# Abbeyfield Society (The)

# Cunningham 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 |

## Overall summary

The inspection was completed on 30 November 2015 and 1 December 2015 and there were 48 people living at the service when we inspected.

Cunningham House provides accommodation and personal care for up to 54 older people and people living with dementia.

A registered manager was in post. 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. At the time of the inspection we were advised that the registered manager was providing additional support to another service belonging to the registered provider. However, the Head of Care was deputising for them in their absence. Both the registered manager and Head of Care confirmed that they communicated with each other on a daily basis and there was no negative impact on the day-to-day running of Cunningham House.

# Summary of findings

People told us the service was a safe place to live and that there were sufficient staff available to meet their needs. Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

The dining experience for people was positive and people were complimentary about the quality of meals provided. People who used the service and their relatives were involved in making decisions about their care and support.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The manager was up-to-date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were being protected.

Care plans accurately reflect people's care and support needs. People received appropriate support to have their social care needs met. People told us that their healthcare needs were well managed.

People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The manager was able to demonstrate how they measured and analysed the care provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

# Summary of findings

## 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.

There were sufficient numbers of staff available to meet people's care and support needs.

The provider had appropriate systems in place to ensure that people living at the service were safeguarded from potential abuse.

The provider's arrangements to manage people's medicines were suitable and safe.

Good

**Is the service effective?**
The service was effective.

Staff were appropriately trained and skilled to meet people's needs and were suitably supported to undertake their role.

The dining experience for people was positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Good

**Is the service caring?**
The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

People and their relatives told us they were involved in making decisions about their care and these were respected.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Good

**Is the service responsive?**
The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

Good

**Is the service well-led?**
The service was well-led.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the registered manager, Head of Care and other senior members of staff.

Good

# Summary of findings

Appropriate arrangements were in place to ensure that the service was well-run. Suitable quality assurance measures were in place to enable the provider and management team to monitor the service provided and to act where improvements were required.

# Cunningham 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 inspection took place 30 November 2015 and 1 December 2015 and was unannounced.

The inspection team consisted of two inspectors on 30 November 2014 and one inspector on 1 December 2015.

Before our inspection we reviewed the Provider's Information Report (PIR). This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements. We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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 spoke with 10 people who used the service, five relatives, seven members of care staff including three senior members of care staff, the Head of Care and the registered manager. In addition, we spoke with two healthcare professionals to seek their views about the quality of the service provided.

We reviewed nine people's care plans and care records. We looked at the service's staff support records for five members of staff. We also looked at the service's arrangements for the management of medicines, complaints, compliments and safeguarding information and quality monitoring and audit information.

Good

# Is the service safe?

## Our findings

Staff told us that they felt people living at the service were kept safe at all times. People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns.

We found that people were protected from the risk of abuse. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority, the Care Quality Commission or police if required. Staff were confident that the registered manager and Head of Care would act appropriately on people's behalf. The registered manager and Head of Care were able to demonstrate their knowledge and understanding of local safeguarding procedures and the actions to be taken to safeguard people living at the service.

Staff knew the people they supported. A risk screening tool had been completed for each person and these covered 10 distinct topics, such as, health and physical wellbeing and medicines management. Where risks were identified to people's health and wellbeing, for example, the risk of poor nutrition, poor mobility and the risk of developing pressure ulcers; staff were aware of people's individual risks. Risk assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. Environmental risks, for example, those relating to the service's fire arrangements were in place.

Some people were assessed as at high risk of developing pressure ulcers. We checked the setting of pressure relieving mattresses that were in place to help prevent pressure ulcers developing or deteriorating further and found that two of these were incorrectly set in relation to the person's weight. For example, the setting of one person's pressure mattress was observed to be set on '125 KG' and yet the person's actual weight was 63.4KG. This meant that the amount of support the person received through their pressure mattress was incorrect. We discussed this with the management team. Immediate action was taken to rectify the mattress setting for each person. On 3 December 2015, the registered manager wrote to us and confirmed that the issues raised at the time of the inspection had been taken seriously. To mitigate future risks to people who used the service the registered manager confirmed that a daily and weekly monitoring form had been devised to monitor and check that pressure mattresses were accurately set. In addition, staff meetings and supervisions were planned to discuss the issues raised. The registered manager also confirmed that the above had been discussed with their line manager and it was envisaged that this would be discussed with the provider so as to inform and review their current pressure ulcer management policy and procedure. This showed that the registered manager had reviewed their practice to ensure there were appropriate risk management strategies in place to reduce further risks.

People told us that there was always enough staff available to support them during the week and at weekends. One person told us, "The staff are always there for you. If I want them they are there." Another person told us, "Oh yes, I think there are enough staff." Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs. For example, where people were seen to ask staff for assistance with personal care or to request a drink, staff responded in a timely manner.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for five members of staff appointed within the last 12 months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had the appropriate checks to ensure that they were suitable to work with the people they supported.

We found that the arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and given to people. We looked at the records for 14 of the 48 people who used the service. These were in good order, provided an account of medicines used and demonstrated that

Good

# Is the service safe?

people were given their medicines as prescribed. Specific information relating to how the person preferred to take their medication was recorded and our observations showed that this was followed by staff.

