Abbeyfield Society (The)

Phil Mead House

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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 4 and 5 November 2015 and it was unannounced.

Phil Mead House provides personal care for up to 25 older people. On the day of our inspection there were 25 people living in the home.

The home had a manager who was in the process of registering with us. 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 they felt safe and would feel at ease to raise any concerns with staff or the manager if they needed to. Staff knew how to protect people against the risk of abuse and had completed training in safeguarding people so they knew how to recognise abuse and poor practice.

Summary of findings

People received their medicines as prescribed. Staff told us appointments with health professionals such as the GP and district nurses were arranged to support people's health needs when required.

Staff had access to ongoing training to ensure they had the skills and knowledge required to meet people's needs and people felt their care needs were being met. Staff had a limited understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards and how these impacted on people's care. However, we did not see this had resulted in any significant impact on people's care.

People were provided with nutritious meals that looked appetising and which overall, they enjoyed. Arrangements were in place to support people with any special dietary needs and support when needed.

People felt they were not always involved in decisions about their care. Entertainment and social activities were provided periodically but people did not find these were always in accordance with their wishes and interests. The manager told us about plans to address this.

There were suitable numbers of trained staff on duty to meet people's care needs. There were periods of time when staff were particularly busy which meant they had limited time to interact with people. Overall people considered staff to be caring and available when they needed them.

There was clear leadership within the home. The provider carried out regular checks on the quality of care and services to identify any areas that required improvement. People were encouraged to participate in 'resident' meetings so they could be involved in discussions related to the running of the home.

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 were protected from harm by staff who understood their role in keeping people safe. Arrangements were in place to ensure there were sufficient numbers of staff on duty to keep people safe. Potential risks to people's health were assessed and care plans were in place to manage any identified risks.

Medicines were administered as prescribed and were stored safely.

Good

Is the service effective?
The service was effective.

Staff had access to ongoing training and people felt staff had the skills and knowledge required to meet their needs. Additional training was to be provided on the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were provided with a choice of drinks and meals that were nutritious and home cooked.

Good

Is the service caring?
The service was caring.

We observed staff were caring and supportive when interacting with people.

People appeared relaxed with staff and shared good relationships with them. Staff respected people as individuals and encouraged independence.

Good

Is the service responsive?
The service was not consistently responsive.

People were not always given opportunities to be involved in decisions about their care. People had limited opportunities to pursue their interests and take part in social activities that met their needs.

People knew how to make a complaint and concerns raised had been sufficiently acted upon.

Requires improvement

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

There was a manager and deputy manager in place and people, visitors and staff told us the home was well managed. There were some quality monitoring systems to help identify where improvements were needed to raise standards within the home. These included regular visits by the provider.

Good

Phil Mead House

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 4 and 5 November 2015 and was unannounced. The inspection was carried out by one inspector.

Prior to our visit, we reviewed the information we held about the service and the statutory notifications the manager had sent us. A statutory notification is information about important events such as accidents and incidents in the home which the provider is required to send to us by law. We also spoke with the local authority and asked them if they had information or concerns about the service. They told us there had been no concerns.

During our inspection visit we spoke with seven people who lived at the home and five care staff, including the cook. We also spoke with the manager and deputy manager.

We observed the staff interactions with people and the support they delivered in the lounges and dining room.

We reviewed the care plans of two people to see how their support was planned and delivered. We also looked at other records such as medication records, recruitment files and quality assurance records including meeting notes.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at the home. Comments included, “It’s marvellous here, oh yes (felt safe). “I feel safe here.” “I think so yes.” Arrangements were in place to keep people safe from abuse. Staff had completed training on safeguarding people and were able to describe the different types of abuse. They told us they would report any concerns to their manager so they could be followed up and acted upon. The manager had taken action to report safeguarding incidents to us and had taken appropriate action to manage any potential ongoing risks.

