

Coulson & Collins Care Home Ltd

Abafields Residential Home

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

Abafields is a residential care home providing support and personal care to 35 people. The home is situated in the Haulgh area of Bolton close to the town centre and the motorway network. On the day of the inspection there were 34 people living at the home.

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

There was a warm and friendly atmosphere on entering the premises. Staff and people who used the service were engaging in a respectful and friendly manner.

Systems were in place to help keep people safe and staff had received appropriate training in the protection of vulnerable adults.

Medicines were safely managed and securely stored. The service had recently changed to an electronically monitored system for recording medication.

Staff recruitment was robust and staffing levels were sufficient to meet people's needs. There was an ongoing staff training plan which showed staff were up to date with training.

Staff had complete training in equality and diversity. People who used the service and their relatives told us staff treated everyone well. We saw people were well presented and appropriately dressed. Throughout the day we observed people's privacy and dignity was maintained.

The environment was clean and fresh. Communal areas and bedrooms on the ground floor had recently been decorated. A programme of refurbishment was in place for work to commence on the first floor.

People's care files were stored electronically. Information in the care files was comprehensive and included personal and medicals details, risk assessments and other relevant information.

People's wishes and preferences for when they were nearing the end of their lives were recorded. Some staff were completing training in end of life care.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way and in their best interests. Systems were in place to support this practice.

The lunchtime dining experience was pleasant. Staff assisted people who required help with their meal in a discreet manner. People were offered a varied menu with choices available. People's nutritional needs were assessed and any issues identified were addressed.

People were offered a wide range of activities. People's suggestions for activities had been actioned.

Quality monitoring systems were in place. Regular checks and audits were undertaken by the management. Staff supervisions, team meeting and residents/relative meetings took place on a regular basis. Any complaints or concerns were monitored and responded to appropriately.

There had been a recent change to the management structure. Staff and people spoken with were complimentary about the management team. They felt the management team was approachable and supportive.

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 14 November 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show that 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 regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Abafields Residential Home

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 two inspectors.

Service and service type

Abafields 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 the information we had received about the service since the last inspection. We sought feedback from the local authority other professionals. 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.

During the inspection

We spoke with eight people who used the service and eight relatives. We spoke with six members of staff, the management team and one of the directors. 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 four people's care records, and a selection of medication records. We looked at three staff files in relation to recruitment and staff supervisions. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- There was a safeguarding and whistleblowing policy in place, and people were protected from harm and abuse.
- Staff spoken with confirmed they had completed safeguarding training and were confident any worries or concerns would be dealt with by the management.
- People living at the home told us they felt safe and staff were wonderful. Relatives told us their relatives were safe and well cared for.

Assessing risk, safety monitoring and management

- Staff were skilled in working with people in identifying risks. All had been comprehensively assessed and actions were in place to reduce the risk of harm.
- Records were kept of accidents and incidents. These were kept under review to check appropriate action had been taken and if any trends or patterns had developed, which required further intervention.
- People had personal emergency evacuation plans (PEEP). These informed the emergency services about the assistance people required to ensure their safety.
- Environmental audits were carried out to check the premises and equipment were safe to use. Records showed regular internal checks as well as external servicing was undertaken regarding fire safety, gas, electrical supplies and portable appliance testing on small electrical equipment.

Staffing and recruitment

- Staff recruitment was robust. The staff files we looked at contained all the relevant information, including an application form, references and other forms of identification and a Disclosure and Barring (DBS) check. A DBS informs the employer of any convictions against the applicant that could prevent them from working with vulnerable people.
- A dependency tool was used to assess each person's level of dependency. On the day of the inspection staffing levels were sufficient to meet people's needs. Inspection of the staff rotas showed staffing levels

were consistently maintained.

- One relative spoke with told us there was always enough staff on duty and people did not have to wait long for assistance when it was needed.

Using medicines safely

- All medicines were safely stored in locked trolleys. Up to date policies and procedures were in place for staff to refer to when needed.
- Staff who administered medicines had completed training and had regular competency checks.
- The service had recently changed the medication systems and recording of medicines was now electronic. Staff confirmed the new systems were working well.

Preventing and controlling infection

- The home was clean and well maintained. Good infection control procedures and cleaning schedules were in place.
- Staff had completed training in infection and prevention control. Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons. Communal bathrooms and toilets were equipped with liquid soap and paper towels. Hand sanitisers were prominent throughout the home.

Learning lessons when things go wrong

- Evidence showed the service addressed any issues identified through regular monitoring and audits to drive improvements within the service.

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 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.

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

- Care files showed a comprehensive pre-admission assessment had been completed before a person moved into the home. This determined if the service could meet the needs of the individual. Care files included family background for example, school and work life experiences, favourite times of their life and hobbies and interests.
- People's preferences, likes and dislikes were recorded, and staff respected these choices.

Staff support: induction, training, skills and experience

- New staff at the home completed an induction programme on commencing work at the service. New staff were undertaking the Care Certificate, which is a set of standards that carers are expected to adhere to.
- Staff spoken with confirmed they had the training relevant to their role. One member of staff told us, "I have done lots of training, I enjoy it." There was on an ongoing training programme to ensure staff skills and knowledge remained current.

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

- People were offered a nutritious and balanced diet and preferences were met. A pictorial menu was clearly displayed to assist people with choices.
- During the lunchtime meal, we observed when people required assistance with their meal staff were available to assist. Staff were patient when helping people with their meal. They offered encouragement and clearly knew people's likes and dislikes. People experienced a calm and relaxed mealtime experience.
- Where concerns had been identified food and fluid charts were in place for those people who required monitoring. Appropriate referrals had been made to other services, such as dieticians and the Speech and Language Therapy team (SALT).

