Abbeyfield Loughborough Society Limited(The)

Abbeyfield Loughborough Society

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We carried out our inspection visit on 14 March 2017. The inspection was unannounced.

The service provides accommodation and personal care for up to 31 older people living with dementia and similar health conditions. At the time of our inspection there were 30 people using the service.

The service had a registered manager. 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.

Risks assessments did not always reflect known risks associated with people's care. Staff did not always put guidance into practice to protect people from risks. Staff had not consistently followed pharmacy instructions and the provider's guidelines for administering people's medicines. This meant that people were at risk of not receiving their medicines as prescribed by their doctor.

People felt safe living at Abbeyfield Loughborough Society. They felt safe because they were confident that staff took the necessary steps to keep them safe. Staff knew their responsibilities to keep people safe from harm and abuse. Staff did not always put agreed guidance into practice to keep people safe.

There were sufficient numbers of staff to meet people's needs. The provider completed relevant checks which made sure that staff had the right skills, experience and were safe to support people. Staff were provided with adequate training that they required to carry out their role effectively.

People were supported in accordance with the Mental Capacity Act (MCA) 2005. Staff sought their consent to their care and treatment.

People had enough to eat and drink. They had access to a variety of drinks, snacks and healthy meals that they told us they enjoyed. Staff were flexible in the way that they supported people with their nutritional needs. People were supported to have prompt access to healthcare services when they required it.

Staff were kind and compassionate to people. They were knowledgeable about the needs of people and enabled them to be involved in making decisions about their care and to remain as independent as possible. People were treated with dignity and respect.

People's care plans were comprehensive and reflected people's individual needs and the support that they received. The handover between staff of information about people was effective and supported staff to provide care that was consistent and suited to people's needs.

People had access to a variety of activities. They were supported to maintain links with their loved ones and

with the local community.

The provider listened to feedback from people using the service and their relatives and acted promptly following a complaint being received.

The provider had procedures for monitoring and assessing the service in a way that promoted continuous improvement. Where concerns had been found action was taken, without delay, to address them. People and their relatives were satisfied with the service they received. Staff felt supported in their role which enabled them to deliver a good standard of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff did not always put agreed guidance into practice to keep people safe. Staff knew how to protect people from abuse.

Staff had not consistently followed pharmacy instructions and the provider's guidelines for administering people's medicines.

There were sufficient numbers of staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff were supported through training and supervision meetings with their manager.

Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had prompt access to healthcare services.

People's nutritional needs were met effectively.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

Staff actively involved people in decisions about their care and support. They enabled people to be as independent as possible.

Staff respected and promoted people's dignity and treated them with respect.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected their current needs and the support that they received.

People were supported to access a range of activities.

The managers provided opportunities for people to give feedback about the service and responded satisfactorily to any concerns and complaints.

Is the service well-led?

Good

The service was well-led.

Staff had a clear understanding of the standards expected of them. They were supported by the registered manager to meet those standards.

The provider had procedures for monitoring and assessing the quality of the service. Where audits had not identified concerns action was taken to rectify this.

The registered manager was visible and easily accessible to people who required their support. They understood their registration responsibilities.

Abbeyfield Loughborough Society

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 checked 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.

We carried out our inspection visit on 14 March 2017. The inspection was unannounced. The inspection team consisted of an inspector, an inspection manager and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority who were responsible for the funding of some people that
used the service.

We spoke with seven people who used the service, relatives of five people who used the service, two members of care staff, the registered manager and the deputy manager. We looked at the care records of five people who used the service, people's medicines records, staff training records, three staff recruitment files and the provider's quality assurance documentation. We observed staff and people's interactions, and how staff supported people. From our observations we could determine how staff interacted with people who use the service, and how people responded to the interactions. This was so that we could understand people's experiences of care.

Requires Improvement

Is the service safe?

Our findings

People and their relatives felt that the care people received was delivered in a safe manner. Relatives told us that staff took necessary steps to ensure the safety of people who used the service. Care staff were confident that people were safe. A care staff told us, "Oh yes, people are definitely safe, with all the alarms we have here."

The home was well-maintained. It was clean, spacious and free from clutter. This reduced the risk of trips and falls. Only authorised people had access to chemicals and cleaning products. This meant that the home followed safe storage guidelines which reduced the risk of accidents through the misuse of chemicals. We found that the provider had made provision for alarms on exits to the premises which supported them to keep people safe. However, we saw that the provider had not always considered the design of the windows in the home, and did not ensure that they appropriately assessed the risks relating to the top windows on the first floor. This meant that windows were not all secured according to recommended Health and Safety Executive guidelines. We brought this to the attention of the registered manager. Following our inspection, the registered manager sent us information about the actions they had taken to secure the windows.

