Abbotsford Care Limited

Diamond House

Inspection report

Bewcastle Grove
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Tel: 01162355181

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Diamond House is registered to provide care and support for up to 74 older people. Diamond House increased its capacity from 44 to 74 people in January 2020. The additional accommodation is provided in a purpose-built extension. All the accommodation is provided over two floors, with each floor providing a number of communal rooms and bedrooms. At the time of the inspection there were 44 people using the service, a majority of people were living with dementia.

People's experience of using this service and what we found
A family member told us, "This place is brilliant, I'm really pleased with it, the carers here are fantastic." And a person living at Diamond House told us, "I would recommend this service wholeheartedly."

People were safe at the service, they trusted and had confidence in staff. Potential risks were assessed and kept under review. People were supported by sufficient numbers of staff who had undergone a robust recruitment process. People had their medicines safely when they needed them. However, improvements were needed to ensure people's rights were fully upheld and decisions made in their best interests. The premises were safe, well-maintained and clean.

People's needs were assessed and kept under review. People were supported by staff who had the necessary skills and knowledge. Staff received ongoing support through training and supervision, to enable them to provide good quality care. Staff promoted people's health, and people accessed health care services when needed. People's dietary needs were met, with menus detailing the daily choices available.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. However, best interest meetings and their outcomes needed to be consistently implemented.

People, and in some instance's family members were involved in the development and review of care plans. People and family members spoke highly of the care and support provided by staff, and the friendly atmosphere of the service. Family members felt welcomed by staff. People assured us their privacy and dignity was respected, and that they were encouraged to maintain their independence.

People had the opportunity to engage in activities within the service, which included pantomimes, and dramas performed by professional entertainers. Children from the local area visited the service, spending time with people and joining in activities. Concerns were actioned; however these were not recorded. People and family members told us there had no concerns or complaints about the quality of care.

People, family members and staff spoke favourably about the management of the service, stating the management team were approachable and always available to answer any queries. A system to audit the quality of the care and service provided was implemented. Management meetings were held, however the

topics discussed were not recorded. An action plan was not in place to evidence how the registered manager planned to drive improvement.

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 outstanding (published 14 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Diamond House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors 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.

Service and service type
Diamond House 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
This inspection was unannounced.

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 authorities who commission the service on behalf of people. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 12 people and five visiting family members. We spoke with the registered manager, deputy

manager, a team leader, a domestic assistant, two members of care staff and visiting health care professionals.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to training. A variety of records relating to the management of the service, and the minutes of staff meetings.

Good

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 was monitored and promoted. Staff had been trained in safeguarding procedures and they knew what action to take to protect people from harm and abuse. Staff training was supported by the understanding and implementation of the providers policies and procedures, and the following of local safeguarding protocols.

● People told us they considered themselves safe due to the friendly approach of staff. One person told us, "Staff definitely behave themselves with people." A second person said, "The staff are friendly and don't shout at anybody."

Assessing risk, safety monitoring and management

● People's safety was promoted. Potential risks were assessed and measures were put into place to reduce risk, which staff implemented. People told us they felt safe and spoke of equipment they used to support their safety. One person told us, "I have a dinner trolley to walk with." A second person told us, "Staff know how to lift me. They are experienced in how to use the hoist."

● People's records referred to equipment needed to promote their safety. We saw equipment being used to move people safely, and staff reassured people. Sensor mats were used by those at risk of falls to alert staff when they got up, staff could respond and provide support, keeping people safe.

● Personal emergency evacuation plans (PEEPs) were in place to ensure staff knew how to support people to keep them safe or if necessary, to leave the premises safely in the event of an emergency. The PEEPs included information as to the number of staff required to support the person and referred to any equipment required.

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 check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.

● There were sufficient numbers of staff to meet people's needs and keep them safe. A majority of people stated there were sufficient staff, who responded if they required assistance. One person told us, "It doesn't take staff long to come if I need them." And a family member told us, "I also visit on weekends and see plenty of staff. If an alarm button goes off the staff respond surprisingly quickly."

● Staff were supported through regular supervision and appraisal, to ensure staff had the appropriate support, knowledge and competence to promote people's safety and well-being.

