

Christchurch Court Limited

Abington View

Inspection report

6 Becket Way
Northampton
NN3 6EX

Tel: 01604390234

Website: www.christchurchgroup.co.uk

Date of inspection visit:
03 August 2021

Date of publication:
24 August 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Abington View is a care home providing personal care for up to three people with an acquired brain injury. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection two people were living at Abington View, of which one person was receiving support with personal care.

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

People spoke positively about their care and support, a person summarised their view of Abington View by saying, "This is definitely the golden nugget."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were at the centre of all decisions and were fully involved in all aspects of their care. Best practice guidance assessment tools for people with an acquired brain injury (ABI) were used to continually assess and keep under review people's needs. The outcome on assessment was used to develop tailored care pathways and strategies to improve people's health and welfare, which included maximising the benefit of prescribed medication, and dietary needs. People were supported by a range of health care professionals, who worked in a person-centred way, working collaboratively with all interested parties to achieve the best outcomes for people. Staff had the appropriate knowledge and skills and utilised their lead roles to promote and share good practice for the benefit of those using the service.

A positive approach to risk taking enabled people to maximise their independence and control over their daily lives. People were fully involved in assessing risk, and in agreeing strategies to reduce risks. People's medicines were managed safely, and people were involved in aspects of medicine management. People were supported by a small team of staff whose recruitment, induction and ongoing training and development promoted good outcomes for people. Abington View was well maintained. Infection prevention and control measures in response to the COVID-19 pandemic had been fully communicated with all relevant parties, and potential risks to people and staff had been assessed, and government guidance followed.

People spoke positively about the support and care provided by staff. People had a dedicated keyworker who they had developed a strong and trusting relationship with. This provided people with the confidence to share their views and enabled staff to signpost and seek support and guidance from the most appropriate source.

People were at the heart of all decisions made, and a person-centred approach enabled people to receive

tailored support and care to maximise their potential. People were active members within the community, in both paid employment and voluntary work. People accessed a range of leisure and recreational activities. People were supported to pursue their hobbies and interests and maintain contact with those important to them.

The provider was committed to achieving positive outcomes for people. Quality monitoring of the service both internally and by external organisation enabled the provider to target resources and drive improvement. External organisations for ABI had assessed the service as outstanding based on its criteria and standards. The registered manager worked collaboratively with external partner agencies for the benefit of those using the service, and continually sought to develop their skills and knowledge. Professionals involved with people at the home spoke positively about the service, and its commitment to achieving the best outcomes for people through partnership working.

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

Rating at last inspection

The last rating for this service was Good (published 29 September 2019).

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Outstanding ☆

The service was exceptionally 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.

Abington View

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Abington View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the person who received support with personal care about their experience of the care provided. We spoke with the registered manager and a member of staff.

We reviewed a range of records. This included a person's care records and their medication records. We looked at staff records in relation to recruitment, training and supervision. A variety of records relating to the management of the service, which included audits and quality monitoring documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at minutes of meetings and viewed evidence of working with other key stakeholders. We sought the views from a professional who had regular contact with a person at the home, the staff of Abington View and other professionals involved.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's safety and well-being was promoted as there were effective systems and processes, along with good communication between all partner agencies and those involved in people's care. This ensured any concerns of abuse were shared and investigated.
- Information detailing how to report concerns of abuse, including advocacy services was displayed within the home for people to access.
- Staff had received trained in safeguarding procedures, and they knew what action to take to protect people from harm and abuse. This included knowledge in who to report concerns to, both internally and to external agencies.

Assessing risk, safety monitoring and management

- People's choice and independence was promoted through positive risk taking. This meant potential risks were assessed, and measures put into place to reduce risks. This approach proactively encouraged and supported people's engagement in activities of importance and interest to them, and to attain goals.
- Person centred risk assessments were implemented for key aspects for people's physical health, in line with the national institute for care excellence (NICE) guidance. Risk assessments were supported by health care checks carried out by staff to promote health and well-being.
- People were actively involved in discussing potential risks, and the agreeing of protocols to minimise these. For example, taking a mobile phone with them when accessing the community. Risk assessments, and any associated records were signed by the person and regularly reviewed.
- The premises were well maintained and checked for safety, which included gas, electrical and fire systems.