We found that staff assessed risks associated with people's care. However, they did not always reflect this in people's risks assessments. For example, we saw that a person's known reluctance to comply with their care was not recorded in their risks assessments. There was also no information about the measures that staff could take to improve the chances of them engaging and gaining their compliance with care. In another person's care records we saw that guidance on how to manage the behaviour of a person who posed a risk to another person was not always followed by staff. We observed that a staff member on duty had not followed the measures as stated in the person's care records. This increased the risk of an incident occurring. We discussed this with the registered manager who advised us that staff were aware of these measures and that they would look into this. Following our inspection the registered manager advised us that this had been addressed with the staff member.

We reviewed the support that people received to have their medicines. We reviewed people's medicines administration record (MAR). We saw that staff had completed MARs consistently and that there was no evidence of gaps in the administration of medicines. We observed the administration of medicines and saw staff took time to support people in a gentle manner, explaining their medicines to them. Where medicines were prescribed on an 'as required' basis there was a clear protocol for when it should be used and the frequency of use. We saw that staff stored medicines safely and securely.

We found staff had not always recorded that they followed specific instructions when administering people's medicine that was required to be taken in a time specific way. For example, one person's records showed that they should take their medicines 30 to 60 minutes before their meal. We observed that their medicine was administered after their meal. Other examples included where staff did not evidence that they satisfied the required checks before administering medicines. This meant that people were at risk of not receiving their medicines as prescribed by their doctor. Following our visit, the provider sent us information to show that they liaised with people's GP to address these issues. On the day of our visit, there was

sufficient stock of medicines for people. The provider had protocols in place for regular ordering and supplying of the medicines that people used. We found that their system did not always accurately reflect the numbers of medicines in stock. The registered manager took action to address these concerns. Following our visit, the registered manager sent us information to show that they had liaised with people's GP to address these issues.

People had had access to the equipment and technology they needed to keep safe. This included mobility aids and assistive technology which supported people to reduce the risks of falls and other incidents. We saw that people had access to call alarms should they require to call for staff attention. We saw that staff ensured that call alarms were within easy reach for people. We saw that the equipment and aids that people required were also well maintained.

People were protected from abuse and discrimination because they were supported by staff who knew their responsibilities to keep people safe from avoidable harm and abuse. Staff we spoke with demonstrated their knowledge of what constitutes abuse and knew how to apply the provider's policies to report any concerns that they may have regarding people's welfare. A care staff told us, "Any concerns is first reported to the senior on duty. If investigation is required this is reported to management. They [managers] listen to us." Another care staff told us, "We tell seniors, they report it to the managers. I know to go the senior managers or the local authority if needed. We try to stop something before it happens, to stop things from escalating."

There were sufficient numbers of staff on duty to meet people's needs. We observed that staff were readily available to provide support when required. We found that staff did not appear rushed and focused on the needs of the individual and not the tasks. Staff told us that they found the staffing levels adequate to meet people's needs. A care staff told us, "Most time they [staffing levels] are ok. It depends on the needs of the residents. It depends on how you manage your shift." Records showed that sufficient numbers of staff were deployed to support people.

People were supported by suitable staff because the provider had safe recruitment practices. They completed relevant pre-employment checks before staff commenced their employment. These included obtaining references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. These are checks that help to keep those people who are known to pose a risk to people using Care Quality Commission (CQC) registered services out of the workforce. DBS checks were completed before staff commenced their employment and again every three years. This assured them that staff remained suitable to work with people who used care services.

Good

Is the service effective?

Our findings

Staff had the skills and experience to provide effective care and support to people. People were confident in the skills of the staff that support them. One person told us, "I love it, all the staff are brilliant, it's happy here." A relative told us, "The staff are great here, I can't fault them."

Staff received relevant training which equipped them with the knowledge and skills they required to carry out their role. Care staff told us that the training they received was adequate to prepare them for the requirements of their role. A care staff told us, "The training is quite varied it includes e-learning and distance. If we feel we need any training, we talk to the management team, they are happy to oblige." Another care staff said, "Training is very good. They put on training and cover our shift. They are very on top of that. I find the training helpful. It's good to refresh our memory. I really like the dementia training."

People were supported in accordance with The Mental Capacity Act (MCA) 2005. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. Through our observations and conversations with staff, we saw that staff demonstrated that they understood the requirement of the MCA and put them into practice when they supported people. For example, we observed that staff sought people's consent before they provided support and carried out mental capacity assessments where they were required.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. The provider had applied for DoLS for people who required this. Where people needed representatives to promote their best interest in applying a DoLS, we saw that the provider support them to have access to one.

