

Mrs Rosemarie Nash

Abba Care Home

Inspection report

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Date of inspection visit: 11 February 2015
Date of publication: 10/03/2015

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

We carried out an unannounced inspection of Abba Care Home on the 11 February 2015. We last inspected Abba Care Home on 14 November 2013 and found the service was meeting the requirements of the current legislation in the outcomes assessed. These were care and welfare of people using the service, management of medicines, safety and suitability of premises, staffing and complaints. During the inspection we found the service was meeting the required legal obligations and conditions of registration.

Abba Care Home is registered to provide accommodation and personal care for up to 6 people with mental health conditions. The home is a detached house situated within five acres of fields, farms and gardens. It is located near to the small village of Weir. Accommodation is provided in single bedrooms. There are comfortable lounges, dining room, two bathrooms and a games/social room. At the time of our visit there were 6 people living in the home.

Summary of findings

The home was managed by the registered provider who had legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using this service and their representatives were involved in decisions about how their care and support would be provided. The registered provider and staff understood their responsibilities in promoting people's choice and decision-making under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of the DoLS. We found the location to be meeting the requirements of DoLS.

People told us they were cared for very well and they felt safe. Staff treated them well and gave them all the support they needed. One person said "I feel perfectly safe living here and the staff are very good". People told us they determined their lifestyle and did not have to conform to any institutional practices. Routines were flexible and people had their preferred lifestyle recorded in their care records. This supported people's varying needs being met at times that suited them and prevented institutional routines and practices occurring.

People were cared for by staff that had been recruited safely and were both trained and receiving training to support them in their duties. Staff were kept up to date with changes in people's needs and circumstances on a daily basis. We found there were sufficient numbers of suitably qualified staff to attend to people's needs and keep them safe

Contractual arrangements were in place to make sure staff did not gain financially from people they cared for at the home. For example, staff were not allowed to accept gifts, be involved in wills or bequests. This meant people could be confident they had some protection against financial abuse and this was closely monitored.

Individual risk assessments had been completed for all activities and were centred on the needs of the person. People's rights to take risks were acknowledged and management strategies had been drawn up to guide staff and people using the service on how to manage identified risks.

People had their medicines when they needed it. Medicines were managed safely. We found accurate records and appropriate processes were in place for the ordering, receipt, storage, administration and disposal of medicines.

The home was warm, clean and hygienic. There were infection control policies and procedures in place and the service held a maximum five star rating for food hygiene from Environmental Health.

People told us they were satisfied with their bedrooms and living arrangements and had their privacy respected by all staff.

Each person had an individual care plan. These were sufficiently detailed to ensure people's care was personalised and they were kept under review. People were given additional support when they required this. Referrals had been made to the relevant health and social care professionals for advice and support when people's needs had changed. This meant people received prompt, co-ordinated and effective care.

From our observations we found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. Activities were personalised, varied and people had good opportunities for community involvement.

People were provided with a nutritionally balanced diet. All of the people we spoke with said that the food served in the home was very good. One person told us, "The food is good and I can have what I want. There are plenty of choices." People decided on their own menus and were involved in shopping for food.

People told us they were confident to raise any issue of concern with the provider and staff and that it would be taken seriously.

People had been encouraged to express their views and opinions of the service through regular meetings, care reviews and during day to day discussions with staff and management. There were opportunities for people to give formal feedback about the service in quality assurance surveys. Recent surveys showed overall excellent satisfaction with the service provided.

Summary of findings

People said the management of the service was good.
Staff and people using the service told us they had confidence in the registered provider and considered they were 'listened to'.

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. People told us they felt safe. Staff had a good understanding of what constituted abuse and were confident to report any abusive or neglectful practice they witnessed or suspected.

The home had sufficient skilled staff to look after people properly. Safe recruitment practices were followed, contractual arrangements and policies and procedures for people's protection were in place.

People had their medication when they needed it. Appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. The home was clean and hygienic.

Good



Is the service effective?

The service was effective. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate action was taken to make sure people's rights were protected. Decisions about people's care took into account people's views and values. People had access to healthcare services and received healthcare support.

Staff were supervised on a daily basis. All staff received a range of appropriate training and support to give them the necessary skills and knowledge to help them look after people properly.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

Good



Is the service caring?

The service was caring. We found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. People told us staff were very kind and caring.

People were able to make choices and were involved in decisions about their day to day care. People's views and values were central in how their care was provided.

Good



Is the service responsive?

The service was responsive. People received care and support which was personalised and responsive to their needs. People knew how to make a complaint and felt confident any issue they raised would be dealt with promptly.

People were given additional support when they required this. Referrals had been made to the relevant health professionals for advice and support when people's needs had changed.

There were good opportunities for involvement in regular activities both inside and outside the home. People were involved in discussions and decisions about the activities they would prefer which helped make sure activities were personalised for them.

