

Caritas Services Limited

Abbeyfield House

Inspection report

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Date of inspection visit:

06 December 2023

08 January 2024

Date of publication:

07 February 2024

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Abbeyfield House is a residential care home providing personal and nursing care to up to 7 people. The service provides support to people with a physical or learning disability and/or autism and/or other complex needs. At the time of our inspection there were 7 people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported by staff to pursue their interests, so people had a fulfilling and meaningful everyday life which included leisure activities and voluntary work.

Systems were in place to oversee the service; however, these were not always effective and prompt, and effective action was not always taken to address areas for improvement, in particular the environmental issues we found on this inspection.

Systems to ensure staff had completed the relevant training or received regular support in the form of supervisions were not in place or being used effectively. The registered manager took immediate action to address this following the inspection. There was a consistent team of staff who knew people well and any gaps in rotas were covered through the use of bank staff or agency. There was not enough oversight of the agency staff to ensure they were suitably skilled and given an induction to the service, but this was immediately addressed by the service.

People were receiving their medicines as needed but medicines were not always suitably stored and maintained.

Right Care

People received kind and caring support. Staff understood and responded to people's individual needs and knew how to protect people from poor care. Recruitment checks were in place to ensure staff were suitable and any gaps in the rotas were covered to ensure there were sufficient numbers of staff to support people to live their daily lives. People's safety and care needs were identified, and care was planned to ensure their needs were met.

Right Culture

There was a positive and person-centred culture at the service. Staff knew and understood people well and were responsive, supporting them to live a quality life of their choosing. People and those important to them were involved in planning and reviewing care.

There were systems for oversight, but these were not always effective in ensuring all areas for improvement were identified and actioned in a timely way and accurate records were being kept. The management team were very responsive to feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 08 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified a breach in relation to systems to monitor and improve the quality and safety of the service and record keeping.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Abbeyfield House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was completed by 1 inspector.

Service and service type

Abbeyfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbeyfield House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 06 December 2023 and finished on 08 January 2024 and all visits to the service were unannounced.

What we did before inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 3 relatives. We also spoke with 7 members of staff including the registered manager, deputy manager, and care staff.

We reviewed a range of records. This included 2 people's care records, medication records and a variety of records relating to the management of the service, including policies and procedures. We also reviewed 2 staff files in relation to recruitment and training.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Certain checks of the safety of the environment were not being evidenced, and not all large furniture items had been suitably secured to the walls and not all radiators were covered. Certain areas of carpet were taped as they were ripped and torn and would otherwise have been a trip hazard.
- Systems for checks of the safety and risk within the environment were in place. These had noted some areas for improvement in communal areas, the need to replace some areas of soft furnishings and shortfalls in relation to the management of medicine storage. An action plan was in place, but the required actions had not yet been completed.
- Checks of equipment and the environment were completed, although these were not always at a consistent frequency. This was fed back to the management team who were responsive to this feedback.

Systems to assess, monitor and improve the quality and safety of the service had not always been used effectively and led to timely action. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's needs and risks were assessed, and individual risk assessments guided staff on action to take to reduce risk as much as possible. The service took a positive approach to risk taking to enable people to lead a fulfilling life.
- Relatives told us they felt the service supported people well. One relative told us, "Staff are very good at supporting [family member] with any needs, if they have things bothering them or their mental health is not too good."

Using medicines safely

- People had records to guide staff on when to give medicines people may only need occasionally, such as medicines for pain or rescue medicines. However, these were not always of sufficient detail to ensure staff knew when people may require certain medications or what dosage to give when there was a variable dose. We found one example where a medicine did not have this guidance in place. The management team were responsive to the feedback and took action to address this feedback.
- People were receiving the medicines they needed daily. With the exception of one medicine, all medicines were correctly accounted for. However, some aspects of record keeping needed to improve in line with good practice guidance.
- Medicines were not always being suitably stored as there was insufficient storage in the clinic room for internal and external medicines to be stored separately. Some clinic equipment and supplements were not being suitably stored. The management team were aware of these shortfalls, but the environment did not

allow this issue to be easily remedied.

- Records of the application of creams were not being consistently maintained. People did not always have topical administration records within their daily records, and the use of thickening powder to thicken drinks was not being recorded. Issues regarding the accuracy and timeliness of records are discussed further in the well led section of this report.