Staff provided the support that people required to eat and drink. People had access to a variety of meals, snacks and drinks. During over visit, we saw that people were offered drinks at frequent intervals during the day and there was a choice of drinks including alcoholic ones. People told us that they enjoyed their meals. One person told us, "I've never had a bad meal here. I've never seen anyone send anything back." We observed the support people received over lunch time; we saw that people were offered a choice of main meal and desert from a varied menu. We saw that staff readily provided the support that people required with their meals. Staff were aware of and provided suitable meals for people's specific dietary needs such as pureed and soft diets. This meant that people's nutritional needs were met.

The chef told us that they had support from the management team which enabled them to provide the meals that people preferred and responded effectively to any changes in people's nutritional requirements.

We observed that there were snack boxes and desserts around the service that people were able to help themselves too. This meant that people had food available throughout the day and that they were also provided with visual choices. This also demonstrated a flexible approach to mealtimes and ensured that people who chose not to eat when main meals were served either because of their health conditions or through an informed choice were also supported with their nutritional needs. A relative told us, "Staff were open to suggestions of the best way to encourage mum to eat more including placing the food nearby her and just sitting and talking to her while she ate at her own pace rather than just keep reminding her to eat."

Where people were at risk of malnutrition or dehydration, staff regularly monitored their food and drink and liaised with other relevant professionals where required.

People were supported with their health needs. Staff supported them to have prompt access to health care professionals when they needed it. A relative told us, "The doctor's been to see mum, the optician is due to come. She's settling really well." Another relative said, "They always contact the doctor if [person]'s not well." They went on to tell us how staff had continued to contact the doctor after a person was not recovering as expected from an infection. Staff were aware of people's health needs and told us that they reported any changes in people's needs to the senior staff who would make appropriate referrals to health professionals if required. Records we reviewed confirmed that staff supported and referred people promptly.

Good

Is the service caring?

Our findings

People and their relatives all complimented the caring attitudes of the staff that support them. They told us that staff were compassionate towards them and treated them with kindness. A relative told us, "Staff here couldn't be better."

Staff were kind to people and demonstrated that they understood the needs of people living with dementia. Throughout the day of our inspection visit, we observed that staff interacted with people in a warm and kind manner and took time to talk to people before proceeding with their tasks. They enhanced their verbal communication with touch and altering the tone of their voice appropriately.

People were supported to be involved in their own care and support. Staff did this by empowering people to make their own choices where possible. They were flexible in the way they shared information to enable people make choices. For example, we saw that menu options were presented in written and pictorial format to make it easier for people to choose their preference. Care staff told us that they were trained and encouraged to always give people choice when they provided support. A care staff told us, "At every meal, or activity, we offer people choice. [We say] do you want …?" One person told us that whatever they desired, "I choose it." People who required support to make decisions about their care had access to independent advocates. Advocates support people to express their wishes and preferences and ensure that their rights are protected.

Staff also supported people to be as independent as possible. We observed that staff supported people in an enabling manner to maintain the skills that they had. People had access to aids and equipment that promoted their independence. We saw that a person's wardrobe had been modified to aid them to be able to choose their own clothes.

People were supported in a dignified and respectful manner. One person told us, "They respect you and your privacy, we've all got something wrong and they care." Another person said, "They [care staff] respect you and your privacy." Staff we spoke with were able to give us examples of how they promoted people's dignity when they cared for them. This included ensuring that they knocked and gained permission before they entered people's room and made sure that people were covered appropriately when they supported them with their personal hygiene or mobility needs.
A senior care staff told us that they checked that their staff team promoted the dignity and privacy of people that used the service by carrying out regular 'spot checks' to ensure that staff put any training they received in this area into practice. This included making sure that people's curtains were closed when they supported them with their personal hygiene.

People's friends and family were able to visit them without any restriction. Some of the relatives we spoke with told us that they visited regularly and were always made to feel welcome. A relative told us, "It is very welcoming, nothing is too much trouble that really helps." People's relatives had access to the building through their own fob. This meant there were no restrictions to the times they could visit their loved one.

Good

Is the service responsive?

Our findings

Staff assessed the needs of people who used the service and used the information to develop people's care plans. They involved people's relatives in planning and reviewing people's care plans. A care staff told us, "We update them [relatives] as change happens." Care plans were comprehensive and included information about the level of support that people required for various aspects of daily living. They also included information about people's history, likes and preferences. This information enabled staff to provide support in a way that met people's individual needs and preferences. Care plans stated the objectives that each person wanted to achieve through receiving support at the home. This guided staff on people's aims and hopes, and enabled them to support them to achieve them.