Staff involved in the administration of medication had received appropriate training. Regular audits had been completed and where these highlighted areas for corrective action, a record was maintained of the actions taken.

Good

# Is the service effective?

## Our findings

Staff were trained and supported effectively, which enabled them to deliver good quality care to the people they supported. Staff confirmed that they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us that this ensured that their knowledge was current and up-to-date.

The registered manager confirmed that newly employed staff received a comprehensive induction. Staff told us that in addition to their formal induction, for approximately one week and according to experience, they were given the opportunity to 'shadow' and work alongside more experienced members of staff. Additionally, staff were expected to complete the Care Certificate within the first 12 weeks of their employment and received weekly supervision as they progressed through this. The Care Certificate was introduced in March 2015 and replaced the Skills for Care Common Induction Standards. These are industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support over several weeks. Records showed that staff had received a robust induction and staff spoken with confirmed this. The registered manager confirmed that once staff had completed the Care Certificate, all staff was expected to work towards a National Vocational Qualification [NVQ] Levels two and three so as to ensure they progressed in their chosen career path and continued to improve their care practice. Three members of staff told us that they appreciated this opportunity and had achieved an NVQ qualification as a result.

Staff told us that they received regular supervision at bi-monthly intervals and records confirmed that this was accurate. Staff told us that supervision was used to help support them to improve their practice. Staff told us that this was a two-way process and that they felt supported and valued by the management team.

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. 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.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they had a good knowledge and understanding of MCA and DoLS and when these should be applied. Records showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been clearly recorded. Where significant decisions were required in peoples best interests, meetings had been held so as to consult openly with all relevant parties, prior to decisions being taken. Where people were deprived of their liberty, for example, due to living with dementia, the registered manager had made appropriate applications to the local authority for DoLS assessments to be considered for approval. This meant that the provider had acted in accordance with legal requirements.

People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what to wear, where they ate their meals and whether or not they participated in social activities. One person told us, "It's nice to eat in the dining room, although we can choose to eat in our bedrooms if we want to." Another person told us, "I don't have to do anything I do not want to do."

Comments about the quality of the meals were positive. Three people told us, "The food is excellent." Another person told us when asked about the quality of the meals provided, "I think the meals are rather lovely. I like them very much." One relative told us, "The food always looks lovely. It is always nicely presented and looks appetising. In fact, sometimes I think maybe they [relative] has too much."

Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified

Good

# Is the service effective?

manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was provided. This ensured that people received sufficient nutrition and hydration.

Staff had a good understanding of each person's nutritional needs and how these were to be met. Staff were aware of people's specific dietary needs, such as, those people who were diabetic and the people who required their meals to be fortified as they were at risk of poor nutrition and hydration. People's nutritional requirements had been assessed and documented. A record of the meals provided was recorded in sufficient detail to establish people's day-to-day dietary needs. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to suitable healthcare professional services, for example, dietician or Speech and Language Therapy Team to ensure and maintain the person's health and wellbeing.

People told us that their healthcare needs were well managed. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments and to see their GP. Relatives confirmed that they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments. Healthcare professionals were very complimentary and confirmed that staff were receptive and responsive to advice provided. They advised that communication was good and they were alerted at the earliest opportunity to provide interventions if a person was deemed at risk, for example, relating to poor nutrition, falls or at risk of developing pressure ulcers. They also confirmed that the service's end of life care strategies were very good.

Good

# Is the service caring?

## Our findings

People were satisfied and happy with the care and support they received. One person told us, "Nobody in this home should have anything to complain about. All of the staff are very nice." Another person told us, "I have been here a few years and I am very well looked after." Where relatives had completed satisfaction questionnaires about the quality of the service provided, comments about the quality of care for their loved one were very positive. One relative wrote, '[Name of relative] is happy here and I do think it's a fantastic place. Staff are always cheerful."

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming, calm and friendly. Staff were noted to have a good rapport with the people they supported and there was much good humoured banter. Staff were attentive to people's needs. We saw that staff communicated well with people living at the service. For example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided. We observed one person wishing to go for a walk, but looked at high risk of falling as they were unsteady. A member of staff took the person's hands and walked backwards in front of them steadying them as they walked. The member of staff walked incredibly slowly showing patience and understanding of the person's limitations. Whilst walking the person's face lit up with a sense of achievement, especially when praised by others about how well they were walking.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events, hobbies and personal interests. People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. For example, several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care with limited staff support.

Four members of staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provide. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated. Staff were noted to speak to people respectfully and to listen to what they had to say. The latter ensured that people were offered 'time to talk', and a chance to voice any concerns or simply have a chat.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome. Three visitors told us that they always felt welcomed when they visited the service and could stay as long as they wanted.

Good

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their individual needs. Our observations showed that staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care relevant to their specific needs and in line with information recorded within their care plan.