Staffing and recruitment

- Staff underwent a robust recruitment process. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service (DBS) check. This assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- Staff undertook a period of induction, where they worked alongside experience staff. Ongoing support was provided through a systematic approach to supervision and appraisal, to ensure staff had the appropriate support, knowledge and competence to promote people's safety and well-being.
- There was a person-centred approach to staffing, which meant the number of staff on duty reflected the day to day needs of people both within the home, and with accessing the community dependent upon whether support was required.

Using medicines safely

- People's independence in relation to medicine management was considered, and a positive approach to risk taking. This enabled people to be involved and take charge in aspects of managing their medication.
- People were supported with their medicines in a safe and timely way. People's care plans detailed the prescribed medicine and the reason for its prescription, which included clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious or to control pain.
- Staff who administered medication undertook medicines training, and had their competency regularly checked.
- Medicines were stored securely and at the correct temperature, and medicine audits were routinely completed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had a protocol in place for the reporting of accidents and incidents electronically. This generated an action plan to be submitted detailing the action to be taken to bring about improvement. The action once completed was recorded and the incident closed.
- The registered manager reported incidents in line with the provider's policy and procedure. For example, thermostatic valves which regulate and control the temperature of water from tap outlets had developed a fault. A report and action plan were submitted, and replacement valves were installed. The registered manager introduced daily temperature checks of water from all outlets, as an additional measure to promote safety. This information was shared with other homes within the organisation.
- The provider had a system in place to ensure lessons could be learnt across all their homes to mitigate future risks and promote safety. For example, another home had experienced an incident where a tumble dryer had caught fire. This was shared and the registered manager of Abington View who had introduced a protocol to ensure the daily removal of lint.

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 Good. At this inspection this key question has now improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- A thorough approach to planning and co-ordinating of people's care at an early stage when changes in health were identified enabled people to access the most appropriate source of support and care, achieving the best outcome for them.
- A person-centred approach towards all aspects of health care had been adopted. This was supported by a collaborative approach amongst all those involved. For example, a psychologist, psychiatrist and a dietician. All regularly met and shared information with all key partners to promote the best outcomes for people.
- The involvement of health care professionals in the reviewing of people's medication had a positive impact on people's quality of life and day to day experiences. For example, a person had been prescribed medication, following genetic testing, which had identified the medication most likely to have a positive impact.
- People's independence, rights and choices were at the centre of all health care decisions, and people attended health care appointments independently, or with staff support if requested by the person.
- Staff had key leads of responsibility known as 'champions' in specific areas. For example, nutrition, medication, dignity and safeguarding. This enabled staff to keep up to date with best practice guidance and liaise effectively with health care professionals to achieve the best outcomes for people.
- Abington View was accredited as a provider by Headway (Headway is a charity working to improve life after brain injury). In Headways reassessment earlier in 2021 the home had been awarded a rating of outstanding. People at the home told us they agreed with the rating of outstanding. A person told us. "We had an outstanding rating, and this is what we are."
- The registered manager and staff had a very clear understanding of the health care needs of people, which meant they were able to provide the support they needed, based on the person's decisions and the outcome of health care appointments.
- People had a health care passport which provided key information, including areas of increased health risks. The passport was used to provide essential information in the event a person sought emergency health care support or was admitted to hospital.

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

- The person-centred approach meant a range of tools to assess the impact of an ABI were considered, and the most appropriate was selected to meet individual need. For example, the implementation of a tool known as Quality of Life After Brain Injury (QOLIBRI). The outcome of the assessments was analysed by

health care professionals involved in people's care and used to develop a tailored approach of support.

- People's needs were kept under continual review, and focused on a holistic approach to care, considering people's physical, mental and social needs. Any changes in need were responded to and referenced best practice guidance to bring about the best outcomes for people.
- Assessments of need were reflective of the protected characteristics as defined by the Equality Act to ensure people's rights to access treatment and support were promoted.
- People's assessments of need considered the use of equipment to promote wellbeing. For example, blue filters on televisions which adjust the tone of light, to support people to sleep well at night.

Staff support: induction, training, skills and experience

- Staff undertook training relevant to their role of supporting people with an acquired brain injury which included the impact of an ABI on people's day to day lives and the role of staff in providing person centred support and care.
- Staff undertook training in key areas to promote people's safety, health and well-being, which was regularly updated to ensure staff had the appropriate knowledge.
- Staff supervision and appraisal was used as a forum to reflect and discuss good practice guidance, legislation, policies and procedures to underpin staff training. This enabled staff to support people effectively and well. Training was provided in a range of formats which included e-learning, workbooks and classroom based.