Staff knew about people’s needs and were able to tell us how they managed risks associated with their care. We saw staff managed risks well. They assisted and guided people who were unsteady on their feet to move around the home to keep them safe. When people wanted assistance to get out of their chairs, staff were on hand to help them to prevent them from falling. Staff said they checked for physical hazards around the home. For example making sure areas were ‘clutter free’ so people were not put at any risk from the environment. We saw the home was clean and tidy to maintain people’s safety.

Each person had a care plan which stated what people could do independently and identified areas of potential risk. There were instructions within the care plans about how staff should deliver care to minimise any risks to people’s health. For example, those people who were at risk of developing sore areas on their skin had care plans that contained instructions for staff to regularly check their skin.

People received their medicines as required and staff knew how to manage medicines safely. People told us they received their medicines when they expected them and we observed medicine was administered appropriately. Medicines were stored securely and in accordance with manufacturer’s instructions so they remained effective. People’s medicine administration records (MARs) were clearly organised. Where medicines had been prescribed on an “as required” basis, there were guidelines for staff to follow in administering these so that people were not given dosages that exceeded safe levels.

People had mixed views about the numbers of staff available to support them, mostly because of the amount of time they could spend with them. They told us, “I think they could do with one or two more.” “We want a bit more attention.” “I think they are very good, they always pop in and chat.” A visiting relative told us, “There always seems to be plenty of staff.” One person told us they sometimes had to wait up to 20 minutes for their call bell to be answered, another said five minutes. We noted the call bells were answered promptly during our inspection visit.

The manager told us there were three staff on duty during the evening shift and two staff on duty at night. We identified it was the responsibility of the evening and night staff to complete laundry duties and ironing. Staff told us this took them away from caring duties. We asked staff about people’s dependency levels. Four people in the home required two staff to support them. This meant there were periods of time when there were no staff to support others when they were supporting people who required the assistance of two care workers. We noticed that one person had fallen on nine occasions and eight of the falls had occurred during the evening or night shift. This suggested there could a link between the number of staff available and accidents occurring. The manager told us she had already identified the need for more staff during the evening and at night. We were told staffing numbers were based on the number of people in the home and there was no staffing dependency tool used. The manager told us they had spoken with the provider about staffing arrangements and there were plans for an increase to three night staff in the coming financial year. However, following our inspection visit, the manager told us the provider had agreed to bring plans forward to increase the night staff numbers to three to ensure people’s needs and their on-going safety could be maintained. The provider had also agreed to allocate laundry duties to the domestic staff so that care staff could focus their time on meeting people’s needs. This demonstrated the provider had responded to the risks the manager had identified.

Staff told us when they were recruited, all the required checks were carried out before they started work. This included obtaining references and a ‘Disclosure and Barring Service’ check (to check for any criminal convictions). Recruitment records confirmed checks were completed before new staff started work. This reduced the risk of unsuitable staff being employed to work with people who used the service. We noted some of the records within the recruitment files were incomplete and brought this to the attention of the manager who stated they would address this.

Good

Is the service safe?

When people had accidents these were recorded in an accident and incident book. Sometimes the records completed were not clear enough to show what action had been taken to recognise and manage areas of risk. For example, where a person had fallen as a result of trying to reach something in their room, it was not clear what action had been taken to prevent this happening again. However, through discussions with staff it was evident action had been taken. This included an alarm mat being placed in the person's room to alert staff when the person moved so they could assist the person and prevent them from falling. The manager stated she would look at obtaining an accident record book with additional prompts to enable more detailed information to be recorded.

Staff knew what action they should take to protect people in the event of a fire or emergency. Each person had a personal evacuation plan which stated what support they would need to evacuate the building. The manager also kept this information in an 'emergency contingency plan' folder which we saw was kept in the entrance hall of the home. This meant it could easily be accessed by the emergency services if needed.

Good

Is the service effective?

Our findings

When we spoke with people about staff knowledge and skills, they said staff had the skills needed to care for them effectively but had noticed variances in how different staff supported them. One person told us, "I think so (have skills and knowledge), some more than others." "Most of them are alright, they try and help you, quite good."