Good



Is the service well-led?

The service was well led. People made positive comments about the management of the home. Staff were aware of their roles and responsibilities. There were processes in place to support the registered provider to account for actions, behaviours and the performance of staff.

Good



Summary of findings

The quality of the service was effectively monitored to ensure improvements were on-going through informal and formal systems and methods.

There were effective systems in place to seek people's views and opinions about the running of the home.

Abba Care Home

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 unannounced inspection took place on 11 February 2015.

The inspection was carried out by an Adult Social Care inspector.

Before the inspection, the provider completed a PIR (Provider Information Return). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, including notifications and the details within the PIR.

We spoke with four people living in the home, two care staff, the deputy manager and the registered provider.

We observed how people were cared for and supported. We looked at a sample of records including three people's care plans and other associated documentation, two staff recruitment and related employment records, minutes from meetings, training plans, complaints and compliments records, six medication records, policies and procedures and a sample of returned quality monitoring questionnaires.

Is the service safe?

Our findings

We spoke with four people who used the service. They said they did not have any concerns about the way they were cared for. We were told they felt safe and staff treated them well. One person said "I've been here a long time. I feel perfectly safe and the staff are very good. I can't recall ever being upset about living here; we are looked after very well. No-one ever tells us what we must do. I go to bed when I choose and get up when I want. I have to admit I like having a good lie in bed every day but that's my choice and I go out when I want."

People we spoke with told us staff were always around for help or advice. One person said, "They take us out a lot. We plan ahead and the staff sort it out. Day or night there is someone here." We looked at three people's care plans and assessments. We could see people had a preferred lifestyle recorded. This supported people's varying needs being met at times that suited them and prevented institutional routines and practices occurring.

We looked at how the service managed their staffing levels to ensure there were sufficient numbers of suitable staff to meet people's needs and keep them safe. Staffing rotas evidenced the home had sufficient skilled staff to meet people's needs, as did our general observations. For example people received prompt support and staff appeared unhurried. The registered provider told us any shortfalls, due to sickness or leave, although rare were covered by existing staff. There had been no new staff recruited since the last inspection. Contractual arrangements were in place to make sure staff did not gain financially from people they cared for. For example, staff were not allowed to accept gifts, or be involved in wills or bequests. This meant people could be confident they had some protection against financial abuse and this was closely monitored.

We discussed safeguarding procedures with two members of staff and with the registered provider and deputy manager. Staff told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. There were policies and procedures in place for their reference including whistleblowing. Whistleblowing is when a worker reports suspected wrongdoing at work.

Officially this is called 'making a disclosure in the public interest'. There had been no safeguarding alerts raised in the last 12 months. Training records showed all staff had completed training in safeguarding.

We looked at three people's care records and found individual risk assessments had been completed and were centred on the needs of the person. They were wide ranging and covered all aspects of daily living within the home and wider community. People's rights to take risks were acknowledged and management strategies had been drawn up to guide staff and people using the service on how to manage identified risk. These were kept under review and updated on a regular basis. This meant staff had clear, up to date guidance on providing safe care and support.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. People had their medicines when they needed them and we saw documentary evidence staff administering medication had been appropriately trained. We found the home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Medication was delivered with corresponding Medication Administration Records (MAR) sheets for staff to use. We looked at all MAR sheets and noted safe procedures were followed by staff in checking the right medication was delivered and matched the tablet description. MAR sheets were complete and up to date. We found that where GP's gave instructions to discontinue or stop people's medicines, this was clearly documented. The staff on duty told us arrangements with the pharmacist to deal with medication requirements were good. This helped to make sure unused or discontinued medication was disposed of appropriately. People had been assessed to determine their wishes and capacity to manage their own medicines. One person living in the home managed their own medicines. There was supporting evidence to demonstrate the medication systems were checked and audited on a regular basis.

We looked at the arrangements for keeping the service clean and hygienic. There were infection control policies

Is the service safe?

and procedures in place for staff reference such as dealing with waste and spillages and handling soiled laundry. The service held a maximum five star rating for food hygiene from Environmental Health.

We discussed the control of Legionella as we did not see any monitoring or procedures in place to reduce the risk of this occurring. The registered provider said she would contact environmental health for support and literature in

this area. This would include guidance on the periodic cleaning of shower heads and to determine if the type of heating system installed posed any risk of contamination of Legionella.

Staff training records showed staff had received training to deal with emergencies such as fire evacuation and first aid. Security to the premises was good and visitors were required to sign in and out.

Is the service effective?

Our findings

We looked at measures the service had taken to make sure people were supported to have adequate nutrition and hydration. Nutritional needs had been assessed on admission and had continued to be assessed as part of the routine review of people's care needs. Risk assessments were in place to support people with particular nutritional needs. All care plans we looked at contained a nutritional risk assessment. This meant there was clear guidance for staff to follow to ensure people got enough to eat and drink.