Preventing and controlling infection

- Some areas of the service were worn or in need of updating to support more effective infection prevention and control practices. However, the home was clean and free from any unpleasant odours and staff had access to any personal protective equipment they might need to safely support people.
- Staff had completed relevant training and there were suitable policies in place. The registered manager knew where to access support in the event of an outbreak and followed the guidance given.

Staffing and recruitment

- Suitable recruitment processes were followed when employing new staff. The provider completed checks with previous employers and with the disclosure and barring service before people started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- There was a consistent team of staff available to support people and the permanent members of staff knew people well. When shortfalls in staffing levels occurred, the provider requested consistent members of agency staff to cover. The service was actively recruiting to fill any vacancies.
- Feedback from people and relatives about staffing levels and the team were positive. One relative commented, "There is always staff around. They encourage [family member] to go out and do things." Another relative told us, "[Family member] has a named worker which helps with the continuity of care."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they were happy and felt safe at the service. People looked comfortable in the company of staff and the regular staff knew people well.
- Any safeguarding concerns were investigated by the registered manager and appropriate action was taken to address any concerns.
- There were systems of oversight to ensure lessons could be learnt from any safeguarding concerns or accidents and incidents.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance. One relative told us, "We can visit when we want. We always feel welcomed."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Records of staff training indicated there were a number of aspects of training which had not yet been completed by all staff but were not up to date. The registered manager had identified difficulties in accessing the training records and this had not yet been remedied by the provider. This meant that the provider did not have suitable oversight to ensure staff had completed the relevant training to ensure they could safely support the people living at the service. We found no evidence to indicate staff did not have suitable skills or knowledge to support people.
- Supervision records did not indicate staff were having frequent and consistent supervision. These had been identified through the provider's own checks but had not been effectively remedied by the time we inspected. The registered manager was responsive and assured us action would be taken to ensure staff received the support needed.
- Staff had a good understanding of people and how to meet their needs. However, the training systems did not ensure that staff accessed the training relevant to their roles. For example, not all staff had completed training on people's specific conditions, such as training around supporting people with swallowing difficulties. There was insufficient evidence to show that staff were completing the mandatory training in regard to supporting autistic people and people with learning disabilities at the level suitable to their role. Issues regarding the monitoring of staff training and supervision are discussed further in the well led section of this report.

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

- Care records contained detail about people's food preferences and dislikes. Staff supported people to go shopping for food and prepare meals and people chose what they wanted to eat.
- People appeared to enjoy preparing meals with staff and eating their meals. Relatives told us they felt people were getting enough to eat and drink. We observed staff consistently support and encourage people to eat and drink well.
- Where people required a modified diet due to swallowing difficulties, there were suitable care plans in place. However, improvements to the training in this area were needed and records to demonstrate that fluids were being appropriately thickened needed to be implemented. The management team were responsive to this feedback and took action to ensure suitable record keeping was implemented.

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

- People's needs were assessed, and reviews were completed to ensure care was delivered to meet these needs. Care plans were in place which guided staff on how to meet people's needs and contained detail about people's choices and preferences. However, it was not always evident that these were consistently

reviewed and updated following any incidents.

- Relatives told us they were involved in reviews of care and we observed people being involved in decisions about their daily care and their choices respected. People and relatives were happy with the service. One relative told us, "There are reviews which we go to. We can have a good talk about how things are going."

Adapting service, design, decoration to meet people's needs

- People's bedrooms were very personalised. People were supported to decorate their rooms to reflect their interests and preferences and make them homely and comfortable.
- The registered manager had recently installed grab rails in some areas of the home to help a person with their mobility needs to remain as independent as possible.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care services as needed. Staff knew people well and were able to identify if people were becoming unwell.
- People were supported to live healthier lives and had care plans which considered their needs and how these could be met. Staff encouraged healthy diets and exercise as much as possible. One relative commented, "Staff are pretty good at meeting [family member's] health needs. Staff know them pretty well and can see what they might need."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had detailed capacity assessments. Where people were deemed to lack capacity and subject to restrictions, applications for DoLS had been made.
- Staff encouraged people to make decisions as much as they were able. We observed staff consistently promote choice, and request consent before supporting people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated kindly by staff. We observed staff were kind, caring and patient when supporting people with their needs.
- Relatives spoke highly of the service and told us how caring staff were. One relative told us, "Staff are very caring. They care for everyone, us included and are excellent at what they do. There is nothing I would change."
- Staff knew people well and understood how to effectively support them. We observed staff were responsive and understood people's needs. A relative told us, "The permanent members of care staff care very much and really know [family member]."