We saw people looked well cared for and where staff were unclear about specific health conditions they had researched information about the condition to help them make sure people received the care they required.

Staff had access to training considered essential to help them achieve the skills and competences they needed to care for people safely. One staff member told us, "We have had that much training it's trying to remember what we have done." New staff completed induction training to support them in their role and help them to deliver safe care. One staff member told us, "I did three days of shadowing (working alongside more experienced staff) to get to know residents and their routines." They had completed some training using DVDs and told us these explained everything they needed to know. We asked how their competence was tested to make sure they knew how to put their learning into practice. They told us, "I had sheets that had questions on that I needed to answer or write notes on. After shadowing, I helped someone do a resident, their personal care and what they needed. When I felt confident, I let them know." This demonstrated the staff member had been supported to make sure they felt confident about providing care to people before they were expected to do this independently. The manager told us she 'signed off' staff competences once she was confident they had developed the necessary skills to support people safely.

The manager told us she also carried out observations of staff when they were working to assess their competence but she did not keep records of these. She advised that all staff would be completing the new 'Care Certificate' training to help refresh their knowledge and to help further develop their skills. The 'Care Certificate' sets the standard for the skills and knowledge expected from staff within a care environment.

Staff told us they had supervision meetings with the manager where they discussed their training needs and development to help them meet people's needs safely and appropriately. One staff member told us, "I had supervision over a month ago. I was asked how I was progressing with residents and staff, if I needed anything to change and if I needed any other training."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The MCA ensures the rights of those people who lack mental capacity are protected when making particular decisions. DoLS referrals are made when decisions about depriving people of their liberty are required to make sure people get the care and treatment they need when there is no less restrictive way of achieving this.

Staff had attended training to increase their knowledge of MCA and DoLS but some were not clear about what this meant in practice. Staff confirmed they knew not to undertake care practices against the wishes of people who lived in the home. One staff member told us, "You can't force a resident into doing something they don't wish to do."

We saw that there were 'consent to treatment and personal care' forms on people's care files which had been signed to confirm their agreement. Mental capacity assessments had not been completed for people where there were concerns about their mental health. However staff told us they would approach a person's social worker or family members if they felt a person needed support in their decision making. This was to make sure that any decisions made were in the person's best interests. The manager told us she would organise additional staff training to increase their understanding of MCA and DoLS.

The manager understood her obligations under DoLS to make the necessary referrals to ensure any restrictions on people's care were legally authorised under the MCA.

We asked people if staff checked they were in agreement to care they were about to provide. People told us, "Yes, generally yes." "They do (ask) but take it for granted, that is what they are there for (to provide care)." "They just do it, the job, don't ask." Despite these comments people did not speak negatively of the support they received. When we observed staff they did not provide any care or support against people's wishes.

Good

Is the service effective?

People were provided with nutritious meals that looked appetising. They told us they had a choice of meals every day and overall they liked the meals provided. Comments included, "We have two choices at lunch and generally something cooked at five o'clock. Oh yes I like it (food)." "It's not bad at all." One person told us, "There is not a big choice. I don't think anyone has ever said to me 'what would you like'." We saw the meals provided looked appetising. Menus on display in the dining room showed the choices available each day. The cook told us told us if people did not like what was on offer, they would prepare them something different. Cooked breakfasts were provided on some days, or upon request, in addition to toast and cereals. The manager told us they were due to implement new menus. These had not been prepared based on people's views but the manager said they would ask people if they were happy with the choices before they were implemented. We saw there was water and tea and coffee making facilities in the reception areas of the home so that people and visitors could make themselves a drink if needed.

