Brownlow Enterprises Limited

Abbeydale Residential Care Home - London

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

Overall summary

This inspection took place on 21 November 2014 and was unannounced. When we last visited the home on the 04 July 2014 we found the service was meeting all the regulations we looked at.

Abbeydale Residential Care Home provides accommodation and personal care. Abbeydale is a 21 bedded residential home providing care for older people, including people living with dementia.

The home does not have a registered manager. 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

Summary of findings

and associated Regulations about how the service is run. The responsible person has applied to be registered as the manager of the service. An acting manager is currently in post.

Staff knew what to do if people could not make decisions about their care needs. People were involved in decisions about their care and how their needs would be met. Risk to people was identified and how the risks could be prevented. Medicines were managed safely.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. Managers and staff had received training on safeguarding adults, the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. These safeguards are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People received individualised support that met their needs. The service had systems in place to ensure that people were protected from risks associated with their support, and care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Plans were in place to reduce the risks identified. Care plans were developed with people who used the service to identify how they wished to be supported.

People using the service, relatives and staff said the acting manager was approachable and supportive. Systems were in place to monitor the quality of the service and people and relatives felt confident to express any concerns, so these could be 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?

Good

The service was safe. Staff were available in sufficient numbers meet people's needs.

Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and managed appropriately

People were support to have their medicines safely.

Is the service effective?

Good

The service was effective. Staff received training to provide them with the skills and knowledge to care for people effectively.

People received a variety of meals. Staff supported people to meet their nutritional needs.

People's healthcare needs were monitored. People were referred to the GP and other healthcare professionals as required.

Staff understood people's rights to make choices about their care and the requirements of the MCA and DoLS.

Is the service caring?

Good

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive. Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

The service had a system in place to gather feedback from people and their relatives, and this was acted upon.

Is the service well-led?

Good

The service was well-led. The service had an open and transparent culture in which good practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored, and these resulted in improvements to service delivery.

Abbeydale Residential Care Home - London

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 21 November 2014 and was unannounced.

The inspection was carried out by an 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.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). 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 spoke with the local safeguarding team and a GP to obtain their views.

During the visit, we spoke with five people who used the service, two visitors, four care staff, the cook, the acting manager and the responsible individual. We spent time observing care and support in communal areas.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interaction between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We also looked at a sample of five care records of people who used the service, three staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

One person said, "I feel safe, I found out from the word go that I was okay here." Information regarding who to contact if people or their relatives had concerns about the way they were treated by the service was available. One relative confirmed they, “Would speak to the manager if I had concerns.” People who used the service told us that they felt safe and could raise any concerns they had with staff. Staff we spoke with understood the service’s policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both in the service and to external authorities such as the local safeguarding team and the CQC. Staff had received training in safeguarding adults. Health professionals told us that staff were very trustworthy and responded to any concerns they raised. No safeguarding concerns had been raised in the last year. Arrangements were in place to protect people from the risk of abuse.

Risk assessments were in place that ensured risks to people were addressed. There were assessments covering common areas of potential risks, for example, falls and nutritional needs. These were reviewed monthly as was the provider’s policy, and changes to the level of risk were recorded and actions identified to lessen the risk were identified. Staff were able to explain the risks that particular people might experience when care was being provided. Risk assessments identified the actions to be taken to prevent or reduce the likelihood of risks occurring.

People told us that enough staff were available to meet their needs. One person said, "Staff are always there when you need them." We observed that staff were able to respond quickly when people needed them. For example we saw that call bells were answered promptly and people were supported with personal care when they needed assistance. As part of people's assessment before they used the service it was agreed with them how much staff support they needed. Staff told us that there were enough staff available for people. When people requested support from staff they were responded to promptly. The acting manager showed us the staffing rota for the previous week. These were completed and showed that the numbers of staff available were adjusted to meet the changing needs of people.

Safe recruitment procedures were in place that ensured staff were suitable to work with people as staff had undergone the required checks before starting to work at the service. The four staff files we looked at contained criminal record checks, two references and confirmation of the staff's identity. We spoke with one member of staff who had recently been recruited to work at the service and they told us they had been through a detailed recruitment procedure that included an interview and the taking up of references.

