Mr John Pinder

Abiden Rest Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We carried out an unannounced inspection of Abiden Rest Home on 1 and 2 October 2014. Abiden Rest Home is a care home which is registered to provide care for up to 22 people. It specialises in the care of older people and does not provide nursing care. At the time of the inspection there were 21 people accommodated in the home.

The home provides accommodation in 18 single rooms and two shared rooms on two floors, 10 of the bedrooms have an ensuite facility. There are two stair lifts which facilitate access between the floors.

At the previous inspection on 25 October 2013 we found the service was meeting all standards assessed. The home was managed by the registered person who worked alongside other staff to provide hands on care to people. There is no regulatory requirement for the home to have a registered manager.

Although people told us they felt safe in the home, some environmental risks had not been identified and assessed and staff did not always assist people to move in an appropriate way. We were concerned about this situation and raised a safeguarding alert with the local authority.

Summary of findings

All relatives and visitors spoken with were complimentary about the service and confirmed there were no restrictions on visiting.

We found staff recruitment to be thorough and all relevant checks had been completed before a member of staff started to work in the home. Staff had completed relevant training for their role and they were well supported by the management team. Whilst people told us they did not have to wait long for assistance, there had been no analysis of the staff levels to check sufficient numbers of staff were deployed in the home.

As Abiden Rest Home is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. At time of the inspection no one was subject to a DoLS. However, we found the use of coded keypad locks and the installation of bedrails had not been considered as potential deprivations of liberty.

Each person had a detailed care plan which was underpinned with a series of risk assessments. The care plans and risk assessments had been reviewed on a monthly basis and staff had signed to confirm they had read the updated care plans. However, people had not been involved in the care planning process. This meant people were not formally asked to express their views on the delivery of their care. We also found there had only been one residents' meeting during 2014 and there had been no customer satisfaction survey.

Whilst staff spoken with described people's needs and attributes in a positive way, we found some care practice did not promote people's dignity.

Improvements were needed to ensure people had the opportunity to participate in a varied programme of activities. This is important in order to meet people's social needs and promote their sense of well-being.

There were systems in place to assess and monitor the quality of the service, however, these needed further development to ensure the views of people living in the home were regularly sought and acted upon.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires Improvement

The service was not consistently safe. Although people spoken with felt safe living in the home; we observed inappropriate techniques used to help a person to move and noted some environmental risks had not been identified, assessed and managed.

Staff were trained to recognise any abuse and knew how to report it. Staff recruitment was thorough and included all regulatory checks. Staff acknowledged they didn't always have time to sit and chat with people. We found there was no analysis of staffing levels to demonstrate a sufficient number of staff were on duty.

We found there were suitable arrangements in place to manage people's medication. All medication administration records seen were complete and up to date.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. We found there were restrictions imposed on people such as the use of key coded locks on external doors. In addition consideration had not been given to people's ability to make decisions for themselves.

People told us they enjoyed the meals served in the home and confirmed they had access to healthcare services as appropriate.

Is the service caring?

Requires Improvement

The service was not caring. Whilst relatives and visitors were complimentary about the care provided, this was not supported by our findings and people's comments. We found people's dignity was not always upheld and people had limited opportunities to express their views. Information given to people was out of date and contained inaccurate information.

Is the service responsive?

Requires Improvement

The service was not responsive. People had not been involved in the care planning process, which meant they had not had the opportunity to express their views about the care provided. Improvements were needed to make sure people had an up to date complaints procedure and the opportunity to take part in meaningful social activities.

Is the service well-led?

Requires Improvement

The service was not consistently well led. Although there were systems in place to monitor the quality of the service, these required improvement to ensure the views of people living in the home were regularly sought and acted upon.

Abiden Rest 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 checked 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 1 and 2 October 2014 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, including notifications. We also spoke to the local authority commissioning team and safeguarding team, who provided us with some feedback about the service.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with 11 people living in the home, two relatives, two visitors, five members of staff, the care manager and the registered person. We spent two days in the home observing care and support being delivered. We also looked at a sample of records including three people's care plans and other associated documentation, recruitment and staff records, medication records, policies and procedures and audits.