At the time of our visit there was only one person who required support to eat and we were told this was provided in the privacy of the person's room. Staff told us they identified what support people may need by carrying out an assessment of their needs. One staff member told us, "They are pre-assessed before they come in so it will be in their care plan. We would then assess them daily such as if they had a swallowing difficulty. If they needed a thickener or pureed food we have done this. If someone can't hold a cup, we have beakers." Another staff member told us, "Some people struggle to drink out of the cups. I approached [manager] to see if we could get the beakers with the straws for [person] and that person now does drink better." This demonstrated staff acted upon concerns identified.

Some people had health conditions such as diabetes and required reduced sugar in their diet. The cook told us their needs were supported by providing food alternatives such as reduced sugar cake and custard. A relative told us their family member had not been eating well before they came to the home but since they had been at the home they were eating three meals a day. They felt this had been due to the care and attention of staff and had improved the health of their family member.

People we spoke with told us they were able to see a health professional when they needed to and there were effective arrangements for people to access the local GP. A staff member told us, "We book appointments whether it's the district nurse or doctor. The doctor comes every Monday to try and cut down on the number of visits and hospital visits. This is working." The manager and staff told us they sought advice from health professionals when necessary so that people's health and safety was not put at risk. Advice given was recorded in care plans and followed by staff.

Good

Is the service caring?

Our findings

People were happy with the care they received and overall spoke positively of their relationships with the staff. People told us, “The staff are excellent.” “We can have a laugh.” “You like some better than others.” A relative told us, “Their area of strength is the whole family feel welcome. Staff are caring, friendly, wonderful.” They went on to say “Since moving in here, [person] has got their quality of life back. Here they have 24 hour care and company.”

Staff were knowledgeable about the needs of the people they were caring for and recognised the importance of maintaining people’s independence. For example, some people found it difficult to walk, but staff encouraged them to walk one or two steps and gave them lots of encouragement so they could maintain their mobility. This helped to support their independence and well as enable them to feel a sense of achievement.

Staff told us how they built up relationships with people living in the home. They learned about people’s backgrounds from talking with families and the person themselves. There was a ‘profile’ kept within the care plans which contained information about the person such as family members’ names. This helped staff to get to know about people and hold meaningful conversations with them. Staff told us, “We see everyone every day and when giving personal care. We change everyone around (staff) so they are not with same person every day. We talk to them all the time, that’s what we do. I tell them my name so they don’t forget.”

Staff were caring and respectful in their approach towards people. They addressed people by their preferred names and made sure people were supported to dress appropriately and their hair was neat and tidy. There were caring touches they applied when giving care. For example, when they placed cups of tea and coffee on tables for people, they turned the handles around so they were facing the person and were easier for them to pick up. Staff acknowledged people when they walked past them in the corridors and asked them if they were alright.

People told us they were involved in some decisions about their care and relatives told us staff kept them informed about any information of concern or contact with health professionals. One told us, “If they (staff) have any concerns they phone or meet you at the door so they can have a quick word.”

People told us their privacy and dignity was respected. They told us, “They are quite good.” “Yes, I’m not bothered about that.” Staff understood how to provide personal care whilst respecting people’s dignity and privacy although we noted some staff did not ask discreetly if people wanted assistance to use the bathroom. Most of the people at the home chose to stay in their own private rooms and staff respected people’s decision to do this.

Requires improvement

Is the service responsive?

Our findings

People we spoke with told us they had been involved in planning their care when they first arrived at the home but could not recall any further involvement with them. Care plans showed that people's needs and preferences had been assessed prior to them arriving at the home to make sure they could be met. Their needs were then reviewed on a regular basis to identify any changes in support to ensure this was provided as necessary.

People told us they did not sit with staff when the reviews were undertaken to agree any changes to their ongoing care. However, staff told us people were asked about their care needs. One staff member said, "They contribute information so we can add it to the care plans, it could be information like special diets or if they have special needs or equipment in place." They also told us, "Any aspects of the care plan is discussed with the resident, we have a communication record to show that it is also discussed with the resident's family. Any hospital visits are always discussed with the family and resident, then passed onto staff if it needs to be." We saw that some of the communication records were blank which suggested these may not be routinely completed. However, a relative confirmed they had been involved in decisions about their family members' care.