People using the service told us they discussed their meal choices at meetings they had every two weeks. They said the food served in the home was very good and they had everything they wanted. One person told us they had a kettle in their room and could make their own hot drinks as and when they wanted following an assessment for safety. Everything was provided such as tea and coffee and they helped themselves to milk. Another person told us "The food is good and I can have what I want. There are plenty of choices." People were actively involved with shopping for provisions, which meant they could make choices on purchasing food and drink items. From our discussions with people it was clear they enjoyed their meals that included a meal out every week.

People's health care needs had been assessed and people received additional support when needed. We looked at records of healthcare support. We found staff at the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

The Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) provide legal safeguards for people who may be unable to make decisions about their care. It sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. At the time of the inspection none of the people using the service were subject to a DoLS. Staff we spoke with showed an awareness of the need to support people to make safe decisions and choices for themselves. They had an understanding of the principles of these safeguards and had received training on the topic.

Care records showed people's capacity to make decisions for themselves had been assessed on admission and useful information about their preferences and choices was recorded. We also saw evidence in care records people's capacity to make decisions was being continually assessed. This provided staff with essential knowledge to support people as they needed and wished.

People living in the home had been resident for many years. We looked at care records for three people. There was evidence to show that assessment of people's needs had been carried out at regular intervals. Information recorded supported a judgement as to whether the service could continue to effectively meet people's needs and where needs had changed these had been managed well. Furthermore people had a contract outlining the terms and conditions of residence that outlined their legal rights.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at all the staff training records, we found all staff had received appropriate training to give them the necessary skills and knowledge to help them look after people properly. All care staff had achieved a recognised qualification in care to a high standard. Regular training was provided. The services business plan showed further training was planned for. This meant staff could expect to be kept up to date with current best practice when delivering care and support to people using the service.

Staff told us they were supported and provided with regular supervision. All staff had received an annual appraisal of their work performance. Appraisals of staff performance should help identify any shortfalls in staff practice and identify the need for any additional training and support. Staff said supervision was on-going, planned for and at regular intervals. Staff spoken with had a good understanding of their role and responsibilities and of standards expected from the registered provider. Records showed important information was shared between staff and staff we spoke with had a good understanding of people's needs which meant they received effective, personalised care.

Is the service caring?

Our findings

People we spoke with told us that the staff were kind to them. They also considered staff helped them maintain their dignity and were respectful to them. One person said, "I can manage to do most things myself with my personal care but staff will remind me and help me when I need it. It's really good here. I feel I am part of a family. I know that's what everyone wants. She (registered provider) always says that to us. I feel I belong." Another person told us, "It's great. I feel cared for." One person said, "It is Ok here. I don't join in with much that they do and I'm happier sat here in my room listening to my music. Staff always have the time to have a chat and they are interested in how I am."

We looked at the results of quality monitoring regarding people's experience. The feedback regarding staff was excellent. Topics covered included for example, helpfulness of staff, responsiveness of staff to all my needs, respect for privacy, and appreciation of health needs and level of independence. People were also consulted at resident meetings around various topics such as being treated with dignity and respect.

Staff had training that included and focused around values such as people's right to privacy, dignity, independence, choice and rights. There was a keyworker system in place which meant particular members of staff were linked to

people and they took responsibility to oversee their care and support. We observed interactions between staff and people using the service were friendly and respectful. It was clear staff had built trusting relationships with people they cared for. Staff we spoke with had a good understanding of people's personal values and needs. They knew what was important to people and what they should be mindful of when providing their care and support. One staff member said, "I enjoy working here. It's very interesting. I think everyone is well cared for. Everything we do is with them in mind." Another staff member said, "It's very much like family here. We have known each other for a long time. There is a lovely atmosphere and people are looked after very well."

We looked around the home and we found all people living in the home had single bedrooms. People had created a home from home environment with personal effects special to them. Information about health services, health issues, social care and information about advocacy services were readily available to people.

People were given an opportunity to discuss and document their wishes regarding end of life care. This meant people and those who matter to them could have peace of mind knowing their wishes were made known to staff.

Is the service responsive?

Our findings

There had not been any new admissions to the service for several years. We looked at assessments that had been carried out before people had moved into the home. There was evidence care coordinators, health professionals, families and staff at previous placements had been involved in the process. We looked at three people's assessment, care and support plans. These were thorough and focused on people's individual circumstances and their immediate and longer-term needs. The information in the assessments was wide ranging and covered interests and activities, family contact, identification and management of risks, personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs.