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

- The service worked well with other agencies, such as the GPs, district nurses and the local authority.
- The service supported people with healthcare appointments. People spoken with confirmed all their health needs were met.
- The service used the Bolton red bag scheme. The red bag contained relevant care information, medication records, medication and personal items which went with them in the event of a hospital admission. The aim was to reduce the length of stay by speeding up the discharge process and improving communication between the hospital and the care home.

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

- At our last inspection we found areas of the home where the décor required attention. The management had a rolling plan of maintenance in place and was continuing to improve the overall standard of decoration and refurbishment.
- We saw most rooms had been personalised with people's own belongings and mementoes.
- Adaptations were in place to assist people with bathing and moving freely around the home.

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 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.

- Staff had received training in MCA and DoLS. Staff spoken with understood the principles of decisions making and consent.
- Capacity assessments were in place for people who lacked capacity. Best interest decisions were recorded including people consulted and the reasons for the decision.
- Throughout the day we heard staff asking for consent to give support to people.

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 has remained the same, 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; respecting and promoting people's privacy, dignity and independence

- Staff were trained in equality and diversity and there was an up to date policy. We found no evidence to suggest anyone using the service was discriminated against and no-one we spoke with or their relatives, told us anything different.
- People who used the service told us they were treated well. Comments included, "All the staff are lovely, they are kind and caring." One relative told, "My [relative] is well looked after, the care is marvellous, I can't fault it."
- Staff provided good quality care for people, we observed they respected people's privacy and dignity. For example, knocking on bedroom and bathroom doors before entering and ensuring where necessary curtains were closed when assisting people with personal care.
- People were well groomed, dressed appropriately, and all had appropriate footwear.
- Systems were in place to maintain confidentiality and staff understood the importance of this, people's records were securely stored.

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

- Care plans recorded people's wishes and preferences, for example how they wished to spend their day and where. Some people preferred to stay in their rooms. We saw a range of activities were available.
- People who used the service had been consulted about the change of décor and the colour scheme for bedrooms and communal areas.
- Regular reviews of care plans were held with people and were appropriate their relatives. One relative told us staff contacted them immediately if they had any concerns or if there was any change in their relative's health and well-being.
- Meetings with people and their relatives were held on a regular basis.

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 has remained the same, good. 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

- Comprehensive assessments were in place which reflected individuals needs and preferences. Care plans were person centred and provided staff with detailed information on how people wished to be cared for.
- Care plans and risk assessments had been regularly reviewed and updated to reflect people's changing needs.
- Cultural and religious preferences were recorded, and the home received regular visits from local clergy.

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.

- We saw some signage in place to help people orientate around the home. However, this could be clearer to help people living with dementia.
- To help staff to communicate with one person for whom English was not their first language staff had compiled a phrase book in the persons preferred language.
- There was a range of communication and visual aid books with pictorial representations.

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

- We observed people enjoying time with the activity coordinator. People were singing along to popular music, there was lots of laughter and interaction.
- Relatives told us they were always made welcome and refreshments were offered. Some relatives visited every day and helped to assist their family member with their meal. One relative told us this was their choice as they wished to be involved in their family members care.

Improving care quality in response to complaints or concerns

- Systems were in place to deal with and respond to complaints. People spoken with voiced no complaints or concerns about the service or care delivered.
- The service had received several compliments. Comments included; "To all the carers at Abafields thank you for your care and kindness." Another said, "I thank everyone for making my stay so enjoyable. When I rang for assistance this was answered promptly by a smiling member of staff, thank you."

End of life care and support

- Information in care plans gave clear details of people's wishes and the kind of care and support they wanted when nearing the end of their lives.
- Some staff told us they were currently working through the 'Six Steps' training programme with the local hospice. Having a care home representative for end of life care will ensure the care home has a champion who has access to current national and local information. They will be supported to develop their knowledge and skills and encouraged to empower staff within their organisation to deliver 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 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.

At our last inspection the provider had failed to ensure effective quality monitoring systems were in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- The service had an up to date statement of purpose and a service user guide which set out the aims and objectives of the service and what people could expect when moving into the home.
- People who used the service, relatives and staff were complimentary about the registered manager and the openness and positive culture within the service.
- Staff confirmed management team were supportive and approachable and felt if they had any worries or concerns they would be confident in raising them with the registered manager.

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

- Quality assurance systems were in place to monitor and assess any shortfalls and improvements required.
- A range of audits were completed by the management team and used to ensure the safety and wellbeing of people at the home,
- The registered manager was aware of regulatory requirements to notify the CQC of any accidents, incidents and deaths that occurred at the service.
- Staff understood their roles and responsibilities. The management team were fully engaged in supporting staff at all levels.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- The registered manager had an 'open door' policy for people who used the service, relatives and staff so they could speak with them at any time. Staff spoken with told us, "The managers brilliant, she has turned the place round." Another said, "I love coming to work, [registered manager] is great to work with."
- Staff meetings were held to discuss any concerns and to provide updates from other meetings the

management had attended.

- Residents and relatives' meetings were held to discuss a range of topics for example, meals and activities.
- The home had a 'You said – We did' board where people living at the home had suggested a brighter décor, more trips out and more time for staff to spend time with people. All these points had been actioned.
- People's and relatives' views had been sought through day to day contact, surveys and quality monitoring.

Working in partnership with others

- The service worked well with other agencies, for example, district nurse, GPs and dieticians
- There were good links with the local community, including the church and young people's groups.
- The registered manager attended forums with the local authority and was part of the care homes excellence programme.