Abbeyfield The Dales Limited

Abbeyfield Grove House - DCA

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

This inspection took place on 5, 6 and 10 July 2018 and was announced.

Abbeyfield Grove House Domiciliary Care Agency provides personal care to people living in their own apartments within the Abbeyfield Independent Living with Extra Care complex. The agency is part of an integrated care scheme providing supported living for people aged 55 and above and operates a 24-hour service. Not everyone using the agency receives regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

On the first day of our inspection, the service was supporting 24 people to live in their own apartments within the complex although one person had moved to a residential care setting on the final day of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in April 2017, we found shortfalls in the safe management of medicines and the service was in breach of Regulations. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of 'is the service safe?' to at least good. At this inspection, we saw improvements had been made which meant the service was no longer in breach of Regulations.

Staff were recruited safely and there were enough staff to ensure all care visits were made, with staff staying the required length of time and completing required tasks. Staff received appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and received formal supervision where they could discuss their ongoing development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed at each care visit. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People felt safe and appropriate referrals were made to the safeguarding team when necessary.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People's healthcare needs were being met and medicines were stored and managed safely.

Staff knew about people's dietary needs and preferences. People were encouraged to consume a healthy diet and were provided with plenty of drinks and snacks in between meals.

Activities were on offer to keep people occupied both within the community hub, shared with the provider's adjoining residential service, and the wider community.

The complaints procedure was displayed. Records showed complaints received had been dealt with appropriately although more information was needed to evidence outcomes.

Everyone spoke highly of the registered manager and said they were approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified they acted to make improvements.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

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.

Staff were recruited safely. Sufficient staff were employed to provide people with the care and support they needed.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

People were supported to access health care services to meet their individual needs.

The legal requirements relating to the Mental Capacity Act 2005 were being met.

Is the service caring?

Good

The service was caring.

People using the service told us they liked the staff and found them attentive and kind.

We saw staff treated people with kindness and patience and knew people well.

People's privacy and dignity was respected and maintained.

Is the service responsive?

Good

The service was responsive.

People's care records reflected the support required at each visit, were up to date and regularly reviewed.

People were encouraged to access meaningful activities within the Abbeyfield complex and the wider community.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who provided effective leadership and management of the home.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

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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.

This inspection took place on 5, 6 and 10 July 2018 and was announced. We gave short notice because the location provides a domiciliary care service and the registered manager is often out of the office supporting staff or providing care. The inspection was carried out by one adult social care inspector on 5 and 6 July 2018 and one adult social care inspector and an assistant adult social care inspector on 10 July 2018.

Before the inspection, we reviewed the information we held about the service. This included notifications we had received from the provider. A notification is information about important events that the registered provider is legally required to send us, for example if someone using the service sustains a serious injury. We also spoke with the local authority contracts and safeguarding teams.

We usually request the provider completes a Provider Information Return (PIR). A PIR is a document we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we had not requested the return of a PIR prior to the commencement of the inspection.

During our inspection, we spent time looking at records, which included four people's care records, three staff recruitment files and records relating to the management of the service. We also spoke with eight people who used the service, six care staff, the registered manager, the provider's head of care services, the provider's chief executive officer and the provider's quality manager.

Good

Is the service safe?

Our findings

At our last inspection in April 2017 we found medicines were not managed safely; suitable arrangements were not in place to ensure people received their medicines as prescribed. At this inspection we found sufficient improvements had been made and the service was no longer in breach of Regulations.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked cupboards in people's apartments. People were assessed to see if they could administer their own medicines or required assistance. Staff had been trained in the safe management of medicines and their competency assessed. Where staff administered medicines, we saw them doing this with patience and kindness. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed. People told us they received their medicines at the correct time. One person commented, "Oh yes. On a morning I take seven tablets so the carer comes in about 08:30 as I'm just having my breakfast so it's very regular. It's explained to you."