Requires Improvement

Is the service safe?

Our findings

We looked at how the service managed risk. We found individual risks had been assessed and recorded in people's care plans and detailed management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. We noted all risk assessments seen had been reviewed on a regular basis. Members of staff spoken with told us they had read people's risk assessments at least once a month or whenever a person's needs changed. We noted staff had signed each person's file when they had read their care plan and risk assessment.

Risk assessments had been carried out to identify the risks related to moving people. However, we observed two members of staff moving a person and noted one member of staff used inappropriate techniques to assist the person to stand. We were concerned about this situation and raised a safeguarding alert with the local authority. This is a breach of Regulation 9 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Risks associated with the operation of the stair lifts were fully documented both in terms of their general use and for people using this equipment. Staff also confirmed they had received training on using the stair lifts and other equipment in the home. However, we noted a risk assessment had not been carried out in respect to the use of some of the dining room chairs. A number of the chairs were made from clear plastic, as a result they were difficult to see and not as sturdy as other chairs. One person living in the home described the chairs as "uncomfortable and dangerous". We also noted a large tap in one of the bathrooms was loose and protruding onto the seating area of the bath chair. This presented a risk to people's skin condition and comfort. The provider told us a new swivel tap was on order. A small section of the fabric covering the bath chair was frayed, this meant the area was difficult to clean and posed a risk of infection. We saw no risk assessments to identify, assess and manage the risks presented by these hazards. This is a breach of Regulation 10 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We discussed safeguarding procedures with five members of staff as well as the care manager and the registered person. These procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with had an understanding of the types of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. According to the staff training records seen, all staff had received training on safeguarding vulnerable adults and staff spoken with confirmed this. We spoke with 11 people using the service and four relatives and visitors to home. All people spoken with said they felt safe and secure in the home. One person commented, "It's a nice home, I can't complain". A visitor told us, "It's a homely place and everyone is very friendly. I love coming to visit everyone".

Safeguarding people was included in induction training for new staff and existing staff completed training every three years with refresher training every year. We saw evidence to indicate further safeguarding training had been arranged for October 2014. Staff also had access to a safeguarding flowchart which was displayed in the kitchen. However, the service's policies and procedures could not be located during the inspection. It is important this documentation is available to ensure staff have ready and easy access in the event of a safeguarding alert.

We looked at how the service managed staffing and recruitment. With the exception of one member of staff, all staff spoken with told us there was sufficient staff on duty to meet people's needs. However, staff acknowledged they did not always have time to sit and talk to people about things which were important to them. People spoken with told us they did not usually have to wait long for assistance. However, a needs analysis and risk assessment had not been carried out as the basis for deciding if a sufficient number of staff were deployed in the home. This meant the provider could not demonstrate an appropriate number of staff were on duty.

We looked at recruitment records of two members of staff and spoke with one member of staff about their recruitment experiences. Checks had been completed before staff worked unsupervised and these were clearly recorded. The checks included taking up written references, identification check, and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The recruitment process included applicants completing a written application form with a full employment history

Requires Improvement

Is the service safe?

and a face to face interview to make sure people were suitable to work with vulnerable people. A new member of staff told us they went through an induction period and had induction training.

We found the arrangements for handling medication were safe. Staff designated to administer medication had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. Staff had access to a set of policies and procedures which were readily available for reference.

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. As part of the visit we checked the procedures and records for the storage, receipt, administration and disposal of medicines. The medication records were well presented and organised. Medication was stored in a locked metal trolley. All records seen were complete and up to date. However, separate protocols had not been drawn up for the administration of medicines prescribed "as necessary". These are important to ensure staff are aware of the circumstances this type of medication needs to be administered.

We found appropriate arrangements were in place for the management of controlled drugs which included the use of a controlled drugs register and separate storage from other medication. We carried out a check of stocks and found it corresponded accurately with the register.