People felt that sometimes staff were responsive to their needs and other times they were not. For example, when we spoke with people about their preferences for baths and showers, one person told us, "We only have one shower a week." They went on to say they would prefer two or three per week. Another person said, "I go in the evening but as I am getting older I find it difficult. I would prefer one in the morning, but I don't seem to be able to get one. I asked a few weeks ago and nothing has happened." When we looked at the care plan for another person it stated, "Likes a bath and a shower." It did not state how often or when but there was an instruction for staff to offer it weekly. When we spoke with the person they told us, "I would prefer a bath" but had not had one because staff said they were "too unsteady on their feet". When we discussed this with the manager she did not feel there was any reason why this person could not have a bath. The manager agreed to address people's personal care preferences.

When we spoke with people about times they got up it was evident they felt obliged to be up and dressed in time for breakfast at 8am rather than at times of their choice. When we asked people if they could have breakfast later than 8am, they told us they did not know. Some people who were up early in the morning confirmed sometimes it was by choice, but at other times it was not. One person told us, "I don't get much choice, they say "time you was up."

Some of the information within the care plans supported staff in delivering person centred care. For example, one care plan stated. "Ensure glasses are clean and worn" and "hearing aids prefers to wear just one." We saw the person had their glasses and was wearing one hearing aid in accordance with their wishes. People had been able to personalise their rooms to make them homely and had personal effects such as TVs, DVD's and alcoholic drinks for them to have when they chose.

People said if they had any concerns regarding their care, staff would be prompt in following them up. Staff told us they used handover meetings at the beginning of each shift to communicate any concerns or changes in people's health. We observed a handover meeting and staff reported that one person's health condition had deteriorated. They reported that a health professional was due to visit the person later that day to provide treatment. A relative we spoke with told us when their relative had a suspected infection, staff had been prompt to take action in response by contacting the local GP and obtaining the medicine to treat this. This demonstrated communication systems were effective in ensuring people's needs were met.

People were able to participate in social activities and entertainment but told us they would like more. They told us, "We don't have a lot of entertainment here, I like something to entertain me. We sit and watch the blessed TV, do some puzzles and read. I like proper singing not pop singing." "There isn't anything to do just talk to each other." "You have to find your own things, I spend a lot of time in my room, in the lounges they are asleep, reading or watching the TV."

Staff told us that when people came into the home they discussed people's hobbies and interests but we could not see these were always being supported. The manager told

Requires improvement

Is the service responsive?

us that there were plans for this to change. There were future plans to recruit an activity organiser so that people could experience ongoing social activities and stimulation in accordance with their wishes.

The manager said people's religious needs were identified and arrangements made to ensure they were met. This included two people who received visits from their own priests. They commented, "We have holy communion once a month."

The manager also told us people were involved people in celebrating different events through the year such as bonfire night and Valentine's day. They said, "On bonfire night we are planning soup, hot dogs and jacket potatoes. We are not allowed to have fireworks." On Valentine's day we had a party and everything was heart themed and loved ones were invited." They went on to say a singer also came to entertain people.

During December there were various Christmas activities arranged. This included singing entertainment from a school choir, a Christmas meal at a local pub and a 'family and friends' evening where entertainment would be provided. People were aware of these plans, one person told us, "Last week we had a general meeting to discuss what is happening at Christmas." People said they were looking forward to these planned events.

People knew who to approach with any concerns, but told us they were happy at the home and had no complaints. One person commented, "I can't find anything to complain about." Another person told us when they had raised a complaint with the manager "It was dealt with okay." They told us the action taken by the manager had been effective in addressing their concerns. Staff knew to make the manager aware of any complaints to ensure they were appropriately managed. One staff member told us that if someone approached them with a complaint they would, "Tell them to go and speak to the manager and if she is not in to see the assistant manager."

