

Abbeyfield North Northumberland Extra Care
Society Limited

Abbeyfield House - Alnwick

Inspection report

South Road
Alnwick
Northumberland
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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

Abbeyfield House – Alnwick provides personal care and accommodation for up to 25 people. Accommodation was provided on one level. There were 22 people living at the home at the time of the inspection, some of whom had a dementia related condition.

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

At our previous inspection, some people told us that improvements were required with the attitude and manner of certain staff to ensure they demonstrated high quality compassionate care. At this inspection, action had been taken to improve and people spoke positively about the caring nature of staff.

There were systems in place to protect people from the risk of abuse. People told us they felt safe. Staff were knowledgeable about the action they would take if abuse were suspected. No safeguarding concerns were raised. There were enough staff deployed to meet people's needs. Safe recruitment procedures were followed.

Medicines management had improved since our last inspection. Risks were assessed and monitored. There was an ongoing refurbishment plan in place. New flooring was being laid at the time of our inspection. The design and décor of the home met people's needs.

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.

People had a choice and access to sufficient food and drink. A person-centred approach was followed at meal times. There was an emphasis on home baking and people spoke positively about the meals. People were supported to access a range of healthcare professionals to ensure they remained healthy.

People were treated with kindness and staff respected people's differences. Care plans now contained information about people's life histories and their likes and dislikes to help staff deliver person-centred care.

People's social needs were met. Staff recognised the importance that animals had on people's wellbeing. The provider had adopted a rescue dog called Flash who had come to live at the home.

A complaints procedure was in place. Surveys and meetings were carried out to obtain feedback from people, relatives and staff.

The atmosphere within the home had improved. The culture was open, person-centred and positive. People spoke positively about living there. One person told us, "It's very good - the best home in Alnwick." A range of audits and checks were carried out to monitor the quality and safety of the service. Action was

taken if any issues or concerns were identified.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 September 2018). We identified a breach of the regulation relating to good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of this regulation.

Why we inspected

This was a planned inspection based on our inspection programme.

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 ●

Abbeyfield House - Alnwick

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

Abbeyfield House – Alnwick 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

This inspection was unannounced.

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 also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 four people, three relatives, two members of the board of trustees, the registered manager, the deputy manager, a senior care worker, four care workers, an agency care worker, two chefs, the activities coordinator and a member of the district nursing team from the local NHS Trust.

We reviewed a range of records. This included two people's care records, multiple medicines records. We looked at two staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we identified shortfalls with medicines management which had not been highlighted by the provider's monitoring system. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Medicines were managed safely. People received their medicines as prescribed. Staff had changed from a Monitored Dosage System to original pack dispensing. The senior care worker explained there had been some issues when they first started using the system regarding the supply of certain medicines; however, this had been addressed.
- We noticed that the controlled drugs cabinet did not meet with legal requirements. This was immediately addressed at the time of the inspection.

Staffing and recruitment

At our last inspection we recommended that the provider kept staff deployment under review due to the mixed feedback we received about staffing levels. At this inspection, improvements had been made.

- There were enough staff deployed to meet people's needs.
- Most people and all staff told us there were sufficient staff on duty. We phoned night staff to find out how care and support was delivered at night. They did not raise any concerns about staffing levels and said they had enough time to spend with people. This was confirmed by people. One person said, "We always have a bit of a laugh, night staff especially. I usually wake around 3am and I ring and I get a cup of tea."
- Staff carried out their duties in a calm unhurried manner.
- Safe recruitment procedures were followed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection some people and staff raised concerns about the attitude and manner of a small number of staff. At this inspection, improvements had been made.

- There were systems in place to help protect people from the risk of abuse. Safeguarding and whistleblowing procedures were discussed during staff meetings and supervision sessions.
- People and staff did not raise any concerns about the attitude and manner of staff. People told us they felt

safe.

- Staff were knowledgeable about what action they would take if abuse were suspected.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had completed infection control training and followed safe infection control procedures.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored and discussed at trustees' meetings. This helped identify any themes or trends so action could be taken to reduce the risk of any reoccurrence.

Assessing risk, safety monitoring and management

- Risks were assessed and monitored. The correct moving and handling procedures were followed.
- Checks were carried out to make sure the building and equipment were safe. Records of these tests were not always easy to locate. Following our inspection, the registered manager introduced a new system to ensure these records were easily accessible.
- Staff had completed fire training. The registered manager was looking into additional fire warden training for certain staff.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we identified shortfalls with the maintenance of records relating to the Mental Capacity Act 2005. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care was sought in line with legal requirements.
- DoLS applications had been submitted to the local authority for review/authorisation in line with legal requirements.
- People made their own choices whenever possible. Where there were concerns about people's capacity, assessments had been carried out in line with the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we identified shortfalls with people's assessments. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People's needs were assessed and care plans were formulated to document what actions staff needed to

take to meet people's needs.

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

At our last inspection we recommended that the provider reviewed the design and decoration of the home to ensure it was based on current best practice in relation to the specialist needs of people living at the service. The provider had made improvements.

- The design and décor met people's needs. New signage had been put up to help orientate people to important rooms such as bathrooms and toilets. New flooring was in the process of being laid.

Staff support: induction, training, skills and experience

- People were cared for by staff who were trained and supported.
- Staff had completed training in safe working practices and to meet the specific needs of people.
- Staff told us they felt supported. There was a supervision and appraisal system in place.