However, further improvements were required with the documentation of some people's prescribed creams. Records did not always indicate where, why and how these should be administered. One bank staff member told us, "The only thing I raised is the body charts. In terms of knowing where to put specific creams. They are working on it now, as far as I'm aware." We spoke with the registered manager and the provider's head of care services who showed us the new medicines systems they were introducing to ensure these areas were covered. Since our last inspection, a medication review board and a steering group had been set up to look at issues from the previous inspection including medicines documentation. This gave us confidence these areas would be addressed.

Where errors with medicines administration had occurred, these were investigated with analysis, actions and lessons learned as a result. We saw actions included further supervision, training and disciplinary action where required.

People were kept safe from abuse and improper treatment. People who used the service told us, "I find it very safe. I don't know really, I just do." One person explained how they had thought their apartment door locked automatically behind them when they went out and staff had explained they needed to lock this. People told us staff made them feel safe. Staff wore name badges and introduced themselves when they came to provide care and support, always knocking before entering the property.

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

People were protected from any financial abuse. The provider held some money for safekeeping on behalf of some people who used the service. Records and consent for this was documented in people's care records. Records of monies held were kept and receipts for any purchases were obtained.

Assessments were in place to mitigate risks to people's health and welfare. For example, we saw people had been assessed for bed side rails which reviewed the risk of using and not using the equipment.

Records showed safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included obtaining at least two references and a Disclosure and Baring Service (DBS) check prior to employment. A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions.

There were enough staff deployed to care for people safely and ensure all calls were covered. People who used the service told us staff came when they were supposed to and completed all care tasks. One person told us, "They're always the same people and they're like a family."

Some staff we spoke with told us staffing was sometimes a concern and some staff said they covered extra shifts to ensure all calls were covered. We saw the service employed several bank staff to cover for regular staff leave and sickness although some staff felt more bank staff could be recruited. One staff member commented, "On the whole it's been okay. Problems arise at holiday times and sickness. That can't be helped. We have at times been very short staffed. We've worked through that. We're not consistently short staffed. We do have bank staff; we could really do with building that up. Then again, permanent members can step in. Our manager steps in when needed." The registered manager agreed staffing had been a concern but they had now deployed extra bank staff to cover these areas.

We saw the service employed an 'on call' system where staff could contact a senior staff member out of normal hours. Personal emergency evacuation plans (PEEPS) were in place and these were up to date and relevant. This meant staff knew what action to take should an emergency arise.

We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

Accidents and incidents were recorded and reviewed for themes or trends as part of the provider's internal audit system. The registered manager told us they would review documentation to ensure these consistently reflected outcomes and lessons learned from actions taken.

Good

Is the service effective?

Our findings

The registered manager completed needs assessments before people commenced using the service. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed. People told us staff who visited them were competent in their role. One person commented, "I don't think there's anyone here that you would call an amateur." No-one we spoke with expressed any concerns about staff competency or professionalism.

Staff we spoke with told us training opportunities were good and there was plenty of training on offer. One person said, "There are options to do other things not on our (training) matrix. I think some of the training we don't have in the matrix. We have quite a few people here that have diabetes or Parkinson's. We have the option to do it (training around these areas) but it's not mandatory." Another staff member commented, "I'm down for loads – quite a lot really. But I take any that they throw in." We saw upcoming training was displayed in the care office. Staff discussed training and development needs as part of regular meetings with the registered manager, who had developed individual training lists for staff.

The registered manager told us new staff completed induction training and were enrolled on the Care Certificate if they were new to care. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care. Staff confirmed they received a robust induction which included training, reviewing the provider's policies and procedures and shadowing a senior member of a staff for several shifts, dependent on their experience.

Systems were in place to identify when training updates were due and staff were required to book to attend to ensure their practice remained effective. The training matrix showed staff were mostly up to date with training which included infection control, medicines, first aid, food hygiene, moving and handling and safeguarding. We saw staff had also received specialist training in topics such as dementia care. One person who used the service told us, "I think the standard of care is very high," and another person commented, "Most of them are quite capable."

Staff were provided with regular supervision which gave them the opportunity to discuss their work role, any issues and their professional development. Staff we spoke with told us they felt supported and said they could go to the registered manager at any time for advice or support. Annual personal development plans were in place as a chance for staff to appraise their role within the service. The registered manager told us they had plans in place to improve the supervision process and empower senior staff to take a more active role with these.

