Abbeyfield Deben Extra Care Society Limited

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Inspection report

Highlands,Fitzgerald Road, Woodbridge, Suffolk IP12 1EN
Tel: 01394 386204
Website: not applicable

Date of inspection visit: 12 May 2015
Date of publication: 17/06/2015

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

Overall summary

This inspection took place on 12 May 2015 and was unannounced.

The service provides support and care for up to 24 people. On the day of our inspection there were 23 people living in the service.

There was a registered manager in place. 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.

People told us that they felt safe living in the service. They told us they were treated with dignity and respect. We saw staff interacting with people and they did so in a kind, caring and sensitive manner. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

Summary of findings

Recruitment checks had been carried out before staff started work. Where people had raised concerns at a residents meeting regarding the number of staff available to support them at particular times of day this had been addressed by the manager who was taking concerns to the executive committee for the service.

There were suitable arrangement for the safe storage, management and disposal of medicines. People received their medicines safely.

We found that detailed assessment had been carried out and that the care plans were developed around the needs and preferences of the individual. We saw that risks were assessed and where appropriate plans on how the risks were to be managed were put in place. People told us that they were supported with taking every day risks.

Where people had expressed concerns about the number of staff on duty to provide care, particularly at times of the day where demand for support was concentrated the manager was addressing this.

Meal times were communal affairs. Staff ate with people, any visiting relatives and friends. This promoted an inclusive and relaxed atmosphere. People's individual nutritional needs were assessed and appropriate action taken if concerns were identified.

We found that people's health care needs were met. People told us that they had access to a range of healthcare providers such as their GP, dentist, chiropodist and optician. The service kept clear records about all healthcare visits.

Staff treated people with respect and ensured their dignity. They were aware of and respected people's preferences as to how they wished to spend their time.

People told us that the service organised a variety of entertainments and excursions. They told us they were involved in suggesting these events and enjoyed them when they took place.

Regular residents and relatives meetings were held. Where actions or improvements had been suggested by people at these meetings we saw that the service took action to address any deficiencies.

The service had effective quality assurance systems. Were these identified areas for improvement we saw that these were addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were sufficient staff on duty.

People were protected from abuse and avoidable harm by staff that understood the risks and knew how to report and deal with concerns.

People received their medicines safely by trained staff

Good

Is the service effective?
The service was effective.

People were cared for by staff that had the knowledge and skills necessary to provide safe and effective care.

People's consent was obtained before any support was provided.

People were provided with a choice of food and drink at mealtimes. Those at risk of weight loss had their needs monitored.

Good

Is the service caring?
The service was caring.

Staff knew the people they supported. Each person had an allocated member of staff who knew their needs in detail.

People expressed their views and were involved in making decisions about their care.

Staff understood people's need for privacy.

Good

Is the service responsive?
The service was responsive.

People were involved with their care plans. These care plans reflected people's needs and were regularly reviewed.

Regular meetings with people identified excursions and activities they wished to participate in.

Good

Is the service well-led?
The service was well-led.

The service had an open culture. People felt confident to express their views and that they would be listened to.

Staff felt supported by the service and able to report concerns.

Effective audit and quality assurance processes were in place.

Good

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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 was planned to check 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 12 May 2015 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had experience of caring for older people.

During the inspection we spoke with ten people who lived in the service, three relatives, the registered manager and four care staff. We reviewed care records relating to three people who lived in the service, three staff records and other information relative to the running of the service. We also looked around the service and carried out observations in communal lounges and the dining room.

Good

Is the service safe?

Our findings

Three people we spoke with told us they did not think there were sufficient staff available. One said, “Staffing is at minimal levels,” another said, “It’s hard on staff at weekends.” They told us that they thought the problem had arisen because there was more pressure on staff now because the needs of people living in the service had increased. One person said, “residents are older, sicker and more dependent now than when I first came here.” They told us that staffing numbers had been discussed at the residents meeting in April 2015. We spoke with the registered manager who told us that because of the discussion at the residents meeting they would be requesting an increase of staffing numbers at the next meeting of the service Executive Committee at the end of May. This committee could authorise a permanent increase in staffing numbers. The manager also told us that they believed this problem had occurred when a person living in the service had required increased support. We asked the manager how they calculated staffing numbers. They told us that they personally monitored the level of demand in the service and were able to call in extra staff if when needed for example if a person required accompanying to hospital. Staff we spoke with told us they believed there were sufficient staff to meet people’s needs. We did not find any undue risk or detrimental impact to people using the service at the time and it is positive that steps are underway to address peoples concerns’

Records we looked at showed that there was a thorough recruitment process. The appropriate checks were carried out prior to employment to ensure people were suitable to work with people who were vulnerable by virtue of their circumstances.

People told us they felt safe living in the service. One person told us, “I feel safe and comfortable here.” We saw from staff records that staff had received training in safeguarding adults and whistleblowing. Staff we spoke with showed a good knowledge of safeguarding procedures and were able to describe to us what constituted abuse. Contact details for the local safeguarding authority were clearly displayed in the staff office meaning that if staff needed to make a referral contact details were readily available.