Using medicines safely

● Best practice guidance for the administration of medicines given covertly (without a person's knowledge) to the few people who occasionally declined their medicine, had not been implemented. Improvements were needed to ensure the provider delivered care reflective of people's best interests.
● The registered manager had not ensured that the rights of people who occasionally declined their medicine were upheld. Letters from a doctor authorising the covert administration of medicine disguised within food or drink, for an individual was in place. However, the principles of The Mental Capacity Act 2005 (MCA) had not been implemented to support the decision made. The registered manager informed us they would liaise with the relevant health care professional to ensure compliance with best practice guidance and the MCA.
● People were supported with all other aspects of their medicines in a safe and timely way. A few people told us their medicines had recently been reviewed, and were aware of the medicines they were prescribed. 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 anxiety or manage pain.
● Staff received training in the management and administration of medicine, and had their competency assessed to ensure safe practices were being followed.

Preventing and controlling infection
● People's safety was promoted through the prevention and control of infection. The provider ensured personal protective equipment (PPE), such as disposable aprons and gloves, were available and used by staff when supporting people with personal care and the serving of food.
● Staff told us about their daily routines to prevent and control infection, and the training they had received. Staff understood their responsibilities, and completed cleaning schedule records, which were kept under review through regular auditing.

Learning lessons when things go wrong
● Incidents and accidents in the service were analysed, and reviewed by the deputy manager. Any changes required to people's risk assessments and care plans were made to reduce the likelihood of the incident reoccurring.

Good

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were comprehensive and reflective of the Equality Act, considering people's individual needs, which included their age and disability. Information as to people's cognitive abilities were clearly documented, and included information as to how memory loss or dementia impacted on their day to day life, and the support required.
- People or family members had been involved in the assessment process. One family member told us the person's brother had 'power of attorney', and that family members had spoken with the registered manager about the care that was required, to ensure the person's needs were met.
- Equipment to maintain people's independence was used by some people, which included walking aids to enable them to move around Diamond House independently.

Staff support: induction, training, skills and experience

- People told us staff had a good understanding of their needs. One person said, "I told the carers what I need. They know me, I've been here a long time." A family member told us, "Staff are attentive. They encourage [relative] to be involved in activities. They try to help them to recognise me. [Relative] has dementia and they [staff] don't belittle them."
- Staff received training in a wide range of topics to enable them to provide effective support and care, related to people's specific needs. Staff were invested in, and were encouraged to complete the Care Certificate and gain vocational qualifications in care.
- Staff's development was supported through ongoing monitoring. This was provided through regular supervision, staff meetings and competency checks. A member of staff told us, "[Registered manager] is on the ball, observing all the time.".

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

- People's dietary needs were met. A varied and balanced diet was in place, which provided people with an opportunity to select what they wanted from the daily menu. The menu was displayed on the wall of the dining room and on the individual dining tables. One person told us, "I get a choice of meals. The menu is on the table. The food is tasty."
- People had a positive dining experience, which was well managed by staff. Staff where possible, ate a meal with people sitting with them at the dining table. This encouraged conversation and enhanced the social dining experience.
- Staff supported people to eat their meal where required and encouraged them in conversation, providing reassurance and assisting them at a pace suitable to them.

Staff working with other agencies to provide consistent, effective, timely care
● The initial assessment of people's needs included establishing the health care professionals involved in their care. Where required, the person was registered with new health care practitioners upon moving into the service, to ensure health care needs were met.

Supporting people to live healthier lives, access healthcare services and support
● People's health care needs were met by a range of health care professionals who visited the service. A person told us, "I can see the doctor if I need too, and I have had my eyes tested." A second person spoke of an overnight stay in hospital to monitor their sleep pattern, and that they were waiting for the results.
● Health care professionals said their advice was sought in a timely manner, and staff were knowledgeable as to people's health care needs. They told us recommendations they made for people's care were actioned by staff, which had resulted in positive outcomes for people. For example, people who had been admitted into the service with pressure sores, these had either improved or healed.

Adapting service, design, decoration to meet people's needs
● People lived in a service, which was well maintained and decorated throughout in a range of themes and styles, with comfortable furniture for people to relax. There was a garden, which was accessible and provided seating and areas of interest.
● The extension to the original service building provided additional equipment to support people. This included an induction loop system in all communal areas to assist people with a hearing impairment, and 'mood' lighting to create a different 'feeling' in communal rooms. Lighting in corridors was activated by movement. There were internet facilities included in communal rooms, for people to use to stay in contact with family and friends.
● All parts of the service provided a range of communal areas, on both the ground and first floor to encourage people to engage in social activities or spend time quietly. All floors of the service included a dining room, and on the first floors there were facilities to make hot and cold drinks and to serve snacks.
● Communal areas provided equipment for people to interact with and seek comfort from, which included sensory boards and equipment, dolls and soft toys. One lounge housed two budgerigars, and the service's cat walked around Diamond House, and sat with people.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found conditions of authorisations were being met, and a system was in place for requesting the renewal of DoLS applications with the responsible authority.
● The MCA was not consistently adhered too. As referenced under 'safe' under the heading 'using medicines safely'.
● People's capacity to consent to care had been assessed, and they or their representative had signed their

care plan.