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

- The person-centred approach by staff, included supporting people to achieve a healthier outlook on food and healthy eating. Staff liaised with a neuro-dietician, and by working in partnership, with the person a long-term therapy plan was created. For example, the person took photographs of the meals they had prepared and cooked and rated them from 1 – 10 and developed a personalised cookbook of their own. This had a positive impact on the person's physical and mental health.
- People were supported to plan their weekly menus, which considered their preferences and dietary requirements. People undertook their own grocery shopping and were supported by staff to prepare and cook meals.

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

- People's individual rooms were furnished and decorated reflective of their individual style and choice.
- People were fully involved in the furnishing of the home and garden, which included choosing and shopping for furniture, fixtures and fittings.

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.

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.

- People's capacity to make informed decisions had been assessed where appropriate, and best interest

decisions were made where necessary.

- People's consent to receive care and treatment was documented. Assessments and care plans were regularly reviewed and signed by the person, and others involved in their care and support.
- Staff fully understood their role of enabling people to make informed decisions, and people's rights to make day to day decisions and choices fully endorsed.

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. 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

- People spoke positively about staff at the home and how they supported them on a day to day basis. A person said, "All staff are fantastic, everyone is kind and caring and support us with all our endeavours."
- Staff fully understood people's personal histories, including information as to their acquired brain injury and its impact on the person. This enabled staff to provide person centred support people based on their knowledge and experience.
- People had a staff key worker and as part of their role they acted as a point of contact for people to speak with about any matters they wished to discuss. A member of staff spoke of how a person had confided in them their rationale for a decision they had made. This had enabled the keyworker to liaise with a healthcare professional, with the person's consent, and the appropriate support was provided for the person.
- People were supported by a small team of staff who they had developed positive and supportive relationships with. People spoke positively about the support and care they received. A person told us, "The staff here are very good, they are always there when I need them."

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

- People were fully involved in all decisions relating to their care and daily lives. There was a proactive approach to person centred care, with people using the service being at the heart of all decisions.
- People were aware of advocacy services. However, people were able to advocates for themselves. Family members, with the consent of the person, were kept informed about people's health and well-being.

Respecting and promoting people's privacy, dignity and independence

- People received care and support from staff who were dedicated to providing care based on people's individual needs, with consideration to people's equality and diversity and promotion of independence. A person told us, "The staff support me to maintain my independence and support my decisions about my life."
- The person-centred approach of staff ensured people were at the heart of the day to day running of the home, which included daily activities of living. For example, people undertook their own grocery shopping, and daily household chores, such as putting out the refuse for collection.
- People's family and friends visited in line with current government guidance in response to the COVID-19 pandemic. People were supported to maintain contact with people important to them, which included visiting and meeting family members and friends in the community and at their home.

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. 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; End of life care and support

- People's support was extremely personalised and responsive, staff were committed to enabling people to maximise their potential, to gain experiences and achieve the best possible outcomes. This was achieved by staff working in partnership with people, health and social care professionals, family members and commissioners.
- People had a good insight into the effect their ABI had on them in their day to day lives. They spoke of the positive impact of a collaborative approach to their care, and the positive impact it had.
- A person spoke of the benefit to them of relaxation sessions led by a member of staff. They told us they engaged in these sessions, whilst sitting on a park bench overlooking water. They said, "It keeps my thoughts together, keeps me focused and helps with my mental health."
- People had meetings with their key worker to plan their week, which included managing their finances and budgeting. A person told us this helped them to focus, stay on task and supported them in managing the effects of their ABI.
- End of life care had been discussed with people, and any views for the future in relation to end of life care were documented within their care records.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People spoke of their hobbies and interests, of their importance to them, the positive impact of their participation and the support and encouragement offered by staff. For example, a person spoke of their musical interests, their playing of instruments and song writing. They spoke of visiting coffee shops to write their lyrics as it helped them as they described to, "Get into the zone."
- People were active members of the community, both in paid employment and voluntary work. A person spoke about their volunteer work with people living with dementia and their support for an initiative they referred to us 'singing for the brain.'
- People attended a range of recreational activities which they enjoyed. For example, they spoke of a trip to the theatre the previous evening and shared with us their reflections of the performance.
- Staff had adapted alternative strategies to support people's health and wellbeing during the pandemic. For example, people took part in 'virtual visits' visiting a range of countries through online tours, and in-house activities supported the exploration of these virtual visits.