We found evidence in care records we viewed that people had been involved in setting up their care and support plan. People's continuing assessment showed they had the opportunity to make and change decisions they made regarding their care and support. Records showed people's right to be self-determining in how they lived their lives as valued citizens within the home and wider community was acknowledged. People's support needs, lifestyles and circumstances were regularly monitored and reviewed. We found positive relationships were encouraged and people were being supported as appropriate to maintain contact with relatives and others. People's expressed wish of family involvement was recorded and staff were respectful of this.

People were provided with information about the service, as well as a contract highlighting the terms and condition of residence. People were given a copy of policies and procedures that affected them such as confidentiality and data protection, safeguarding, equality and diversity and human rights. This supported people to have a good understanding of what standards they should expect from the provider and staff whilst living in the home.

Care plans covered people's health and special needs and included guidance for staff of what action they should take in an emergency situation in order to promote their safety and prevent health problems. People had been registered with a local GP and routine healthcare appointments were recorded. Records showed staff supported people to attend healthcare appointments and liaised with other health and social care professionals involved in people's

care and support. This helped to make sure people received coordinated care based on specialist advice and have staff support to help them maintain their continuing health care.

Staff told us the service was flexible and responsive to people's needs. We asked people what they did all day. One person told us they did voluntary work, went out for meals, visited family members, went on holiday, went to church regularly and joined in local events they were interested in. People were therefore encouraged to maintain a presence in their local community. Another person said, "I like to watch the television and listen to music." When we arrived people had been to a local fundraising 'coffee morning'. We observed another person settled into an easy chair with the help of staff to listen to their preferred music. The deputy manager told us people were regularly taken out in the minibus to visit local attractions, have a meal or go shopping. People told us they also enjoyed some gardening and taking responsibility to look after the hens and geese and other livestock belonging to the home. People told us they never felt isolated despite living in the country. There was always something to do and they were taken out wherever they wanted to go. A recreation room was available where people could play board games, pool, darts and computer games.

We looked at how complaints were managed and responded to. We asked people for their views on the complaints processes. They commented, "I would just tell the manager. I've never had to complain but if I did, I know it would be dealt with properly." "I would find it easy to raise any issue I was concerned with. I would just tell one of the staff. They are very good at sorting things out."

The service had policies and procedures for dealing with any complaints or concerns. We noted the procedure was outdated and did not accurately reflect the right procedures to follow in 'who to contact' in the event of a concern or complaint. The registered provider told us policies and procedures were currently being reviewed and updated and important contact details would be included on the revised procedure.

There had not been any complaints at the service within the last 12 months. However, we found processes were in place to record, investigate and respond to complaints. The registered provider explained they dealt with 'minor issues' which meant concerns were less likely to occur. People who

Is the service responsive?

used the service and their relatives had plenty of opportunity to discuss any issue of concern during regular meetings, during day to day discussions with staff and also as part of regular quality monitoring surveys carried out.

Is the service well-led?

Our findings

There were opportunities for people to express their views about the service through meetings, care reviews and during day to day discussions with staff and management. Customer satisfaction surveys had been sent to people using the service. We looked at all recently returned questionnaires and saw feedback had been very positive and complimentary about the care provided. We noted people had been asked about the standard of care, the staff, privacy, respect, food, and activities, acknowledgement of health needs, freedom of expression and whether they felt able to make choices about decisions that were important to them. Two people we spoke with referred to their experience at Abba Care Home as 'being part of a family' and 'everyone looking out for each other', 'very good'.

We were given a copy of the providers' business plan to look at. We could see company short term and long term objectives were set out outlining continuing investment into staff training and involving people using the service and staff, in decision making. Arrangements were in place to promote on-going communication, discussion and openness between people using the service, staff, relatives and others. The registered provider told us she attended care forum meetings with other providers and had developed good links with appropriate professionals in the area. For example the registered provider worked with

Lancashire Workforce Development Partnership (LWDP) and attended their meetings and took advice from them on new legislation. The LWDP supports the independent care sector, by valuing and investing in the social care workforce to provide staff training and development opportunities, with the ultimate purpose of improving Social Care in Lancashire for people who used the service.

We looked at staff satisfaction survey results. Staff expressed an overall satisfaction with the management and with their opportunities for professional development. Comments included, 'I enjoy my role as a carer and get job satisfaction'. 'Excellent employer' and 'The level of care is excellent-1st class. Staff are continually upgrading training levels'. Staff we spoke with told us, "The atmosphere is good. They listen to us and are approachable." Records confirmed staff retention was very good. From our discussions, observations and from a review of records, it was clear the registered provider was committed to continually improve the service and provide a quality experience for people living and working in the home.

There were systems in place to assess and monitor the quality of the service. They included regular checks of the medication systems, care plans, staff training and the environment. We saw that the registered provider was currently undertaking a review of all policies and procedures. This meant the provider was working to ensure the care offered reflected current good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.