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

- People were supported to make decisions about their care as much as possible and choice was promoted. We observed staff consistently offer people meaningful choices and respected people's decisions.
- Relatives commented that they felt their family member was well involved in decision making. One relative told us, "Staff are very good at supporting choice [with family member]."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do as much as they could for themselves. Independence was promoted by staff when supporting people and care records reflected how to promote independence as much as possible.
- Staff were respectful and maintained people's dignity through discretely providing people with support when this was needed.
- People's privacy was respected. Staff would gain consent before entering people's bedrooms and people were supported to have private time when they wished.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Care plans and risk assessments were personalised according to people's needs and contained enough information to guide staff on action required to effectively support people. The service was in the process of transferring from paper care records to an electronic system with the aim to make care records more personalised and detailed.
- Relatives commented that staff knew their family member very well and knew how to support them. One relative told us, "The care is very personalised. Staff know [family members] likes and dislikes. [My family member] loves music and they are looking at going to a concert."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered, and staff took time to ensure they communicated effectively with people. For example, we observed staff give one person simple choices about how they wanted to spend their day and ensured the person knew they had ample time to make their decision.
- The service used different communication tools based on people's preferences and needs. This included sign language and pictorial communication processes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in a range of relevant activities and maintain relationships with friends and family. Staff told us they supported people to go out and engage in the community as much as possible, with some people engaging in regular volunteering roles.
- Staff supported people to go on holidays. Several people had gone on holiday during the year and discussions were being held to plan for the next holiday.
- People living at the service and staff planned activities and events at the service. For example, the service had held a 'summer fete' with friends, family and the local community being invited.

Improving care quality in response to complaints or concerns

- Relatives told us they felt able to raise concerns. One relative commented, "I have no issues. Things get

sorted quickly."

- Suitable policies and procedures were in place and there were systems for oversight where complaints had been raised. Some aspects of record keeping needed improvement to reflect that action in response to concerns being raised were taken.

End of life care and support

- People could be supported at Abbeyfield House should they require end of life care. The management team had a good understanding of where to access advice and equipment they may need to provide this type of support. Work was being undertaken to discuss people's wishes in this area, and staff respected when people chose not to engage in these discussions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager completed a number of audits and checks, and the provider employed a consultant to support this process.
- Checks and audits had identified issues and action was taken in some instances. For example, staff supervision had been raised and was addressed at that time, but this had not been sustained. Many of the environmental issues had been identified by the management team but had not been remedied. However, some other checks and audits had not effectively identified areas for improvement found at this inspection, for example in relation to record keeping. These were discussed with the management team during the inspection who took immediate action where possible.
- Records were not always being effectively completed to demonstrate how people's needs were being met, such as application of creams, thickening of fluids, and oversight and induction of agency staff. It was not always evident that processes were being followed, for example in relation to the management of occasional use medicines.
- Oversight of training completion had been identified as an issue but had not been addressed to ensure staff had the training needed.
- There was an improvement plan in place, particularly around the environmental issues. However, the action taken to remedy these had not yet been completed and the reason for the delays were not clear.

The provider did not have suitable systems to ensure the quality and safety of the service and that accurate records were being kept. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was committed to ongoing improvement and responsive to feedback given from external services and during this inspection. Immediate action was taken where needed.
- The service was in the process of rolling out a new electronic care record system which would support the service to readily address some of the issues found on inspection. We will review the impact of the new system when we next inspect.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour and had systems in place to ensure oversight when things had gone wrong such as accidents and incidents. The last CQC rating of the service was not clearly on

display on the provider's website, which is a regulatory requirement. This was quickly addressed following inspection.

- The registered manager understood their duty to report any issues affecting the service to CQC and local authority, such as safeguarding concerns or serious incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service used a range of meetings to engage people and staff. When these had taken place, it was evident that people and staff were fully involved, However, it was not evident that these meetings were always being completed as there had been no meetings recorded for people or staff for a number of months.
- The service worked closely with other professionals and organisations to ensure people received the support needed. This included a variety of health and social care services and community services.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives spoke highly of the staff and service and were very happy with how their family members were supported. One relative commented, "Everyone is very approachable, the communication works well. They are a family."
- The management team had a good working relationship and had spent time developing good relationships with the people living at the service. People were happy to approach the management team or staff to discuss their needs and staff were very responsive.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have suitable systems to ensure to the quality and safety of the service and that accurate records were being kept. 17 (1) (2)