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs. People's care plans included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed and where a person's needs had changed these had been updated to reflect the new information. Staff told us that they were made aware of changes in people's needs through handover meetings and discussions with senior members of staff. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

Relatives told us that they had had the opportunity to contribute and be involved in their member of family's care and support. Where life histories were recorded, there was evidence to show that where appropriate these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing.

Staff told us that there were some people who could become anxious or distressed. The care plans for these people recorded people's reasons for becoming anxious and the steps staff should take to reassure them. The record of the behaviours observed and the events that preceded and followed the behaviour were not consistently completed so as to provide a descriptive account of events including staff interventions. For example, although the daily care records for one person showed that there were several occasions whereby they had become anxious and/or distressed, a record detailing the behaviours observed and the events that preceded and followed the behaviour were not always completed.

Additionally, where terminology recorded used words such as, 'aggressive' or 'abusive', it was unclear and ambiguous. We discussed this with the registered manager and they provided an assurance that immediate steps would be taken to address this with all staff through planned meetings and supervisions.

People told us that those responsible for providing social activities at the service were very good and that they were happy with the activities provided. People also told us that they liked the cats that lived at the service. Throughout our inspection we observed that those staff responsible for providing social activities interacted positively with groups of people in the main communal lounge areas and undertook individual activities where appropriate. Staff responsible for providing activities told us that although their hours of work were between 9.30 a.m. and 4.30 p.m. Monday to Friday; these were flexible according to what was happening in the service on any given day and particularly where key scheduled events were diarised, such as, the upcoming Christmas bazaar. Our observations on both days of inspection showed that staff responsible for providing activities and with the help of people living at the service, decorated several Christmas trees and put up Christmas decorations. Records showed that a regular programme of activities was available for people to enjoy.

The provider had a complaints policy and procedure in place. People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People told us that they felt able to talk freely to their member of family or staff about any concerns or complaints. One person told us, "I'd tell them [family] if I'm not happy with them [staff], don't you worry. I'd want something done." Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. Records showed that there had been three complaints within the last 12 months. A record was maintained of each complaint and included the details of the investigation and actions taken. A record of compliments was also maintained so as to capture the service's achievements. Comments included, "Thank you for all the care you gave to my relative" and, "They [person who used the service] was happy and felt safe and secure during their time at Cunningham House, thanks to the kindness, sensitivity and compassion of your dedicated carers."

Good

# Is the service well-led?

## Our findings

The registered manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the registered manager monitored the quality of the service through the completion of a number of audits. This also included an internal review of the service by the provider, which had been revised in line with our new approach to inspecting adult social care services introduced in October 2014.

Relatives and staff had positive comments about the management of the service. Staff were clear about the registered manager's and provider's expectations of them and staff told us they were well supported. Comments from staff included, "They are approachable and if I have any concerns they are dealt with effectively" and, "Both the registered manager and Head of Care are good." Staff told us that their views were respected and they felt able to express their opinions freely. Staff felt that the overall culture across the service was open and inclusive and that communication was generally good. This meant that the provider and management team of the service promoted a positive culture that was person centred, open and inclusive.

People living at the service, their relatives and those acting on their behalf, visiting professionals and staff employed at the service had completed satisfaction surveys in 2015. These showed that people who used the service and their relatives were satisfied with the overall quality of the service provided. Where areas for improvement were highlighted for corrective action, an action plan had been completed and this included the actions taken to make the necessary improvements. For example, some relatives recorded that there were times when it was difficult to contact either the office or staff. As a result of this the management team had provided relatives with the management teams email address. Additionally some relatives had suggested that not all staff had a good understanding and awareness of the needs of people living with dementia. As a result of this the management team had ensured that the majority of staff had completed 'virtual' dementia training. Staff spoken with confirmed this and told us that the training had been invaluable and very informative.

Staff told us that regular staff meetings were held at the service to enable the management team and staff to discuss topics relating to the service or to discuss care related matters. Records were available to confirm this and demonstrated where areas for improvement and corrective action were required and how this was to be achieved. Records showed that in November 2015, discussions about the provider's aims, objectives and values were a key topic of discussion. In addition, visitors told us about regular meetings held for people who used the service, relatives and those acting on their behalf. Minutes of these meetings were available and showed that a review of the actions from the previous meeting was always undertaken, specific topics discussed and any actions arising recorded and actioned.

The registered manager told us that they were currently participating in the 'My Home Life' Essex Leadership Development Programme. This is a 12 month programme that supports care home managers to promote change and develop good practice in their service. In addition to this the manager confirmed that the service was part of the Promoting Safer Provision of Care for Elderly Residents (PROSPER) project in relation to falls, urinary tract infections and pressure ulcers management. This is a two year project that aims to improve safety, reduce harm and reduce emergency hospital admissions for people living in care homes across Essex by developing the skills of staff employed within the service. Audits relating to the latter were completed each month and the most recent audit demonstrated that the incidence of falls, urinary tract infections and pressure ulcers within the service had reduced. This showed that the management teams strategies, staffs interventions and practice was having a positive influence on outcomes for people so as to reduce harm to their health and wellbeing and; to reduce potential hospital admissions.