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

- People had a choice and access to sufficient food and drink.
- We observed the lunchtime meal and saw that staff showed people both meal choices. This meant they could see and smell the food which was particularly beneficial to people who had a dementia related condition. Pictorial menus were also available to help people visualise the planned meals. Staff sat with people to help make the mealtime a sociable experience.
- One relative told us that sometimes people's drinks were not easily accessible. We spoke with the deputy manager about this feedback. They introduced a hydration champion on each shift to monitor people's drinks and fluid charts.
- We noted that one person's malnutrition universal screening tool [MUST] had been incorrectly assessed. We spoke with the registered manager about a 'mobile app' which was available to help staff calculate MUST scores correctly. The registered manager told us she would look into this.

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

- People were supported to access a range of healthcare professionals to ensure they remained healthy. We spoke with a health care professional who told us, "They [staff] are amazing, honestly... They follow advice and they always ask us [if they have any concerns]."

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 requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection, we recommended that the provider sought advice and guidance from a reputable source to ensure that care plans reflected people's personal histories and backgrounds to help staff deliver person-centred care. In addition, improvements were required with regards to the attitude and manner of a small number of staff. At this inspection, action had been taken to improve.

- People were treated with kindness and staff respected people's differences.
- Care plans now contained information about people's life histories and their likes and dislikes to help staff deliver person-centred care. The deputy manager told us, "It's very helpful for new staff and current staff to look into the person so we know about them and can talk about different subjects and trigger different memories."
- People spoke positively about the caring nature of staff. One person told us, "They absolutely treat me with kindness. They are certainly very caring and they'll do things without being asked." A relative said, "They are caring and will take their time. They will sit with residents individually. They strike me as being concerned with her welfare."
- Staff spoke in a caring and respectful manner about the people they supported. They talked about caring for people like members of their family. Staff told us that they would be happy for a friend or relative to live at the home because of the standard of care provided. One staff member told us, "It's definitely good enough for one of my relatives – 100%. The staff are here for the residents and they are to be treated as if they were your mum [or relative]."
- We observed positive interactions, not only between care workers and people, but also other members of the staff team. One person became upset and a member of the domestic team immediately went over to them and said, "Don't get upset, here you sit down sweetheart. I'll give you a cuddle." The staff member stroked their cheek and sat with them. They soon cheered up and started smiling again.

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

- Staff supported people to be involved in and agree decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and promoted their independence.
- Care plans recorded what aspects of care people could manage independently and what they needed support with.

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 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's care was developed around their wishes and preferences. Care plans were in place which instructed staff on how to deliver responsive care.

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.

- Staff followed the AIS. Care plans documented people's communication needs. The registered manager explained that if information was required in a different format, this would be organised and provided.

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's social needs were met.
- People were supported to maintain their hobbies both within and outside of the home. An in-house choir had been formed and trips out into the local community were organised.
- Staff recognised the importance that animals had on people's wellbeing. The provider had adopted a rescue dog called Flash who had come to live at the home. The deputy manager told us of the positive effect that Flash had made to people. She said, "It's enhanced their quality of life."
- People's spiritual needs were met. One person said, "I have communion once a month and we have a church service every week with different denominations."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No formal complaints had been received. We discussed with the registered manager about monitoring minor concerns centrally so these could be analysed to check if there were any trends or themes. She told us that this would be addressed.

End of life care and support

- People were supported at their end of life. A multi-disciplinary approach was followed to help ensure consistent and responsive care was provided to meet people's needs at this important time in their lives.
- Staff had completed the document the 'Preferred Priorities for Care' with those people who wanted to plan for their future 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 requires improvement. At this inspection, this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we identified shortfalls with the maintenance of records relating to medicines, the MCA and care records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a registered manager in post. People spoke positively about her. One person said, "The manager is always in evidence; she seems to take part." A new deputy manager had been appointed since our last inspection. She spoke enthusiastically about the changes that had taken place. Staff told us they felt supported by the management team.
- A range of audits and checks were carried out to monitor the quality and safety of the service. A senior care worker carried out wellbeing checks on each shift. The registered manager told us, "They go around everyone, asking if they are happy or if there is anything they need and I countersign this on a daily basis." This check helped ensure timely action was taken if people raised any concerns which affected their happiness and wellbeing.
- The provider and registered manager understood their duty of candour responsibilities. They had submitted notifications of specific events in line with legal requirements.

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

At our last inspection, we found that further improvements were required to ensure that all staff demonstrated high quality compassionate care. At this inspection, improvements had been made.

- The atmosphere at the home had improved. The culture was open, person-centred and positive. Staff told us that they now enjoyed coming to work. One staff member said, "It is a lovely place, it's nice to come to work again." People spoke positively about the attitude of staff. One person said, "Oh yes, they're very nice. I can't think of anybody who I could complain about."

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

characteristics

- People and staff were actively involved in all aspects of the service.
- Reviews, meetings and surveys were carried out to obtain feedback from people and staff. One relative told us they considered that communication could be improved. We passed this feedback to the registered manager.
- The board of trustees were actively involved in all aspects of the home. We attended a staff meeting and a member of the board was present to hear feedback from staff.

Continuous learning and improving care

- There was an emphasis on learning and improving care. One staff member told us, "We're improving all the time. If something doesn't work you improve it. Everyone now has the feeling that you are there for the residents and you want what's best for them. Everything has been a learning process for us and we've learnt a lot."

Working in partnership with others

- Staff had developed links with the local community to help ensure people were engaged in their local community. Representatives from churches visited and children from the local school. Staff also liaised with health and social care professionals to make sure people received joined up care which met their needs.