● Staff understood the principles of the MCA, and were able to explain the assessment process to identify if a person had capacity to make an informed decision, and the purpose of best interest meetings.

Good

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 outstanding. At this inspection this key question has now changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Strong supportive friendships had been developed between some people, and they spent their time together talking, laughing and eating. Family members commented upon the friendly atmosphere, and the comfort and support provided by staff. A family member told us, "Staff give people a hug, there is a nice atmosphere. I love it here, I visit [relative] every day."
- People and their family members spoke positively about the kindness and caring attitude of staff. One person said, "Staff get to understand what's wrong with you and what you need. They are always there when you need them." A family member spoke of staff's support and understanding of their relative's needs and how they considered their needs when speaking with them. They told us, "They are lovely staff, friendly, capable and willing to help. They go down to his level to talk to him."
- Family members were made welcome when they visited and were considered to be an important part of people's well-being. Family members, in some instances, regularly enjoyed sharing a meal with their relative.
- People's records provided information about their earlier lives. For example, their hobbies and interests, their favourite holidays, pets, work life and family information. This provided information for staff and assisted them in having meaningful and individualised conversations with people. A person told us, "I think the staff are fine. They treat me as an individual and are polite and considerate."

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

- People's care needs were discussed with them. Family members in some instances had a legal right to be involved in decisions as they had Power of Attorney for health and welfare decisions.
- People were encouraged to make day to day decisions regarding their care, people told us they got up and went to bed when they wished. One person said, "I'm a morning girl, and get up early. I go to bed late. It's my choice." A second person told us, "I can make choices on what I want to do. No one says you have got to do this."
- Staff spent time with people engaging them in conversation, in addition there was a time set aside each morning where staff, proactively and collectively focused on spending time with people, setting aside their other duties.
- Staff administering medicine, fully involved people in the process. They explained to the person what the medication was for, which included asking people if they needed any medicine to help with any pain.

Respecting and promoting people's privacy, dignity and independence

- People's records provided information for staff about what people could do for themselves, to ensure

independence was promoted. A person told us, "I can do a lot for myself. Staff are thoughtful and let me do what I can." A second person said, "Staff are helpful. When I'm tired, they help me walk."

● People spoke of how staff promoted their privacy and dignity . One person said, "I can lock my door, but staff can get in if they need to, I have privacy when I shower." A second person told us, "They [staff] knock on the door first and respect my privacy. My door and curtains are closed for washing, changing, things like that."

● People were asked if they had a preference as to the gender of staff who provided personal care, recognising people's dignity. A person told us, "I prefer a female carer and that's what happens."

Good

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 outstanding. At this inspection this key question has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their family members had been involved in the development and review of care plans. A person told us, "Yes, I have a care plan. The carers listen to what care I need."
- People and their family members were consulted about the care provided, which included attending meetings. A family member told us, "We discuss things with the home and duty social worker, and [relative] comes into the meetings. Our voices are heard. We agree a verbal plan of action."

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

- The registered manager was committed to developing external relationships with organisations and encouraging the involvement of family members in the daily lives of people at Diamond House. A social media page for the service, designed for family members, provided a secure forum for family members to be involved and share information about activities and events.
- Local community groups were part of the lives those at Diamond House. Children from the local primary school visited, sitting with people and joining in the art and craft sessions. Brownies visited at Christmas to sing Carols and gave each person a present.
- Opportunities were available for people to gain stimulation and comfort from objects, deliberately placed for people to access. These included a pram, dolls and cuddly toys, sensory boards with doors locks and chains attached, which could be used to improve hand eye co-ordination and maintain fine motor skills.
- Significant calendar events were celebrated. For example, Easter, Christmas, Halloween, Remembrance Day and Valentine's Day. A family member spoke about the fabulous decorations for Valentine's Day, which included personalised dining place mats, the pink and red hearts sprinkled on dining tables, and the pink and red balloons.
- Activities and events were organised. These included entertainers who visited and put on a range of shows, including a Christmas nativity play, musical events and singing. A person told us, "I do occasional knitting, we do go out and I watch T.V." Another person said, "I enjoy walking around, I watch T.V. Activities are arranged for different groups." A third person spoke of how they occupied themselves. People were seen enjoying lively games of skittles.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● We found a lack of information readily available to people and family members, which could impact on their ability to raise concerns and receive external and impartial advice. For example, information about safeguarding and advocacy, what support was available and how to access it.
● Assessments and care plans provided information about communication needs, for example whether people required the use of glasses or hearing aids, and whether they chose to wear them. Specific guidance was also included. For example, speaking to people clearly and in short sentences, to aid their understanding.
● A few people used hand held devices to keep in contact with family members, via skype and e-mail.