Records we saw showed that where the service had identified a safeguarding issue appropriate referrals were made and action taken.

We saw that people were supported to take risks in their everyday lives. One person told us they regularly went into the local town to shop or meet friends. The service had a large garden. We saw one person returning from the garden with an alarm pendant. They told us that they took this alarm with them when they went out into the garden as they could go out independently but felt secure in knowing that if they needed help or support they could use the alarm to call for help.

People told us that they received the medicines they needed when then needed them. One person told us, “They are excellent at managing my medication, I don’t have to worry.” Processes were in place for ordering, receiving and disposing of medication to ensure people had their medicines as and when they needed. There were policies and procedures in place for staff to follow and training had been undertaken so staff could administer and manager medication safely. Their competence to administer had been regularly assessed. Staff told us they felt competent to support people with their medicines.

Good

Is the service effective?

Our findings

People told us that they felt staff provided care to a good standard. One person said, “The care is absolutely marvellous. Nothing is too much trouble, they always seem to be doing something extra.” A relative told us, “They do the necessary with caring efficiency.”

Staff we spoke with told us that the training was good. The service used a mixture of on-line and face to face training. People told us that the different types of training suited different people with one person saying they thought the on-line training helped them learn better whilst another said they preferred the face to face training. The training records showed that staff had received training appropriate to their role.

Staff received regular support and supervision to ensure they provided care to a high standard. The registered manager told us that the supervision forms and yearly appraisal forms currently being used were being re-designed so that they worked better together. This would ensure that issues such as training needs could be identified at the yearly appraisal and progress monitored through the year.

The service had an induction procedure for new staff. New staff worked as super-numary for three shifts, to get to know people and their needs before being counted in staffing numbers. They also received training in manual handling, health and safety prior to providing care and completed an induction manual during the first six months of their employment. This ensured that new staff were able to provide safe and effective care.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Mental Capacity Act provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager was aware of the implications of this legislation. They told us that as part of the assessment before people moved into the service a mental capacity assessment was carried out. Staff had received trading in the MCA to ensure they knew how to recognise when a person may be unable to make a decision and support them appropriately. No person was being deprived of their liberty at the time of our inspection and so no applications for authorisations for DoLS had been applied for.

We observed staff gaining people’s consent before providing care and giving them choices as they provided care. For example, we heard a carer asking a person, “Are you going in the lift or using the stairs,” before supporting the person to use the stairs which they had chosen to do.

People told us they were supported to maintain good health and access health care professionals. One person said, “A doctor visits here every week, if I needed a doctor at any other time I could arrange it with the office.” Records showed what support people needed to maintain their health. We saw people had access to health care professionals, including the optician, dentist, and chiropodist. There was evidence in people's records which showed they had been referred for assessment and treatment to the appropriate health care professional when the need arose. For example, records showed that where a concern had been identified about a person’s weight theyhad been referred to a dietician. This meant community health professionals were involved to provide advice and intervention when needed. When people had a medical condition there was clear guidance in place for staff to follow to make sure people’s conditions remained as stable as possible.

People told us the food was good and that there was always choices available. Comments included, “I have more than enough food,” and “the food is splendid.” Minutes from the recent residents meeting showed that people were consulted about the food available. Changes to the availability of ice cream and evaporated milk and the introduction of a lighter supper on a Friday after the lunchtime fish and chips had been introduced. We saw that people had also been consulted about upcoming seasonal changes to the menu.

We observed the lunch time meal and saw that people were supported appropriately and unobtrusively. Some care staff also participated in the meal making it a communal experience.

Care plans showed that people had their nutritional needs assessed and where the assessment raised concerns the appropriate action and referrals were made.

Good

Is the service caring?

Our findings

All of the people we spoke with said that staff were very approachable, friendly and supportive. One person said, “I am impressed with the care here, they talk to you and ask you opinion and you’re free to make suggestions.” Another said, “They do everything to make it pleasant for me here.”

The service had a key worker system where each person had a named member of staff. This staff member was expected to get to know the people allocated to them well and support them with things such as ensuring they had adequate toiletries, ensuring clothing was in good repair and purchasing that person’s seasonal give from the service . People we spoke with knew who their key worker was. This system ensured people and their relatives had a member of staff who knew their needs to a high level and were aware of any changes in the person’s needs or health.

People described their care planning as, “a partnership.” We saw that where a person had been consulted during a review of their care plan they had expressed a wish that they only be weighed every three months and not monthly as the local dietician service recommended. We saw that this had been discussed with the person and their wishes complied with.

The service held regular residents meetings as method of listening to people and responding to their views. For example where a problem with the laundry service had been raised at the meeting the service had responded by finding a volunteer to sew labels onto clothing. It was also used to provide updates on matters discussed at previous meetings. Details of the progress on installing a canopy over one of the windows and the purchase of new dining room furniture had been provided at a recent meeting

During our inspection we observed that people were able to spend time alone in their room, in communal areas or in the garden as they chose. Staff told us that some people preferred to spend time on their own and that they respected this.

