Abbeyfield Society (The)

Abbeyfield Parkdale

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 09 May 2017 and was unannounced. At the last inspection completed on 09 July 2015 the provider was meeting the requirements of the law. We provided a rating of 'good' for the service.

Abbeyfield Parkdale is a residential home which provides accommodation and personal care for up to 30 older people. At the time of the inspection there were 27 people living at the service, many of whom were living with dementia. There was a registered manager in post. 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 were protected by a staff team who understood how to recognise signs of potential abuse and how to report those concerns. People were protected from risk such as reoccurring accidents. People received their medicines safely and as prescribed.

People were supported by sufficient numbers of care staff who had been recruited safely for their roles. People were cared for by staff who had the skills required to support them effectively.

People were enabled to consent to the support they received. Where people lacked capacity to make decisions about or consent to their own care, the registered manager was using the Mental Capacity Act 2005 to make decisions in their best interests. People were supported to receive sufficient amounts of food and drink. Any special dietary requirements people had were met. People were supported to maintain their day to day health.

People were supported by a care staff team who were kind and caring towards them. People were enabled to make choices and to maintain their independence. People's privacy and dignity was respected and protected by care staff. People were also supported to maintain relationships with those who were important to them.

People received care and support that met their needs. People's changing needs were communicated by care staff through handover meetings. People were involved in activities and leisure opportunities. People felt able to raise a complaint where this was required and their concerns were addressed.

People were not always protected by effective quality assurance systems that identified areas of risk and improvement needed within the service. Records were not always accurately maintained and updated when required.

People felt the service was well-led and they were involved in sharing their views and making changes within the service. They were supported by a staff team who were motivated in their roles and felt well supported

by managers.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected by a staff team who understood how to protect them from potential abuse. People were protected from risk such as reoccurring accidents.

People received their medicines safely and as prescribed. People were supported by sufficient numbers of care staff who had been recruited safely for their roles.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had the skills required to support them effectively. People were enabled to consent to the support they received.

People were supported to receive sufficient amounts of food and drink. People were supported to maintain their day to day health.

Is the service caring?

Good

The service was caring.

People were supported by a care staff team who were kind and caring towards them. People were enabled to make choices and to maintain their independence. People's privacy and dignity was respected and protected by care staff.

People were also support to maintain relationships with those who were important to them.

Is the service responsive?

Good

The service was responsive.

People received care and support that met their needs. People's changing needs were communicated by care staff through handover meetings. People were involved in activities and leisure

opportunities.

People felt able to raise complaints and we saw their concerns were listened to and addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People were not always protected by effective quality assurance systems that identified areas of risk and improvement needed within the service.

People were involved in the service and felt they had a voice. They were supported by a staff team who were motivated in their roles and felt well supported by managers.

Abbeyfield Parkdale

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 09 May 2017 and was unannounced. The inspection team consisted of two inspectors and a specialist advisor. The specialist advisor was a qualified nurse who has experience working with older people and people living with dementia.

As part of the inspection we reviewed the information we held about the service. We looked at statutory notifications sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with eight people who lived at the service and two relatives. Some people living at the service were living with dementia and were not able to speak with us about their views around the care they received. To help us understand the experiences of people we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people living at the service. We also carried out observations across the service regarding the quality of care people received. We spoke with the business manager, the registered manager, the deputy manager and four members of staff; including the cook and care staff. We reviewed records relating to 10 people's medicines, six people's care records and records relating to the management of the service; including recruitment records, complaints and quality assurance.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I feel safe alright". Staff we spoke with were able to describe signs of potential abuse and how they would report any concerns about people. Staff also knew how to whistle-blow if required. Whistle-blowing is when staff would report concerns about the service to external organisations such as CQC, the police or the local safeguarding authority. We found the registered manager and deputy manager also understood how to protect people from potential abuse. Where concerns about people had been identified we saw the management team had reported these concerns to the local safeguarding authority as required by law. This ensured steps were taken to protect people when appropriate.

People told us care staff were available to support them when required. One person told us when they used their call bell to alert staff, "[Staff] come quicker sometimes than others, but quick enough, they do come". During the inspection we saw there were sufficient numbers of staff available to meet people's needs. We saw the staffing levels in the service meant people were supported in a calm and patient way, allowing people plenty of time to complete tasks at their own pace and independently where possible.

We looked at how the provider recruited staff members safely to ensure they were appropriate to work with people living at the service. We saw a range of pre-employment checks were completed before people started work. These checks included identity, reference and Disclosure and Barring Service (DBS) checks. A DBS check enables employers to review a staff member's potential criminal history. This information enables them to make a decision about whether a staff member is suitable for employment. We saw appropriate checks had been completed on staff member's suitability for employment before they started work.

While people did not share their views around their medicines, we saw care staff administering medicines to people in a way that was caring, patient and protected their safety and well-being. We saw the member of staff administering medicines explained what medicines were for and encouraged people to administer their own medicines where possible. Staff we spoke with understood people's medicines and were aware of how to identify when people may need their 'as required' medicines. We saw clear guidelines were in place for staff around when people may need these medicines. Where people received 'as required' medicines to help calm their anxiety or manage behaviours, we saw staff tried to support them in a positive way before administering their medicines. We saw medicines were stored safely and clear records were kept around the storage and administration of people's medicines.

