

Abberdale Limited

Abberdale Ltd t/a Abberdale House

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

Abberdale Ltd t/a Abberdale House is a residential care service providing personal care and accommodation to people. At the time of the inspection the registered manager confirmed the service was providing personal care to 24 people.

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

People felt safe with staff from the service. Staff understood how to protect people from the risk of harm and understood potential signs of abuse. Care plans provided guidance for staff to follow, and staff had read the care plans. Staff went through a recruitment process so that the provider only employed suitable staff.

People received their medicines as prescribed and they were protected from the risk of infections through staff working practices. There were enough staff to meet people's needs. Staff undertook induction and specialist training which provided knowledge and skills to do their job well and effectively meet people's needs.

People were provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare that maintained their health and wellbeing. 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.

Staff knew people well. People had developed positive relationships with staff which helped to ensure good communication and support. Staff respected people's privacy and dignity. They supported people to be independent.

People and their representatives were involved and consulted when deciding how support was provided. Staff knew and understood the needs of the people using the service and care was provided based on their assessed needs. Staff were responsive to changes in people's needs to ensure people received timely intervention to maintain their health and well-being.

People and relatives knew how to raise any concerns or make a complaint. The provider responded to complaints by investigation and found solutions to put things right. The complaints policy provided information about how these would be managed and responded to.

People, relatives and staff spoke positively about the management and leadership of the service. People and relatives said staff were very friendly and caring, and they had built good relationships with them.

Systems were in place to monitor the quality of care and support people through quality assurance systems

and processes to drive improvements within the service.

The service worked in partnership with external agencies to ensure people achieved good outcomes from their care and support.

Rating at last inspection:

The last inspection on 16 November 2016 rated the service as good.

Why we inspected:

This was a planned inspection.

Follow up:

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 Responsive findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Responsive findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Responsive 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 ●

Abberdale Ltd t/a Abberdale House

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 carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a residential home. It provides personal care and accommodation for people with mental health needs, physical disabilities, people living with dementia, older people and younger adults.

The service had a manager who was registered with the Care Quality Commission. This means that when a manager is registered, 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

The inspection was unannounced.

What we did before 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 seven people who lived in the home, and three relatives about their experience of the care provided. We also spoke with four members of care staff, the cook, the registered manager and the provider, who was also the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. We looked at two 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.

After the inspection

The registered manager sent us additional evidence after the inspection visit to follow up on the issues raised in the report.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

- An assessment of health and safety of premises had been carried out for the home. This was comprehensive and included individual plans to evacuate people safely in the event of fire.
- The registered manager had assessed individual risks to people's safety. Information was in place for staff of action that needed to be taken to reduce these risks. One risk assessment about monitoring a person's blood sugar levels did not detail about what to do if the levels were not within safe range, though staff were knowledgeable about what to do. The registered manager took action to follow this issue up.
- Staff members had a good understanding of people's needs in order to keep people safe. For example, how to assist people to eat to prevent the risk of choking and how to prevent people having falls.

Systems and processes to safeguard people from the risk of abuse.

- People and relatives confirmed that people felt safe and secure with staff. A person said; "Yes I feel safe. The security at the home makes me feel safe." A relative said; "Yes, definitely safe. He [family member] is safe when they [staff] support him"
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed. Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.
- A whistleblowing procedure was in place for staff to report to outside agencies if they were not confident that management would deal with the incident properly.

Staffing and recruitment

- Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting.
- People and relatives said there were enough staff to keep them safe. A relative said; "Care is provided in good time." One person said; "Yes, [there are] enough [staff] around." One person said there weren't enough staff at the weekend. The registered manager said there were the same numbers of staff on duty at the weekend. We found there were sufficient staff on duty to attend to people's needs.
- Staff said there were enough staff to keep people safe.

Using medicines safely

- People said staff gave them their medicines. Records showed that people had received their medicines at prescribed times. Medicines were correctly supplied to people when we observed this. There was an electronic system in place which flagged if medicines had not been supplied to remind staff to do this.

- The provider had a policy and procedure for the receipt, storage, administration and disposal of medicines so that medicines could be supplied safely to people. Staff competence was assessed before staff were able to supply medicines to people.
- A medicine audit checked that medicine had been supplied to people as prescribed.

Preventing and controlling infection

- Staff were aware of the need to use protective equipment when supporting people with personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases.
- Staff were aware of the need to wash their hands thoroughly after completing a task to prevent infections being passed to people. Antibacterial gel was available to visitors to clean their hands to prevent infections being passed on.