People were encouraged to be as independent as possible. For example the service had two small kitchens, one on each floor, available for people to make a drink when they wanted. On the day of our inspection one person had two visitors who had travelled some distance to visit. We saw that they sat and ate lunch in the communal dining room with the person and enjoyed convivial conversation.

The service also ran a small shop where people could buy a variety of goods from toiletries to snacks. The registered manager told us this meant people felt they maintained some independence purchasing items themselves when they needed them.

Information about people was kept securely in the office where only those authorised people could access them. Staff handover, where information about people was passed from one shift to another, took place behind a closed door and could not be overheard by a casual observer.

Good

Is the service responsive?

Our findings

The registered manager told us that the service carried out an assessment of each person before they move into the service. This information was then used to complete more detailed care plans which provided staff with the information to deliver appropriate support. People we spoke with felt they were listened to and involved in their care. One person told us, “My medicines are managed well and I can always talk and raise issues with the carers.”

Each person’s care plan focused on their needs and support as an individual. For example one care plan recorded, ‘Not always at their best first thing, if this is the case assist to chair.’ Care plans detailed the support people may need with things such as, communications, moving and handling needs and nutrition. People had signed their care plans to indicate their involvement and consent to the contents. Care plans had been reviewed regularly which meant that that as people’s needs changed their care plans had been amended so that staff would have information about the most up to date care needed.

Each care plan had a life history of the person. Some were more detailed than others dependant on what the person wished to be included. We saw that one person had written a detailed life history for inclusion in their care plan. This meant that staff knew people’s background and experiences which assisted them when supporting the person with activities and interests.

We saw that people carried out with activities they had participated in before moving into the service. One person told us how they regularly met friends in the local town. The service also organised activities and outings. Planned activities were displayed on a notice board. These included bingo and board games. One person told us, “They are wonderful on entertainment and activities. Felixstowe is a really lovely day out.” People were encouraged to suggest activities they would like organised or destinations for excursions. The manager told us that the service had previously had a gardening club but this had folded due to lack of interests but that people now living in the service appeared more interested and they would be starting this again.

People told us they attended the regular residents meetings. We saw that notes of meetings were displayed in the service which recorded the topics which had been taken and the action taken. For example the staffing issued referred to earlier in this report and the purchase of new furniture for communal areas. Most people we spoke with told us they were comfortable raising issues at this meeting. Although, one person said that in practice only a few residents would speak at the meeting.

People we spoke with said that if they wanted to make a complaint or a suggestion they would raise it with their carer or at the office. They also told us they would use the suggestion box in the reception area anonymously as an alternative to raising an issue at the residents meeting. We saw that the service had an effective complaints procedure which recorded the initial complaint, the action taken to investigate the complaint and any action taken as a result of the complaint.

Good

Is the service well-led?

Our findings

The service had an open, person centred culture. People commented on the approachability of the management and staff. We observed supportive interaction between management, staff and residents during our inspection. Lunchtime in particular was an occasion when people, their relatives and visitors and staff were observed eating and conversing together in a relaxed and happy atmosphere.

The local community was involved with the running of the service. There is a house committee which is made up of volunteers and supports the service in a variety of ways such as coffee mornings, fund raising and maintenance. On the day of our inspection we saw a member of a local Church taking a person out to a day centre.

Staff told us they felt supported by the management and could take any concerns to them and they would be addressed. They told us that their supervision sessions were constructive and supported them to provide care to a good standard.

Everybody we spoke with was positive about living at the service. People told us they felt the service met their needs. One person told us, "I think it is well run, things work on time and they seem to be open to suggestions."

The manager told us they were supported by the chairperson of the provider's executive committee who visits the service weekly. They said they discuss a variety of issues at this weekly meeting including the results and any trends in the audits they carry out. They told us that some of the communal areas in the service were being re-decorated following discussion at this meeting.

The service held regular care staff meetings and team leader meetings. We saw that these meetings were used as an opportunity for open discussion and feedback. For example we saw that at a recent team leaders meeting the report from the residents meeting was discussed.

The service is part of the wider Abbeyfield Society. The manager told us that this has a number of benefits to the service. They are supported by a regional manager and attend meetings of managers of other local services where they can seek support or advice. They told us that these meetings are also used as a training opportunity for managers and enabled them to share issues with other managers and ensure the service they provide remains up to date with changes in care practice. Abbeyfield has also implemented a living wage policy across its services including Abbeyfield Deben Extra Care Society. Staff told us that this made them feel valued as well as being able to view working in the service as a career.

The service has recently been awarded the Abbeyfield Gold Star. This is an accreditation within the Abbeyfield Society which recognises good care practice.

We saw that where investigations into complaints or safeguarding had shown areas that could be improved action was taken to address identified shortcomings. For example an incident had occurred because a person had not been able to clearly identify their room because the name on the door was quite small. The manager showed us new larger names displays which were being put on the doors. They told us that people's photos were not being put on doors as consultation had shown that the majority of people did not want this.

The service carried out a range of audits that included medication, health and safety and care plans. The results from these audits are reviewed by the manager. Records showed that where areas for improvement were identified these had been addressed.