People's medicines were managed so that they were protected against the risk of unsafe administration of medicines. We observed staff giving people their medicines at lunchtime. Staff checked that they were giving the correct medicine to the right person, and stayed with the person while they took their medicines. People told us that they received their medicines when they needed it. One person said, “The medication is always on time.” People said that they had been involved in discussion about the medicines they were taking. We saw that staff knew when to offer people when required medicines as they noticed if a person was in pain and asked them if they wanted their pain relieving medicine.

People’s current medicines were recorded on Medicines Administration Records (MAR) as well as medicines received into the home. All people had their allergy status recorded to prevent inappropriate prescribing. Medicines prescribed as a variable dose were all recorded accurately and there were individual protocols in place for people prescribed as required medicines (PRN).This meant that staff knew in what circumstances and what dose, these medicines could be given, such as when people had irregular pain needs or changes in mood or sleeping pattern. There were no omissions in recording administration of medicines. We confirmed that medicines had been given as prescribed.

Good

Is the service effective?

Our findings

One person said, “I’m looked after very well.” Staff who had recently started to work at the home had completed a detailed induction. One person commented about the staff, “Some of them have got qualifications.” Training records showed that staff had completed all areas of mandatory training in line with the provider’s policy. Also staff had specific training on dementia and nutrition. Some care staff had completed a qualification in Health and Social Care. A training matrix was used to identify when staff needed training updated. The training matrix showed that staff had completed refresher training when this was needed. People were supported by staff who had the necessary skills and knowledge to meet their needs.

The acting manager told us staff received supervision every two months. We looked at three records of staff supervision that showed this was happening and that staff were offered the chance to reflect on their practice. As part of this supervision staff were questioned about particular aspects of care and the policies of the service. This helped staff to maintain their skills and understanding of their work with people.

People told us that staff asked them for their consent before they supported them. People said they were able to make choices about some aspects of their care. We observed staff asking people what they wanted in terms of their support. The acting manager and the staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005. They told us they always presumed that people were able to make decisions about their day to day care. They said some of the people in the service had been diagnosed as having dementia and they took extra care when communicating with them to involve them in making decisions.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. Staff understood people’s right to make choices for themselves and also, where necessary, for staff to act in someone’s best interest. Staff had received training in the Mental Capacity Act 2005 (MCA) and (DoLS). Staff were able to describe people’s rights and the process to be followed if someone was identified as needing to be assessed under DoLS. At the time of the inspection there were no DoLS authorisations in place. The acting manager had attended a recent briefing session organised by the local authority to discuss changes to the operation of DoLS and how these affected people.

People told us that they liked their meals. A person said, “The food is perfectly cooked.” Staff spent time explaining what was available for lunch. Where people did not want what was on the menu an alternative meal was provided. One person said, “I can choose something different if .what is on offer is not to my liking.” Another person told us, “If I was to say to the cook can we have such and such a thing, invariably we get it.” People were offered a choice of drink with their meal.

People's nutritional needs were assessed and when they had particular preferences regarding their diet these were recorded in their care plan. The cook explained that they were told about each person's dietary needs. For example, the cook was able to explain the dietary needs of people who had diabetes or were on low fat or high protein diets.

Where necessary we saw that people had been referred to the dietician or speech and language therapist if they were having difficulties swallowing. People’s weight was being recorded in their care plans. People who used the service needed support with their nutritional needs their fluid and food intake was being monitored.

People told us that they had been able to see their GP when they want. When they asked staff to contact their GP this was done quickly. A person told us, "A doctor visits here regularly.” People were able to access the medical care they need. Care records showed that the service liaised with relevant health professionals such as GP’s and district nurses. People's care plans showed that they had access to the medical care they needed.

Good

Is the service caring?

Our findings

People told us that they were treated in a caring and respectful manner by staff who involved them in decisions about their care. One person told us, "Staff respect my wishes." Another person observed that, "Staff treated me with kindness." Staff interacted with people in a friendly and cordial manner and were aware of people's individual needs. One person wished to go out to the local shops with the help of staff and they supported the person to do this.

Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

People were involved in decisions about their care. People were seen to be treated with kindness and compassion. Staff spoke with people in a positive, caring, affectionate and respectful way. For example, at lunch time staff asked people if they wanted a wipe to clean their hands and face. Staff asked permission to do things for people. For example a carer asked a person if they could cut up their food for them and another asked permission to take someone's blood pressure. It was seen that staff knocked on people's doors and asked permission to enter. We observed that staff thanked people for allowing him to do things for them such as putting on an apron. Staff used appropriate physical contact to reassure people such as touching people on the arm or stroking their hand.

People told us that they were treated with "respect". One person told us, "Staff treat you with respect." Staff explained what they were going to do before supporting people. They used people's preferred names when talking with them. Staff knew how to respond to people's needs in a way that promoted their individual preferences and choices regarding their care. Care plans recorded people's likes and dislikes regarding their care.

People told us that staff encouraged them to maintain relationships with their friends and family. One person said, "My relative can visit any time." We found that people's relatives and those that mattered to them could visit them or go out into the community with them. Where people did not have a relative who could advocate on their behalf the service had helped them to access a community advocacy service so that they were supported to share their views of their care.

Good

Is the service responsive?

Our findings

Staff understood how to meet people's needs and responded in line with the needs identified in their care plans. One person said, “Staff are always helpful.” Care plans were in place to address people’s identified needs, and these had been reviewed monthly or more frequently such as when a person’s condition changed, to keep them up to date. Another person said, “You always get decent care here.”

People and their relatives had been involved with their review of care, so any changes could be discussed with them. People said that they had some involvement with planning or discussing their care. One person said that they had sat with staff members whilst they were completing his care plan. He said, “I have signed for a couple of things.” People's care records showed that they were regularly consulted about their needs and how these were being met.

Staff supported people to make decisions about their care through discussion and meeting with the acting manager. One person told us, "I have been to a few these meetings, they do listen to what you have to say." Records showed that a monthly resident meeting was planned and people were aware of this meeting.

People could choose to be engaged in meaningful activities that reflected their interests and supported their well-being. A range of activities were provided on all three floors and activity plans were available. We saw that a number of activities took place throughout the day, including dominoes, a music activity, a quiz and a ball game and that there was the plan in place for daily activities. We observed that the people were engaged in activities appeared to find them worthwhile and interesting.

Relatives and people were confident they could raise any concerns they might have and they would be addressed. One person said, “If you’ve got a problem you can tell the one in charge, it always get sought out.” A copy of the complaints procedure was on display in the service. Staff told us that if anyone wished to make a complaint they would advise them to speak with the manager and inform the manager about this, so the situation could be addressed promptly. The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. Complaints were used as part of on going learning by the service and so that improvements could be made to the care and support people received.

Good

Is the service well-led?

Our findings

Staff, people and relatives told us that the service had a management team that was approachable and took action when needed to address issues. The service had an open culture that encouraged good practice. The service did not have a registered manager. The responsible person told they had applied to become the registered manager for the service. The application is being processed by CQC.

The acting manager was available and spent time with people who used the service. Staff told us the acting manager was open to any suggestions they made and ensured they were meeting people's needs. Monthly team meetings were held so that staff were given an opportunity to discuss changes in practice. Minutes of the last meeting showed that topics such as what people wanted to eat and drink.

People and their relatives were consulted about decisions on how the service should be developed. A survey had been carried out and responses were generally positive regarding how the service listened to people's views and involved them in decisions about their care. The results of this were generally positive; people said that the service responded to their needs.

Staff knew where and how to report accidents and incidents. There had been four incidents in the last two months. These had been reviewed by the acting manager and action taken to make sure that any risks identified were addressed. Accidents reports showed that, where necessary, people had been referred to their GP or the district nurse for further treatment and review. Accidents and incidents were monitored so that the risks to people's safety were appropriately managed.

Regular auditing and monitoring of the quality of care was taking place. This included spot-checks on the care provided by staff to people in their flats. These checks were recorded and any issues were addressed with staff in their supervision. We saw that quarterly audits were carried out across various aspects of the service, these included the administration of medication, care planning and training and development. Where these audits identified that improvements needed to be made records showed that an action plan had been put in place and any issues had been addressed.