We saw evidence to demonstrate the medication systems were checked and audited on a monthly basis. Action plans were drawn up in the event of any shortfalls or omissions on the records. We saw copies of the audits and action plans during the visit. This ensured appropriate action was taken to minimise any risks of error.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. According to records seen the care manager and staff team had received training in the principles associated with the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. Whilst staff spoken with had a basic understanding of the MCA 2005, we found mental capacity assessments had not been carried out in order to assess people's capacity to make decisions for themselves and their ability to consent to care and treatment.

At the time of the inspection none of the people living in the home was subject to a DoLS. However, consideration had not been given to the potential restriction of liberty posed by the coded keypad locks on the external doors or the use of bed rails. The MCA 2005 states DoLS must be used if people need to have their liberty taken away in order to receive care that is in their best interests and protects them from harm. Two people also told us the staff often moved their walking frame when they were sat in the lounge. This meant they were unable to stand up and walk. On one occasion we noted one person's frame had been moved to the other side of the room. This was an unlawful deprivation of the person's liberty. This is a breach in Regulation 18 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at how the service trained and supported their staff. There were established systems in place to ensure all staff received regular training, which included moving and handling, fire safety, first aid, health and safety, safeguarding, the MCA 2005 and DoLS. Staff also completed specialist training on continence, malnutrition, dementia awareness and the use of equipment. Checks were in place to ensure staff completed all the training courses in a timely manner. Staff spoken with confirmed the training provided was relevant and beneficial to their role. We saw the care manager had maintained detailed records of the staff training and there were clear plans for future training.

New staff undertook induction training, which took account of recognised standards and was relevant to their workplace and role. New employees completed a structured induction programme to ensure they understood the home's policies and procedures and expected conduct. They also shadowed experienced staff to allow them to develop their role and begin to build relationships with people living in the home.

Staff spoken with told us they were provided with regular supervision and they were supported by the management team. This provided staff with the opportunity to discuss their responsibilities and the care of people in the home. We saw records of supervision during the inspection and noted staff were given a topic to study before their supervision. This meant staff spent time focusing on a particular policy or care plan. Staff also had annual appraisal of their work performance and attended handover meetings at the start and end of every shift. The latter helped staff to keep up to date with people's needs and circumstances.

We looked at how people were supported with eating and drinking. There was no set menu arranged in advance. People were offered the main meal and an alternative if they wanted something different. We noted people asked for an alternative meal on the days of the inspection. One person told us, "If you fancy anything you can have it. There is always plenty to eat". We observed lunchtime on the first day and noted people were given support and assistance as necessary to eat their food. The meal looked well-presented and was plentiful. We observed people were offered second servings if they wanted more to eat. People told us they had enjoyed their meals. However, the details of the meal were not displayed in the home and people were unaware of the forthcoming meal. We also found people had not been consulted about the food provided in the home. This is important to ensure people's preferences are incorporated into the menu. All relatives and visitors spoken with were complimentary about the food. One relative told us, "The meals are always excellent and I like that everything is home cooked."

We checked three people's care files and found they included information about the areas people needed support with and any risks associated with their nutrition. People's weight was checked at regular intervals and this helped staff to support people to maintained healthy lifestyle choices.

We looked at how people were supported with their health. People's healthcare needs were considered during the care planning process and we noted detailed information had been added to each person's plan to explain any medical

Requires Improvement

Is the service effective?

conditions. This meant staff had guidance on how to recognise any early warning signs of deterioration in health. We noted records had been made of healthcare visits, including GPs, the chiropodist and the district nursing team.

Requires Improvement

Is the service caring?