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.

- People's records provided information as to their communication needs and its links to their ABI. For example, providing a safe forum for people to share with staff any concerns. And the support people required in planning events to manage the effects resulting from their ABI.

Improving care quality in response to complaints or concerns

- People were aware of the complaints procedure and were confident to raise concerns.
- The provider had a complaints policy and procedure. The registered manager confirmed they had not received any complaints or concerns.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were at the heart of the service, with staff ensuring people received support which was empowering, promoted their rights and choices and encouraged independence.
- Staff fully understood their role as enablers, providing a supportive approach. This assisted people to gain further independence, develop individual strategies to manage the daily effects of their ABI, and fully participate in everyday life activities and events.
- The provider's approach was one of commitment to the development of staff, through ongoing training, supervision and appraisal. Staff were encouraged and supported to undertake training, and there were opportunities for staff for career progression. This created a positive work culture, which supported staff in the delivery of high quality, person centred care.
- Staff spoke positively of the registered manager. Reflecting upon their knowledge and support, their approachability, and commitment to go above and beyond for people living at the home.
- A staff member shared their view of Abington House. They said, "Fantastic house, and I love my job. We're a good team, we all get on, working together, everyone brings something different to the table."

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

- The registered manager understood their role and responsibilities, and a policy and procedure detailed how the provider would meet its obligations under the duty of candour. No incidents had met this criterion. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

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

- The provider's quality team carried out internal inspections of the home to ensure compliance and to drive improvement. The registered manager had responded promptly to address the minor shortfalls referred to in the providers action plan.
- Meetings were held at all levels within the organisation to review the quality of the service. The registered manager held regular meetings with staff from the service, providing an update as to the outcome of any internal and external quality monitoring visits. This included a constructive discussion on areas for improvement and shared the positive feedback as to what was working well. This inclusive approach supported and enabled staff to continually review and shape the service to deliver positive outcomes for

people.

- A business continuity plan was in place, which detailed how people's needs were to be met in the event of an emergency. A COVID-19 contingency plan had been developed in response to the pandemic, which outlined the provider's actions to ensure essential care continued to be provided.
- A system of routine auditing was in place which covered topics related to the health, safety and welfare of people and the management of the service. Audits were electronically stored and monitored by the provider for compliance.

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

- We found an open and inclusive environment for everyone to contribute to the day to day running of the home. Opportunities included an annual survey, for people, family members and staff. The information from surveys was collated and the outcome shared. The outcome of the most recent consultation was positive. A person summarised their views within a survey and wrote. 'I am very happy and settled at Abington View. My own needs and rehab goals are being met and worked towards. My psychology sessions are excellent and help a lot.'
- The intimate and small nature of the home enabled people to speak with each other and staff, without the need for formal meetings to discuss the running of the home. We saw first-hand people planning their day, speaking with each other and staff.
- The registered manager throughout the COVID-19 pandemic had fully involved people living at the home and their family members with all decisions any actions to minimise risk to all parties had been agreed by mutual consent.
- The registered manager had displayed the last inspection rating within the service and on their provider's website as required.

Continuous learning and improving care

- Performance was continually monitored by the provider, using information provided by independent organisations who monitored the home, and through its internal processes. This enabled the provider to target its resources to continually improve the quality of the service and promote good outcomes for people.
- The provider was accredited as a provider by Headway. (Headway is a charity working to improve life after brain injury). As an accredited provider, all of its care homes, in order to be accredited by the charity, were required to meet a set of standards devised by Headway.
- The registered manager was committed to continual improvement to achieve the best outcomes for people, which included their professional development. For example, they had gained a leadership and management accreditation caring for people with an ABI and they were working towards a diploma in health and social care management.
- The registered manager worked with key organisations to develop and share good practice. For example, the United Kingdom Brain Injury Forum and the Skills for Care managers forum.

Working in partnership with others

- Professionals provided us with positive feedback. They referred to the promotion of choice and inclusion of people in decision making, collaborative working by key health care professionals and the staff of Abington View, to achieve the best outcomes for people.
- The registered manager worked with key stakeholders, which included the local authority and health partners. This had enabled all to work collaboratively, included during the COVID-19 pandemic, to support the health and welfare of people living at the home and staff, through the implementation of government guidance, testing and vaccination.