Good

Is the service well-led?

Our findings

People and staff were overall positive about the care provided at Phil Mead House.

People told us, "Very good, I don't think it could be better." "Very happy. If every care home was as good as this one there would not be any problems." Staff told us, "A lovely environment down to the staff, residents and visitors." "The staff are supportive of one another."

Some people told us they had participated in 'resident' meetings and others could not recall this. We saw meeting notes that confirmed regular meetings took place. However, they did not detail who had attended or indicate if all people in the home had been asked to attend. This meant some people's views about issues related to the running of the home may not be heard. The meeting notes confirmed issues discussed included entertainment, menus and proposed building works. The meeting notes showed that people had been asked if they continued to be happy with the arrangements in place. People's suggestions had been sought and in some cases comments made had been recorded and acted upon. However, it was not clear this was always the case. For example, in May 2015 people commented on ideas for trips out. The notes of the following two meetings did not make comment on whether these had been organised. The manager made a commitment to make sure the notes of meetings were clearer to demonstrate requests made were being followed up and acted upon. She advised trips out had been discussed with people and this was ongoing.

Most people we spoke with could not recall being asked to complete quality questionnaires where they could offer their views of the home. The manager told us these were organised by the provider and a new survey was due to be sent to people. However, people and relatives were positive in their comments of the home and the manager and felt their needs were met. They told us, "It's marvellous here." "Absolutely well managed." Staff also made positive comments. One stated, "[Manager] sorted a new chair for a resident; they were desperate for a new wheelchair and a new hoist for the resident. She sorted this out. One of the good points is when it comes to a 'do' or Christmas time [manager] will go out of her way to ensure they have the best, like a buffet over the Christmas period."

Staff told us there were good communication systems between them and management to ensure the effective running of the home. Staff understood their roles and what was expected of them. One staff member told us, "We have handovers; we rotate breaks so we can talk to each other. Care plans is a big thing. [Management staff member] has worked extremely hard and is very supportive of all of us she has tried to get things updated to make sure everything is all done….She is absolutely fantastic." This demonstrated that staff worked well as a team to ensure people's needs were met.

Staff told us that meetings took place where they could share their views about issues related to the running of the home. One staff member told us, "With people (staff) here I feel confident to say anything." Staff told us the manager and provider were approachable and they felt supported in their roles.

The manager told us they had completed shifts at night as well as "walked the floor" during the day so they understood what challenges staff faced and could identify if any improvements were needed in regards to meeting people's needs. They told us, "I am checking generally the condition of the home, no odours, seeing what staff are doing, how they are interacting with residents, check with the residents they are okay." They told us when they identified concerns these were addressed as appropriate. For example, they had identified staff not wearing aprons when supporting people with personal care and had prompted them to do so. They stated, "I took them somewhere private, went over again personal protective equipment and why they should be wearing it." This demonstrated the manager was committed to driving improvement within the home.

The manager had worked at the home for approximately 11 months at the time we carried out this inspection. They told us that since they had started, they had identified areas needing improvement. This included the need for an activity co-ordinator to improve social activities for people. Also additional staff support to complete the laundry so this did not take them away from providing care to people. They had also identified the need for new lifting equipment so staff could support people safely. The manager said the provider had plans to also address all of these issues. Following our inspection visit, the manager was able to confirm the provider had agreed to changes in care staff numbers and laundry arrangements so staff could support

Good

Is the service well-led?

people's needs effectively. This demonstrated a commitment by the provider to make the improvements necessary to ensure people's needs were met. The manager agreed to talk further with the provider about the timescales for other improvements to take place to ensure these did not impact on people's ongoing safety and care.

The provider carried out quality monitoring visits to the home where they looked at all aspects of care and services provided to identify any areas needing improvement. This visit included discussions with people and staff. We saw that improvements identified were communicated to the manager and these had been acted upon. For example, there had been an action for the 'social' board to be updated so that people had up-to-date information about social events.