Our findings

People living in the home told us the care provided and the staff approach was "Alright". However, two people told us they often felt they were treated like children. One person said, "They treat you like a naughty youngster rather than an old person". The example the person gave to illustrate their point was that some people were not able to have drinks in the lounge and had to sit in the dining room. We asked the staff about this situation and they confirmed one person was asked to sit in the dining room due to the risks of them inappropriately disposing of the drink. This practice did not promote the person's dignity and demonstrated a lack of consideration and respect. This is a breach of Regulation 17 (1) (a) and 2 (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were limited opportunities for people to express their views about the service. According to records seen there had been one residents' meeting in March 2014. None of the people spoken with could recall attending or contributing to the meeting. It was also unclear if any action had been taken to people's suggestions following the meeting.

We looked at three people's care plans in detail. Whilst the plans provided a good level of information about people needs and risks associated with their care, we saw no evidence to demonstrate people had expressed their views and been involved in making decisions about their care. This meant staff may not have been fully aware of people's preferences.

Relatives and visitors spoken with were complimentary about the level of care provided, one relative told us, "It's at the top end of quality" and another relative commented, "I always leave with an easy mind, the carers are fabulous". The relatives and visitors confirmed there were no restrictions on visiting and they were made welcome in the home on each visit.

Staff spoken with were knowledgeable about people's needs and personal histories and they described people's attributes in a positive way. They also expressed concern for people's wellbeing. One member of staff said, "I really enjoy my job, I love being with the residents". The staff were particularly proud of the support given to one person, which had enabled them to walk again following a long period of illness. As result the person had regained some of their independence. We observed staff were busy caring for people throughout the inspection.

According to the statement of purpose / service user guide a keyworker system was in operation in the home. A key worker is a member of staff who with the person's consent and agreement takes a key role in co-ordinating the planning and delivery of person's care. However, none of the people spoken with were aware of a keyworker and the provider and care manager confirmed staff were no longer allocated keyworker responsibilities. This information was therefore misleading for existing and any new people admitted into the home. There was information about advocacy services in the statement of purpose / service user guide; however the details were out of date. This meant people may not be aware of advocacy services which were available to them.

Requires Improvement

Is the service responsive?

Our findings

Although relatives told us they had read and signed their family member's care plan, none of the people living in the home spoken with could recall discussing their care needs with the staff and no one had seen their care plan. We also looked at three care plans in detail and could see no evidence to demonstrate people had been involved and contributed to the care planning process. This meant people had limited opportunities to offer their views about the way their care was delivered. This is a breach of Regulation 17 (c) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Before a person moved into the home the care manager carried out an assessment of their needs. We looked at a completed pre admission assessment and noted information had been gathered from a variety of sources including healthcare professionals. We noted the assessment covered all aspects of the person's needs. People were invited to visit, if they wished, before they moved into the home to enable them to meet other people and the staff.

Each person had an individual care plan which was underpinned by a series of risk assessments. The care plans were well presented and easy to follow. Staff spoken with told us they were useful and informative documents. The plans were split into sections according to people's needs and included a personal profile of past life experiences and significant achievements. We saw evidence to indicate the care plans had been updated on a monthly basis or more frequently in line with any changing needs. The care manager also carried out an audit of people's care plans once a month and developed an action plan where shortfalls had been identified.

People told us there were few activities and very little to do during the day. There was no organised programme of activities and there was no information displayed in the home about forthcoming events. We looked at the activities records known as the entertainment diary for the two weeks preceding the inspection and noted that most days people played dominoes. We observed four people playing dominoes during our visit and four people went to a luncheon club at a local church. The majority of people sat in the lounge with the television on. One person sat in their wheelchair at the dining room table all day. We saw nothing arranged to occupy the person's time.

People were supported to maintain their relationships with their friends and family. Relatives and visitors spoken with during the inspection confirmed they were kept informed about any concerns about their family member's care.

People told us they could approach the registered person or care manager if they had a concern about the service. All people spoken with were confident action would be taken in response to their concerns. People were given a copy of the complaints procedure which was incorporated into the statement of purpose / service user guide. This included the timescales for the various stages of the complaints process. However, it also contained a reference to the National Care Standards Commission which is no longer in existence.

We saw there had been one complaint since the last inspection, which had been investigated by the registered person. A report of the investigation was sent to the commission at the time of the issues being raised.