People's nutrition and hydration needs were met. Most people who used the service told us they took advantage of the meals provided in the on-site restaurant and these were good. Some people told us they enjoyed socialising with others in the restaurant and others said they preferred to eat in their apartments. We saw staff delivered meals from the restaurant to people's apartments if they requested this.

People who had been assessed as being nutritionally at risk were referred to their GP or community matron,

their food/fluid intake was monitored and supplements were prescribed as required. We saw records showed if people required special diets; for example, diet controlled diabetics. Information about people's dietary requirements was recorded in people's care records and passed to the on-site restaurant. Staff we spoke with could tell us who required specific diets and what was needed to support these people.

We saw staff encouraged people to consume a healthy diet and drink plenty of fluids, particularly in the recent hot weather. For example, we saw the registered manager had devised a poster which was displayed in key areas within the complex, encouraging people to drink plenty of fluids. People told us staff encouraged them to drink plenty of fluids and these were made available either within communal areas or in people's own apartments. We visited some people in their apartments and saw hot and cold drinks were made available throughout the day.

People's healthcare needs were being met. In the four care files we looked at, we saw input from a range of healthcare professionals, such as GPs, district nurses, the community matron, occupational therapists and opticians. The registered manager told us they had a good relationship with the district nurses and community matron and they could ask them for advice. During our inspection, we saw staff recorded if a person appeared unwell in their care records. They then discussed their concerns with senior staff, in staff handover meetings and with the person's relatives, if appropriate, and referred to healthcare professionals if required. People told us they felt comfortable raising health concerns with staff. People told us, "Yes. They seem to have a good relationship with the local GP practice" and "Yes, they'd probably get the district nurse or something like that. I haven't had that problem yet." We saw concerns and updates about people's health and welfare were discussed during staff meetings and handovers which took place at the start of each shift.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of domiciliary care, applications to authorise a deprivation of liberty must be made to the Court of Protection.

We found the service was working within the principles of the MCA and the registered manager understood how these principles applied to their role and the care the agency provided. For example, one person who liked to go out into the community but could get confused and lost had agreed to wear a tracking device which linked to the service and their family. Their family had also been involved in the decision making process. They also took cards printed with their name and address. This meant the service had managed the risk in a positive way without restricting the person's movements. The provider's head of care services explained, "It's about being realistic. Having things in the least restrictive way. As a society we've become so risk averse."

People were asked consent before care and support was provided. Where people lacked capacity, best interest processes had been followed, involving families and healthcare professionals. We saw people, wherever possible, had given their consent for care and support such as medicines administration and had been involved in planning their care and support requirements.

Where people's relatives had Lasting Power of Attorney (LPA), this information was retained by the provider. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPAs can be put in place for property and financial affairs or health and welfare. This showed us the registered manager understood their

responsibilities to act within the legislation.

We looked to see how the service worked with technology to assist people's lives. All apartments had wi-fi access as part of their package and we saw people used this to access the internet and speak with relatives remotely. The service used other systems such as emergency call pendants, telecare and tracking devices to increase people's independence without comprising their safety.

Good

Is the service caring?

Our findings

People who used the service told us staff treated them well and were kind and caring. Comments included, "Yes, we have a lot of fun", "Yes, and usually with a lightness of touch and a touch of humour", "Yes, I can't explain it. Normally we just have fun basically. We have a conversation" and "Everyone I've met here seems to be pleased with it."

Care records contained information about people's life histories, interests and hobbies. We saw support plans had been developed in consultation with people and/or their relatives. This helped to ensure people's care and support needs were met.

People looked relaxed and comfortable around staff and interactions between people and staff were warm and friendly. During our inspection, we heard good-humoured banter shared between some people who used the service and staff which resulted in laughter. We also saw staff chatted gently and calmly with other people who preferred a quieter approach. From our observations and talking with staff and people, we concluded staff knew people's care and support needs well. One member of staff described the service as being like "a big family." We saw key information and updates about people's care and support were passed to staff through meetings and handover meetings at the start of each shift.

