

# Abbeyfield Ferring Society Limited (The The Abbeyfield Ferring Society

## Inspection report

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30 April 2019

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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:

The Abbeyfield Ferring Society, known as Cornwell House, is a care home that provides personal care for up to 20 older people. At the time of the inspection, there were 19 people living at the service. We visited the service on 25 April 2019 and received information from the service up until 30 April 2019.

### People's experience of using this service:

People told us they felt safe, they were relaxed and familiar with the staff and each other. People were cared for by a consistent and compassionate staff team who had received appropriate training to carry out their roles.

People's dietary needs and preferences were assessed and where needed, people received support to eat and drink. Mealtimes were a social occasion.

People were supported to access health care services and they received assistance to take their medicines as prescribed.

People received care that was compassionate, respectful and responsive to their individual needs. Staff understood people's individual needs and how to provide the care and support they needed. Care plans were being transferred to an electronic system. They did not contain all the information that staff knew about people. The registered manager had identified this and had a plan to improve record keeping.

People and their relatives knew how to complain and were confident that they were listened to.

One person was receiving end of life care at the time of our inspection visit. The staff were proud of the care they had provided at the end of people's lives.

The registered manager and staff shared a clear vision about the quality of care and service they aimed to provide. They worked in partnership with other organisations and the local community to make continuous improvements and develop best practice.

More information is in detailed findings below.

### Rating at last inspection:

The last inspection took place in September 2016. The overall rating was Good (report published in October 2016).

### Why we inspected:

This was a planned inspection based on the rating from the last inspection. The service remained rated Good overall.

Follow up:

We will monitor information received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

## 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** ●

# The Abbeyfield Ferring Society

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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:

the Abbeyfield Ferring Society 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 Abbeyfield Ferring Society accommodates up to 20 people in one adapted building. Some people who used the service were living with dementia.

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:

The inspection was unannounced so the provider, registered manager and staff team did not know we would be visiting.

#### What we did:

Before the inspection we reviewed information, we held about the service and the service provider. The

registered provider completed 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 improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with five people who used the services and four regular visitors to ask about their experience of the care provided. We spoke with the registered manager and five members of staff. We also observed care practices. We reviewed a range of records that included four care plans, daily monitoring charts and medicines records. We also looked at a range of records relating to the management and monitoring of the service. These included audits, policies and maintenance checks.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.  
Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- People told us they felt safe with comments such as, "I like it very much and feel very safe."
- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for reporting concerns. Staff knew how to access written guidance that included the contact details of external agencies with safeguarding functions.

Assessing risk, safety monitoring and management

- Risk assessments and management plans were in place. These included risks associated with falls, skin condition and mobility. People explained how decisions about risks had been made. One person told us they felt "helped" but not "smothered".
- Risk management plans set out the support people needed to reduce the risks identified. These included actions such as supervision and the completion of monitoring charts.
- The recording related to risk management was not always robust. Staff were confident that plans were followed and people's experience and observations reflected this was the case. However, omissions in recording meant that the support provided might not be sufficient to evaluate and alter care provision if needed. The registered manager ensured this was addressed immediately.
- Equipment, such as lifts and hoists were regularly checked by external contractors.

Staffing and recruitment

- People, relatives and staff told us staffing levels were sufficient to meet people's needs. One person said, "There is always someone around to help you." The atmosphere in the home was calm and staff were unhurried as they moved around the building.
- Support was provided by a consistent team of staff who were familiar with people's needs.
- The manager explained their recruitment process remained unchanged since we found them safe at our last inspection.

Using medicines safely

- People were supported to take their medicines as prescribed and in ways that met their preferences. One person told us, "They [staff] always make sure I take my tablets." Another person was being supported to retain independence in this area of their life with prompting from staff.
- Medicines were safely obtained, stored, recorded, administered and disposed of. Systems were in place for medicines that required cool storage and medicines that required additional security.
- The medicine administration records (MARs) provided contained the detail necessary for safe administration.
- Information detailing when some 'as and when' medicines should be given was not available. The senior team addressed this immediately.

### Preventing and controlling infection

- Suitable measures were in place to prevent and control infection. Staff had received training and used gloves and aprons when needed. The home smelled fresh throughout. One visitor commented on how this added to the homely feel.

### Learning lessons when things go wrong

- There was a clear procedure in place for reporting and recording accidents and incidents. Appropriate actions were taken to help reduce future recurrences and people were involved in this process. One person told us how they had altered how far they walked following a fall.



# 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.

Good: 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

- Robust assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met. The registered manager explained they tried to make this a relaxed process to ensure people were able to share information. One person reflected on this process saying: "It really felt like they were trying hard to make sure it felt as much like home for me as it could."
- Assessment and screening tools were used to check people continued to receive effective care.
- The registered manager was supported by a chief operating officer who kept them up to date with current good practice.

Staff support: induction, training, skills and experience

- People and relatives told us their needs were met and that staff were skilled. One person told us: "They are very good staff. I think they are well trained." Another person commented that the staff: "do a really good job".
- Staff told us they were well supported with supervision and training. Refresher and update training was provided, along with training specific to people's needs. Staff appreciated the learning opportunities made available to them.

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

- People received a healthy and nutritious diet. Feedback from people and visitors to the home was positive with people referring to the food as "delicious" and "very good".
- People were supported as needed to eat and drink and there were systems in place to ensure any changes to people's eating were picked up and acted on appropriately.
- People were supported to eat in the place of their choosing. Staff prompted and encouraged people and provided assistance when it was needed. Staff ate alongside people and this promoted a relaxed social mealtime experience.