Requires Improvement

Is the service well-led?

Our findings

People living in the home were aware of the management arrangements and told us both the registered person and the care manager were approachable and readily accessible. However, we found there were a lack of systems in place to consult people about the service they received. According to records seen there had been one residents' meeting during 2014 and no customer satisfaction survey. This meant people had few opportunities to influence the planning and delivery of service. This is a breach of Regulation 10 (1) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered person acted as the provider and the manager. There is no regulatory expectation to have a registered manager. The registered person told us he was committed to improving the service and was able to describe his key challenges. These included improving the delivery of care and improving the environment and facilities. The care manager, who worked closely with the registered person to form a management team, shared the registered person's aspirations for the service. The registered person had notified the commission of all notifiable incidents in the home in line with the current regulations.

We are aware of the registered person's recent prosecution under the Health and Safety at Work Act 1974 brought by Burnley Borough Council. This related to an incident in the home in March 2013. Since this time, the registered person has purchased new equipment; implemented new systems for care planning and risk assessment; reviewed health and safety policies and procedures and ensured all staff have received training to operate equipment in the home. He has also ensured staff have signed each person's care plan, which included risk assessments, following a monthly review.

Staff members spoken with said communication with the management team was good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. One staff member told us, the care manager was "committed, caring, heart-warming and very organised". The staff told us they worked as a strong team, who supported each other. One staff member said, "Everyone works together like a family". All relatives and visitors spoken with said the home was well managed and organised.

Staff received regular supervision with the care manager and told us any feedback on their work performance was constructive and useful. All staff were designated tasks at the start of their shift so they knew who they were caring for during the day. This approach meant staff were aware of what was expected of them and they were clear on their responsibilities for the day. There were clear lines of accountability and responsibility. If the registered person or care manager was not in the home there was always a senior member of staff on duty. Either the registered person or care manager provided on-call back up to the home overnight. This meant staff always had someone to consult with, or ask advice from, in an emergency or difficult situation.

Since our last inspection the care manager had implemented a new performance folder for each member of staff. This included records of staff performance, any investigations and significant achievements. The care manager explained she also carried out regular checks of staff performance by watching the CCTV (closed circuit television). The CCTV was installed in all communal areas, stairs and corridors. There were notices to inform people living and visiting the home that CCTV was in operation.

The care manager used various ways to monitor the quality of the service. This included audits of the medication systems, care plans, staff training and staff supervisions. The domestic manager also completed checks on the cleanliness of the building and the control and prevention of infection. We saw completed audits during the inspection and noted any shortfalls identified had been addressed in an action plan. However, we were not shown any audits of the environment and although the home employed a maintenance officer we saw no records of routine maintenance and repairs. This is important so the registered person can be confident any faults are quickly picked up and resolved. The care manager explained she had not developed an overall development plan to improve the service, but did have a list of action points displayed in the office.

The care manager had carried out an analysis of accidents and incidents on a monthly basis to identify any patterns or trends. Following an accident there was a record of action

Requires Improvement

Is the service well-led?

taken. For instance one person had fallen in their bedroom and in order to minimise the risk of reoccurrence a pressure mat had been placed by their bed to alert staff to the person getting up from bed.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People were not protected against the risks of receiving unsafe care because staff used inappropriate methods to move people. (Regulation 9 (1) (b))

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers People were not protected from the risks of unsafe care because not all risks relating to the health, welfare and safety of people had not been identified, assessed and managed. Regulation 10 (1) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people in relation to the care and treatment provided for them. Regulation 18 (1) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services The registered person had not made suitable arrangements to ensure the dignity of people and ensure people are treated with consideration and respect. Regulation 17(1)(a) and 2 (a).

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services The registered person had not made suitable arrangements to enable people to express their views about what is important to them in relation to their care. Regulation 17 (1) (c) (i).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The registered person had not protected people from the risks of inappropriate care by not establishing a mechanism to regularly seek the views, including their experiences of care, of people using the service. Regulation 10 (1) (e).