Staff were sensitive to people's needs and the level of support they required. For example, one person told us, "Yes, they ask me what I would like." Another person explained how they were quite shy with staff and commented, "They look away when dressing me, or if I'm half dressed." A third person told us, "Yes, they help me. I can't get my tights on but they help me with that."

Staff treated people with dignity and respect and people we spoke with confirmed this. One person commented, "If you want, you ask to be given showers if you're not capable of moving properly. It's done very carefully." We saw staff spoke with people with respect, calling them by their preferred name. A staff member commented, "It's about dignity. Giving that person the best care that you can. For me, it's 'how would you feel in the situation?' It's getting to know that person initially, to build up a relationship with them. It's the way you speak to people and the rapport you have."

People's independence was actively encouraged. Staff encouraged people who used the service to be as independent as possible by focussing on what people could do for themselves. For example, staff were slowly encouraging one person to mobilise independently using a walking aid rather than relying on staff support with this. One person described how they wanted to remain independent and staff reminded them to be careful and take time with tasks. They told us, "I'm always wanting to go too quickly." A staff member told us, "You've got to let them do as much as they can but be there to just give them a bit of help. It's monitoring somebody. It's knowing that person. You're going to get people that really do not want to do a lot for themselves. But it's showing them how it promotes their wellbeing. We have someone who might want to sit down all day, but they have pressure sores. You'd say, 'let's go have a little walk' – things like that."

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people who used the service showed us the service was pro-active in promoting people's rights.

We saw people's confidential information was stored securely in locked cupboards in the service's offices which were also kept locked when not in use. This showed the service treated people's private and personal information with respect.

Good

Is the service responsive?

Our findings

People who used the service and relatives told us they had been involved in the care planning and review process. Comments included, "Yes. They come in the flat and we have a one-to-one." The person continued to explain how they were involved in reviewing their care plan. Another person told us, "Someone came to talk to me and the next thing I knew, I was presented with this care plan and asked to point out any inaccuracies basically. Yes, they did (ask me to sign it)."

The registered manager made sure people's needs were assessed before their care package commenced and did not accept care packages where they did not feel they could support the person effectively.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans were reviewed regularly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had moving and handling equipment in place to reduce the risks of falls.

Records indicated clearly what support was required at each care visit and we saw staff documented how they had delivered this. Information contained in care records was person centred and focussed on what people could achieve independently and how staff could encourage this. For example, one person's record stated, 'I have my medication and I like my wheelchair to be in front of my settee so I can access it independently to go for lunch.' We saw staff ensured the person's wheelchair was in place as indicated, showing staff were aware and followed people's plans of care.

We looked to see how people's end of life care needs were planned for. The registered manager told us they were aware this was an area for improvement and we saw documented evidence of people's future wishes was not completed in most people's care records. However, we saw a companionship scheme was being piloted with one person who had been assessed as being at the end of their life. This ensured they had someone to sit with them to offer comfort and support, in addition to their contracted care and support hours. We saw evidence this had been discussed with the person and their family. This showed the service considered people's additional needs at this time.

Complaints were taken seriously and investigated, even if these were minor concerns, with the complainant responded to in writing. We saw any complaints were reviewed for possible trends and analysed with a lessons learned process and disciplinary action taken if required. People told us they knew how to complain but had not needed to do so. We saw no complaints had been received about people's care and support since the last inspection although several compliments had been received from people, relatives and healthcare professionals. These highlighted the care and support and the positive attitude of staff. One comment included, '[Relative] experienced a quality to [person's] life that is a tribute to the values and the hard work of the team… amazing attitude of all your lovely staff.'

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible

Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs. An accessible information policy was being devised at provider level and staff were undertaking on-line training to further their understanding. The service also had access to a local 'talking books' and 'talking newspaper' service for people who had sight difficulties. A seasonal newsletter was produced within the Abbeyfield group and this was displayed within the communal area in large print format.