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

- People had access to health services such as community nurses, GPs, social workers and occupational therapists
- Staff recognised the importance of seeking advice and guidance from community health and social care teams so that people's health and well-being was promoted and protected. The registered manager reflected on the positive relationships they had with local social care and health professionals.

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

- There was a homely feel throughout The Abbeyfield Ferring Society.
- People moved independently around the building and we heard about how much pleasure they gained from the garden.
- There were plans to develop the home to improve the environment. The registered manager explained people would be involved in this process.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making. People told us that staff checked with them before providing any care or support.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to care and treatment.
- No one receiving care at the time of our inspection lacked the capacity to choose to live in the home. The language used in some care plans did not reflect this consistently and the registered manager told us they would ensure this was addressed. The registered manager wrote to us following the inspection to tell us this had been completed.

# Is the service caring?

## Our findings

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

### Ensuring people are well treated and supported

- People told us they liked the staff. We heard comments such as: "The staff are lovely." And: "I've never had anyone treat me with anything but warmth and friendliness. It makes such a difference when someone comes in with a smile."
- Staff were friendly, respectful and attentive to people's needs. It was clear they enjoyed their work, and they spoke with warmth and compassion about the people they supported.
- Staff supported people in a kind, calm way and were proactive in ensuring people were comfortable. They responded to requests and offered reassurance appropriately. Staff suggested a person might like a lie down as they looked tired and said they would wake them with a cup of tea after an hour. We saw they did this.

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

- People told us they made decisions throughout the day. They told us staff were respectful of these decisions. One person told us: "I have my own routine, I like to get up early and the (staff) know that... They always make sure there is someone to help me."
- Staff told us how they encouraged people to make decisions and determine how they lived their life. People were offered choices about where they spent their time and staff were able to describe what they did if people did not want support.
- Where people needed support to have their views heard and respected by others the registered manager and staff team advocated on their behalf.

### Respecting and promoting people's privacy, dignity and independence

- Staff promoted dignity in all their interactions with people; speaking respectfully and being attentive.
- Staff explained how they took their cues from people to ensure they were treated the way they wanted and needed to be at each interaction.
- People were supported to maintain their appearance and staff were discrete as they provided this support.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were being developed as they were transferred onto an electronic system. This meant they would contain more personalised information to ensure staff had important details such as people's histories.
- Care plans provided details of how to support people to meet their individual preferences and assessed needs. There were some gaps in care plans. We spoke with the registered manager about this and they put a plan in place immediately to address these omissions. The registered manager wrote to us following the inspection to tell us this work had been completed.
- Staff knew people well and kept up to date with any changes through detailed handovers, and through ongoing discussion with people, relatives, each other and the registered manager. One person reflected on how the staff adapt the support they give day by day. They said if it became clear you needed different help all the time they would change your care plan to reflect this.
- People spent their days in communal areas or their own rooms dependent on their personal choice. They were supported to take part in activities that they enjoyed and we heard about exercises, trips out and animals visiting the home. People were also able to spend their time meaningfully engaged in household tasks they knew and valued.
- People were supported to communicate in ways that were meaningful to them. Staff took the time when they communicated and checked their understanding with people. Care plans reflected some of what was known about how people communicated and this was shared with visiting professionals. The registered manager told us this information would be updated to include all relevant information.

Improving care quality in response to complaints or concerns

- People told us they were comfortable to raise any concerns they had. One person told us: "They don't sit on problems here, they like a smooth-running ship."
- Information was readily available for people and visitors about how to raise concerns and complaints.

End of life care and support

- Staff and the registered manager spoke with passion about people and their relatives receiving the highest quality of care and support at the end of their lives.
- The staff team had received compliments from relatives about the support they provided at the end of their loved one's lives. One of these messages reflected on how the person had been cared for saying: "They were so happy and felt so safe and secure." Following our visit, another relative had thanked the team for the 'exceptional care' their loved one had received.

# 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. Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting person-centred, high-quality care and good outcomes for people

- The registered manager and the staff team had a strong commitment to learning.
- People who used the service and relatives all spoke highly of the registered manager and the team. One person told us: "The manager is a lovely (person), they always comes around and says hello to everyone every day. You feel like you can talk to them about anything. I think they all do a superb job."
- Staff were motivated, spoke positively and felt well supported. It was clear they had good relationships with the registered manager. They told us, "We are well supported here it is like a family."

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

- The registered manager had a clear vision of a homely environment where people received high quality care that reflected their individual preferences and this vision was understood by the staff. Staff were committed to this ethos and to developing their knowledge to ensure people had the best experience possible.
  - The registered manager knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service.
  - Policies and standard operating procedures were reviewed regularly and provided clear guidance and direction for staff.
  - Systems were in place to monitor and evaluate the quality of the service provided. For example, accidents and incidents were reviewed and information used to reduce the risk and prevent recurrence.
  - Regular audits were undertaken that included both internal and external auditors. Health and safety checks were carried out.

Engaging and involving people using the service, the public and staff.

- The service actively encouraged open communication amongst everyone who used, worked in, and visited the service. This included informal feedback, meetings and formal quality monitoring. The latest quality monitoring had returned positive feedback. People and visitors all reflected they were encouraged to share their views.
  - Staff felt valued and were confident their views and feedback were listened to and acted upon.

Continuous learning and improving care and working in partnership with others

- The registered manager and staff team told us they had developed good working relationships with external professionals.
- The registered manager maintained their knowledge through attendance at continued professional

development courses. They then disseminated learning within the home.

- The registered manager described the support provided by the new organisation role of chief operating officer. This officer was able to stay on top of developments in the field and share information with the registered manager.