End of life care and support
● A family told us they had talked about having in place a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) for their relative, and that staff were aware of their views. People's records in some instances contained a DNACPR. This had been completed by a doctor, and recorded the decision made, and had involved the person or a family member.
● A person told us they had a personalised care plan detailing their wishes for end of life care, which had involved their doctor.
● Staff had received training in end of life care. A health care professional spoke positively about the quality of end of life care provided by staff.

Improving care quality in response to complaints or concerns
● The registered manager said there had been no formal complaints.
● The registered manager told us concerns were received, however these and the actions taken were not documented. The registered manager told us that in response to concerns expressed about the laundry, they had introduced an electronic tagging system, which was colour coded and included the person's bedroom, and was discreetly attached to clothing.
● People and family members told us they had no complaints or concerns about the service. A person told us, "I don't have any complaints about anything here."

Good

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

- Diamond House was led by a management team who were committed to ensuring people received personalised and good quality care. The registered manager was knowledgeable about the service and the people who used it. They had a friendly and approachable manner towards both people who lived there, their family members and the staff.
- Morning 'flash meetings' involving a member of staff from each department, for example, catering, care staff, cleaning and maintenance, had recently been introduced. This provided an opportunity for the registered manager to ensure key services were being delivered, and any changes or concerns could be acted upon.
- People and family members told us they would recommend Diamond House to others, and expressed satisfaction in the care provided. A person told us, "The home runs very well." Whilst a family member said, "Yes, I would recommend, it's a good home. From our experience its excellent."
- People and family members highly praised the management of the service, and the visibility of the management team. A person told us when speaking about the registered manager said, "Nice woman, said hello to me. She's not difficult to chat to." A family member said, "The manager is very good and informative. She's easy to talk with."

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 was aware of, and the provider had systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff were confident that the registered manager would act on any concerns they raised. Staff knew how to whistle-blow and knew how to raise concerns with local organisations, which included the local authority and the Care Quality Commission (CQC).

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

- The provider had a quality monitoring system. The area manager carried out audits of all aspects of the service, which included people and staff records. They also reviewed audits carried out by the management team. Where shortfalls were identified an action plan was put into place, identifying the date and the person responsible for bringing about improvement.

● Systems were in place to evidence responsibility and accountability, which was understood by all staff. This was actioned through the regular supervision and appraisal of staff, and included meetings and the seeking of staff views through surveys.
● The registered manager understood their legal obligations. CQC had been informed about events which were required by law, and we saw that the provider had displayed the last inspection rating on their website and within the service as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Meetings involving staff were regularly held, providing an opportunity for staff to share information about the people they supported to improve people's care. Staff meetings were also used by the registered manager to update staff on key issues, and to encourage staff to share ideas.
● People's views were sought about the service, which included the sending out of surveys. However, the results of the most recent survey were not available for us to view, as the registered manager informed us, they were currently at the provider's head office.
● People and family members could not recall being asked to complete a survey. However, they were aware of meetings held at the service, where their views were sought. A person told us, "Resident meetings are fairly regular. The meetings are useful, information is shared with staff and we learn from it. It keeps us in the picture. We can raise our issues."

Continuous learning and improving care
● The registered manager and other members of the management team told us they regularly met to review the quality of the service provided. However, these meetings were not documented to evidence the topics discussed, and any ideas and plans agreed upon to continually develop the service.
● The registered manager informed us they kept up to day with good practice guidance, for example by accessing the CQC website. They were aware of good practice guidance being available through NICE (National Institute for Care and Health Excellence). However, we found good practice guidance was not always implemented. For example, NICE guidance for care homes in the managing medicines.
● The Provider Information Return (PIR) focused mainly on the new building extension to provide facilities to support and care for more people. There was minimal information as to plans outside of this, to develop and improve the quality of the service provided.

Working in partnership with others
● Students studying speech and language therapy at a local university, spent one day a week taking part in activities with people, as part of their study programme.
● The local authority had a contract with Diamond House, which was monitored. Their monitoring visits and reports showed the service to be meeting the necessary standards. The registered manager told us, recommendations made had been acted upon.