Learning lessons when things go wrong

- The registered manager said that they were aware of the need to learn if situations had gone wrong. For example, asking relatives to speak to management if they supplied rugs in their family members bedrooms, to prevent falls.
- A system was in place that the registered manager reviewed all incidents or accidents to see if lessons could be learned to prevent these from happening again.

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 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; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support. Staff said that the manager asked them to read care plans and these plans helped them to provide care that met people's needs.
- People and relatives said people's needs were met by staff.
- Staff received training in equality and diversity and understood people as individuals.

Staff support: induction, training, skills and experience

- People and relatives said they thought staff had been well trained to support them or their relative. One person said; "[Staff are] trained every week. An expert comes in and trains." A relative said of the staff; "Very well trained."
- People were supported by staff who had received ongoing relevant training. Staff said if they requested more training, management would arrange this for them. Training on people's health conditions was also provided to staff. One staff member said that having training on Huntington's disease had helped to understand the effects of the condition.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people. They were shadowed by experienced staff to give them an understanding of how to provide personal care to people. Staff were given opportunities to review their individual work and development needs in direct supervision and appraisal sessions.

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

- People and relatives said the quality of food was good to excellent. One person said; "Sometimes I like the food on offer. If I don't like it I can ask for something else." A relative said; "The food is very good." People were provided with food of their choice. The dinner on the day of the inspection visit was a meat roast which was off the bone and smelled appetising.
- Staff had information about people's needs to ensure that the food was safe for people to eat and drink. Drinks were provided to people throughout the day to ensure they did not become dehydrated.
- Staff were aware of people's dietary requirements. People had food provided that respected their cultural choices. Staff provided assistance and encouragement to people in a gentle and helpful way. Equipment was available to assist people to eat if they needed this.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information on meeting health and social needs.
- If people had an accident staff knew they had to call the emergency services to obtain healthcare.

Supporting people to live healthier lives, access healthcare services and support

- People said that if they needed to see a doctor, this was arranged. Some people were able to go to the surgery themselves, with or without staff assistance. People said staff helped them with their health. One person said; "If I wasn't well they would get the doctor." Relatives said they were kept informed about their relatives health. One relative said; "They do tell my sister or myself if mum is not well."
- People's health and wellbeing was supported by staff. Records of people's care showed this happened as there was contact with a range of professionals such as specialist nurses, GPs and the occupational therapist.
- Information was available to staff if people had to go to hospital for treatment.

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

- The premises had a homely feel. People said they were happy with the home and it was warm in cold weather. Staff said that maintenance was carried out swiftly when they reported issues.
- People were able to personalise their rooms with their own belongings.
- Signs were available to orientate people around the home. Corridors displayed paintings of interest from the past which provided points of interest for people, especially for people living with dementia. Staff had started putting photographs of people when they were younger on their bedroom doors. This was done as some people only recognised themselves from their younger photographs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found this to be the case.

- Staff were trained to understand the MCA. Some people, who had restrictions placed on them, had authorisations from the DoLS team in place to show this was being done lawfully.
- People and relatives said they or their relatives were asked for permission before being provided with support from staff. One person said; "Yes, they [staff] ask for my permission before supporting me" A relative said; "They [staff] ask permission."
- People were able to consent to their care. People told us that staff asked their consent to agree to personal care.
- Mental capacity assessments had been completed to determine people's capacity to independently make decisions about their lives.

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 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 and relatives said that staff were friendly, kind and caring. One person said; "Yes, they [staff] are kind, caring and helpful." A relative said; "Yes, they [staff] are caring and kind." People said they were treated fairly.
- We saw staff assisting people, being friendly and caring and reassuring people. Staff chatted with people and responded to what people said. For example, a person was offered a drink and they said they wanted to have cake instead. They were quickly given a piece of cake, which they enjoyed.
- People and relatives said that staff listened to what people said, and that people's wishes were respected.
- The service statement of purpose stated that staff should treat people equally whatever their backgrounds. Staff were aware of this principle and said it happened in practice.

