fantastic, so dedicated. The hours she puts in are above and beyond" and "She is very astute, and Intune with people."

The registered manager had won an award in 2018 for the 'Most Inspirational leader'. This had been awarded by the local authority and clinical commissioning group.

Staff liked the registered manager and thought she ran the service well. They told us, "[Registered manager] is really supportive", "I have never come across a better one [manager]. She is a good role model", "She is on top of everything", "She's great. She tells it as it is. She would never turn you away." Others said, "She is so passionate" and "She is a good leader, very supportive. She will make you a brew and will talk to you."

Staff we spoke with were enthusiastic about their work and told us they enjoyed working at Abbeyfield House. They said, "I think we are great, passionate about what we do. We try to do better all the time", "As soon as I walked in I knew I wanted to work here", "It's the most homely environment I have ever worked in" and "We are a really close team."

We found there were good systems of weekly, monthly and annual quality assurance check and audits. These were completed by the registered manager and managers on site and by senior staff who worked for the provider. We saw these were used to monitor the quality of the service provided and look for any improvements that could be made.

We looked to see if people had the opportunity to comment on the service they received. We saw that

people's views were gathered during service user meetings but also in quality questionnaires that were given to people each year. We saw that people's response were very positive and that any ideas or suggestions were followed up and actioned. A relative said, "Everyone is included on all decisions. From what's for tea to going on holiday."

We saw that the service had a range of policies and procedures in place. The policies we looked at included infection control, medicines administration, complaints, the Mental Capacity Act 2005, safeguarding adults and whistleblowing. These provide information and guidance to staff about the provider expectations and good practise.

We saw there was a statement of purpose. This gave people who used the service the details of the facilities provided at this care home. These also explained the service's aims, values, objectives and services provided.

The provider had notified CQC of significant events and displayed the rating from the last report.