People were encouraged to participate in activities within the Abbeyfield complex as well as in the wider community, according to their wishes and interests. For example, several people organised regular visits to local restaurants, others enjoyed shopping independently in the local town and some people had organised clubs for others to attend. One person had set up a flower arranging club and staff had supported them to obtain surplus flowers from a local supermarket to assist with this at no extra cost. Another person loved dogs and had been very upset when their own pet had passed away. The registered manager had agreed to let them look after their own dog on certain days of the week. The person clearly enjoyed this, which had increased their mental stimulation and improved their mental wellbeing. We observed them chatting and laughing with the registered manager about their experiences whilst dog sitting. The service also supported people to go on independent day trips of their choice, providing a mini bus for the day. On the second day of our visit to the service's office, some people were getting ready for a day trip to Morecambe which they were clearly looking forward to.

Good

Is the service well-led?

Our findings

People we spoke with told us the service was well run and the management team were effective in delivering good care and support. There was a registered manager in post who provided leadership and support. One person who used the service told us, "Very friendly, very professional. And a great listener." Another person commented, "She helps you when you need help," and a third person said, "I think she's a very able person."

Our observations concluded staff reflected the service values of 'openness, respect, honesty and caring.' One staff member told us, "I think all those values, we should have. In the workplace, honesty, yes and being open can sometimes be very difficult...I think we should all follow them. We're very open with our residents. If you haven't got that, how can you expect them to respect you?" Another staff member commented, "We have a duty of care to our residents. Caring for them, socially, intellectual, emotional. All their wellbeing. I think as well that it's nice, building a rapport up with the families." Staff we spoke with all told us they would recommend the service as a place to live and a place to work. We saw staff worked together as a team and staff we spoke with confirmed this. One staff member commented, "I think staff work together as a team. Morale is fine. People seem to be happy to be at work."

All staff thought the management team were effective, approachable and the service was well run. One staff member complimented the registered manager, saying, "She's just a people person, I feel. She's always pleasant. You've got to do your job. But she's very approachable. She's always chatting with the residents. She cares, that's the thing. She genuinely cares." Another told us, "I find [registered manager's name] approachable and she will take suggestions on board… You can always voice your concerns. Even [head of care service's name] upstairs – you can speak to."

The registered manager told us they received good support from staff and the provider. They commented, "So far, it's the best place I've worked… They really are kind and caring. Supportive. If you need them, they're there. All say, 'ring me anytime.'" The registered manager was supported during our inspection by the provider's chief operating officer, the provider's head of care services and the provider's quality manager. It was evident from speaking with the senior management team that an effective organisational structure and clear lines of accountability were in place. One staff member commented, "There's a strong sense of family here and we all play a part in that, whatever our role." Some staff had been empowered to take more senior roles and others had taken on 'champion' roles in areas of interest such as dementia.

Audits were completed, which were effective in identifying issues and ensured they were resolved. These included checks on infection control, care plans, medicines, call pendants and internal/external environmental checks. Checks were completed by the management team and the provider. We saw if any shortfalls in the service were found, action had been taken to address any issues. The provider also looked at themes and trends to see if changes in procedures or work patterns were required.

People's views about the service were sought and acted upon. For example, people were asked to complete an annual survey. Action plans were formulated to address any concerns identified and these were

communicated to people. Regular resident and family meetings were held to seek people's views and discuss/address any concerns. We saw people were kept informed about news, events and changes within the service with the publication of a quarterly newsletter.

Meetings for staff were held every three months to ensure staff received updates and important information about the service, such as changes in policies and procedures. Staff told us these were an opportunity to share best practice, discuss concerns and they felt able to speak up at these meetings. Annual surveys were sent to staff and we saw the latest staff survey showed staff felt positive about most aspects of the service.

We saw the service worked effectively with other agencies to share best practice and improve service provision. For example, the registered manager conducted research on the internet and worked with the local authority and healthcare professionals to ensure they were up to date with current legislation and best practice guidelines. Manager meetings were held which included all the provider's services, where the management team discussed best practice and looked at ways to improve, to offer the best possible service to people who lived at Abbeyfield.