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

- People and relatives said they had been involved in care planning. A person said; "They definitely listen to me and me to them."
- People and relatives said management checked that they were satisfied with the service they received.
- Reviews of people's care had taken place. There was evidence that people and their representatives had been consulted about whether care provided still met people's needs.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff respected people's privacy and dignity. One person said; "Yes they respect my privacy. They always knock the door before entering my room." A relative said; "Yes I think they do respect mum's privacy and dignity."
- People and relatives said staff ensured people always chose their lifestyles, such as choices for getting up or staying in bed, involvement in activities and food and drinks choices. Care plans had information about people's preferences. People said they could do things when they wanted to. One person said; "I can do things when I want. I can sing and dance when I want."
- People and relatives said staff supported people's independence to be able to do the things that they could do. Staff gave examples of how they encouraged people to do what they could. For example, being able to wash themselves where they were able to.
- People said staff respected their beliefs. One person said; "I am religious. Staff do respect my beliefs."

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 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

- Staff responded to people's needs. For example, a person was offered to sit near a fan on a hot day and was appreciative of this. Another person asked for a banana was provided with this very quickly.
- All the people and relatives said there were enough staff to provide people with care when they needed it.
- Care plans had information about people's preferences and this covered their life histories and likes and dislikes. This meant staff had comprehensive information to assist them to provide people with all their individual needs. Staff members were aware of people's important routines.
- People and relatives said they were happy with the care provided. One person said; "Yes, I am happy with the care." A relative said; "They [staff] are responsive to [family member] needs."

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 service identified people's information and communication needs by assessing them. The registered manager said that there were no people who currently needed alternative methods of information, apart from people who communicated through gestures as they did not understand verbal communication..
- Pictorial cards had been used in the past for people who benefited from using them.
- The registered manager said that a computer was available to show people pictures if this helped their communication.

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.

- Care plans contained information about people's early life, their spiritual needs, interests and what they enjoyed doing.
- The home employed an activity staff member three times a week and care staff also provided activities for people. These included pampering sessions such as doing nails, games, exercises, bingo, music, trips out and entertainers. A fete had been organised for interest and enjoyment and extending community links. People went out shopping. There was an attractive back garden with seating so people could enjoy fresh air if they wanted.
- Links with family, friends and the local community were promoted. For example, a person had been

encouraged to visit their close relative who lived in another care home.

Improving care quality in response to complaints or concerns

- Everyone we spoke with knew how to make a complaint. A small number of complaints had been received since the last inspection. These had been investigated and a response provided to the complainant.
- People and relatives told us they had no complaints about the service. They were confident that management would sort any issues out if there were any. This gave us reassurance that swift action would be taken as needed.
- There was a complaints policy and procedure in the service user's guide. The procedure for complainants to refer to the local government ombudsman was not included. The registered manager swiftly amended this to include this information.

End of life care and support

- End of life care and support was assessed as part of people's care plans.
- Care plans contained information about people's end-of-life wishes.
- Staff training had been carried out for end-of-life care. The home had been awarded a certificate of good practice from a local hospice and the registered manager was an ambassador for quality end-of-life care.

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 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.

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

- People said they were happy living in the home. They said the service they received was honest and open." A relative said; "Yes, the atmosphere is positive." People and relatives said they could make suggestions. One person said, "I suggested we have Cornish pasties. The next week I had five." Everyone said the home was well managed. A relative said, "It is open and well managed."
- People and their representatives had opportunities to share their views about the service through surveys provided to them. For suggestions made in residents meetings, there was not always evidence to support that they had been taken up. After the inspection, the registered manager sent us evidence that a system to do this was in place.
- Staff were supported to share their views about people's care directly with management and in staff meetings. They said they felt confident they could always share ideas to further improve the service.
- Management staff promoted positive team working. Staff were thanked for their work. One staff member told us, "I always get brilliant management support. The manager is always available to staff."

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

- Two managers are registered with CQC. One registered manager is responsible for the day-to-day running management of the service. The other registered manager, who was also the provider, oversaw the running of the service. They were clear about legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service.
- Quality audits were carried out to drive improvement of the service.
- People and staff were positive about the management and leadership of the service. There was a reliable staff team who said they took pride in providing care and support for the people using the service. Staff said there was good teamwork and that all staff work together to provide a quality service to people.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives said that individual care was provided around people's needs and preferences.
- Management staff worked closely with healthcare professionals to improve people's health.
- The current CQC rating was displayed in the home and on the provider website.

Continuous learning and improving care

- There were regular reviews of people's needs to ensure the care provided was appropriate, and reviews of the service to ensure people had the care they needed.
- The registered manager was involved in outside forums focused on improving care for people living in residential homes.
- The registered manager had been recognised by a hospice organisation as providing quality end-of-life care.

Working in partnership with others

- The service worked with a range of health and social care professionals.
- People were supported to use local services if this was what they wanted.