We observed the handover of information between shift. We observed that staff shared comprehensive information about people's health and general well-being. We reviewed the records of support that people received and saw that care was provided as stated in care plans. Records included information about people's moods and activities over the course of the day. This information was communicated between the staff to make sure that people received consistent support according to their needs.

The support that people received met their individual needs. People told us that their needs were met at the home. We observed that staff supported people in a manner that was tailored to the person receiving care. One person told us, "I like everything, the meals, the staff. I feel privileged, I can't find fault here, the staff treat us absolutely brilliant. They make you feel at home from day one. They do it silently and just seem to know you." Another person said, "It is very nice here, everyone's very nice, everything is nice." A relative told us, "They [care staff] are? very responsive." A care staff gave us examples of how they tailored support to each individual. They told us that they assigned tasks such as folding napkins to a person who was using the service because this made the person, "Feel important."

People had access to a variety of activities. The provider employed an activities organiser and activities worker who provided a wide range of activities and resources to engage people and avoid social isolation. Activities and resources were suited to the needs of people living with dementia which encouraged reminiscing and promoted independence. A relative told us, "I love it here, [person] joins in with things. They even do cooking and they take photos of everything they do. She has her hair done every week, it's lovely."

The home was designed in way that gave people access to suitable space that met their needs. For example, we saw that people had access to a sensory garden, sweet/tuck shop, quiet lounge, tea and coffee area and modified computer. We observed people engaging in various activities including cake making, music and reminiscence activities. A relative told us, "These small things make such a difference."

People were supported to maintain contact with people that mattered to them. We saw that there was a suitable lounge available to people to spend time with their family. The registered manager told us that people used this space for family celebration and private time. People's records included information which showed that they had regular visits and telephone contact with their loved ones. People also maintained contact with the local community. They did this through contact from local volunteers who came to spend

time with people at the home. We also saw records of visits from other local organisations including singing activities from students at the local college.

People had opportunities to give feedback about their experience of care at the home. The provider had a complaints procedure. People and relatives felt free to raise any complaints or concerns that they may have had. We reviewed records of the complaints the registered manager had received and saw that complaints were investigated and people received feedback with satisfactory outcomes.

Good

Is the service well-led?

Our findings

The service had an experienced registered manager. It is a condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission (CQC). They promptly sent notifications to CQC when required. They carried out thorough investigations of incidents that staff reported, and worked with the local authority where required to investigate such incidents.

The provider had a clear management structure. The registered manager was supported by a deputy manager and a team of senior care staff. The staff team was supported by a general manager. The general manager maintained strategic oversight of the home. The management team worked together to manage the service and each had clear lines of accountability.

People and their relative spoke positively about the leadership and support of the registered manager and the staff team. They told us that the home was well managed. They were satisfied with the care that they received. A relative told us, "I am very happy with the care and service." Another relative said, "It's excellent here, all the staff are friendly and helpful."

Staff were supported to meet the standards expected of them. Staff told us that they received regular supervision with their line manager and an annual appraisal of their performance. Supervision included one to one meetings with a senior staff member and observations of staff practice when delivering care. Staff told us that line managers used these opportunities to give them feedback on their performance. A care staff described this as, "Really beneficial." Another care staff told us, "I find supervision helpful. It's good to have a chat about how you are getting on, to reflect. They do observations when you don't know. They give feedback which boosts your esteem."

Staff told us that they found it easy to approach the registered manager for support when they required this. A care staff told us, "[Registered manager] is very approachable. They have an open door policy." Another care staff said, "[Registered manager]'s door is always open. Any time I've gone to her, she has left what she's doing and listens to me."

The provider had arrangements for out-of-hours support. Staff told us that the registered manager, deputy manager or general manager were available to support them during out-of-hours should they require their support. A care staff told us, "We are only a phone call away from advice if needed." This meant that staff had access to guidance and support when they required it."

The provider had a range of systems and processes in place to monitor the quality of care that people received. They completed a range of audits of people's care and support and the general maintenance of the building and equipment. Where these audits had failed to identify the concerns we found in relation to medicines and the environment, action was taken and improvements were implemented. We saw that the records of audits and checks were maintained, and these were used to make improvements where

necessary.

Another way the provider monitored the quality of care was through regular surveys which were sent to people who used the service and other professionals involved in people's care. We reviewed the results of the most recent survey and saw that people who used the service and professionals were all satisfied with the care delivered at Abbeyfield Loughborough Society.