People were protected from the risk of harm such as reoccurring accidents. Staff were able to describe the action they should take when accidents arose and how they protected people from further harm. For example, a staff member described how one person had been protected from injury due to falls by making changes to the type of bed they slept in. We saw accident and incidents were recorded and risk assessments contained details around steps taken to prevent further harm. For example, one risk assessment outlined how a person now required support from staff to go to the toilet following a series of falls. We found where people experienced frequent falls the registered manager sought support from relevant professionals to

assist with keeping people safe. We saw risks associated with people's skin integrity were managed effectively. Staff understood when to use specialist equipment such as pressure cushions to reduce the risk of skin damage from pressure areas. Where concerns around people's skin were identified appropriate advice was sought from healthcare professionals to ensure the risk to people was managed.

During the inspection , we saw some good examples of people being moved in a way that reduced the risk of injury to them. We did however, identify some instances where people were being moved using hoists while wearing poorly fitting slings. Nobody had experienced harm or injury as a result but we did raise these concerns with the management team. The registered manager confirmed and their team began to take action immediately to ensure people were not exposed to the risk of injury.

Good

Is the service effective?

Our findings

People told us they were happy with the care staff and the support they received. This view was supported by a relative who told us, "Staff are well trained and they have a good boss". Staff we spoke with told us they received regular training and felt equipped to support people effectively. Staff told us that many more people were now living with dementia in the service and their support needs had increased. They told us how they had received additional training in dementia to help develop their skills and knowledge. One member of staff told us they were completing a level 2 qualification in dementia care. Many staff and the registered manager told us about some recent training they had completed in dementia where they were able to experience a virtual simulation of how it may feel to have dementia. Where some improvements were required, for example, in developing the skills of some staff in moving and handling the registered manager had taken action to provide training. We found several staff members were booked onto training for moving and handling in the coming months. In addition three staff members were completing a 'train the trainer' course to enable them to develop the skills of other care staff in the service. Staff received regular supervision and support from the registered manager and the management team.

The 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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called DoLS. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us care staff always sought their consent before providing support and personal care. We saw this practice reflected in our observations of people's experiences during the inspection. Where people did not have capacity to make decisions about or provide consent to their care, we saw care staff and management were making decisions in people's best interests in line with the MCA. We found the registered manager was not ensuring best interest decisions were documented in line with requirements of the Act However, staff understood the principles of the MCA and decisions were being made appropriately. Where people were being deprived of their liberty in order to protect their health or well-being, the appropriate legal applications had been made to the local authority.

People told us they liked the food they ate. One person told us, "Food is very nice". Another person said, "[The food is] very good, very good place". People told us they felt they didn't have a sufficient choice around the food they ate. A person said, The foods alright, there is not really a choice of foods. Another person said, "[The food] is just what they bring". We did see staff offered people choices of food and drink throughout the inspection. We also saw if people did not like their selection of meal when it arrived then an alternative was offered. We found staff were offering people choices ahead of mealtimes which resulted in people with dementia not recalling that these choices had been made. As a result of our observations during the inspection and the feedback received by people, the cook took immediate steps to improve the

methods used to provide choices to people, in particular those living with dementia.

Staff we spoke with understood people's dietary needs and the support they needed to eat and drink. The cook had a good understanding of people's needs; in particular where people were diabetic or required a soft or pureed meal. The cook ensured they reviewed people's needs on a monthly basis to identify any changes that may need to be made to meals prepared for individual people. We saw appropriate support was provided to people during mealtimes without compromising their dignity or independence. Mealtimes were a relaxed and comfortable experience for people and adaptive equipment such as coloured plates were made available where appropriate. Where people had lost weight we saw the kitchen had been informed and we saw examples of where action taken had resulted in people's weight subsequently stabilising or increasing. People's dietary needs were met effectively.

People were supported to maintain their day to day health. A relative told us care staff worked very hard to support people's health and to keep family members informed. They told us how care staff had supported one person to attend hospital when required. Another relative told us care staff identified issues with a leaking catheter and sought support from the district nursing team to resolve the issues. We saw from people's care records they had regular contact with healthcare professionals such as doctors, nurses, podiatrists and Occupational Therapists. Where people had medical conditions such as diabetes, additional healthcare intervention was sought as needed, for example with diabetic eye screening services.

Good

Is the service caring?

Our findings

People told us care staff were caring towards them. One person told us, "Staff are lovely". Another person said, "I like it very much, they do look after me". Relatives also told us staff were kind to people. One relative said, "[Staff are] kind and caring beyond their duties. They say nice things and are always very polite". Another relative said, "Staff are always friendly and happy". Staff we spoke to demonstrated a passion for their work and ensuring people felt valued and important. One staff member told us how they made people feel valued. They told us, "[We] talk to people, see what they like and give a cuddle". During the inspection we saw many positive, caring interactions between staff and people living at the service. We saw staff knew how to relieve people's anxiety and distress. For example; we saw one person was distressed and uncomfortable. A staff member put some music on for them and gave them a glass of sherry. The person was then seen to be smiling and content. We saw staff singing with people and sharing friendly 'banter'. We saw an example where a staff member told someone their hair looked nice and asked if they wanted to go to find their necklace. We saw the person and staff member walking away together to fetch the jewellery. We also saw staff identified who may become distressed during an alarm test and sat with them to provide reassurance. Compliment cards we saw had been received by the service also confirmed staff were kind to people. One card sent during the month prior to the inspection noted the 'love, care and kindness' given by staff to one person living at the service and their visitors. The deputy manager told us how they promoted a culture of kindness and well-being to people. They said, "We work for the residents. We work in the resident's home and we respect that".

People told us they were encouraged to make choices about their environment and day to day care. One person told us, "I like to have a lie in, I get up when I want to". We saw people were offered choices during the inspection. We saw people were able to get up at different times and have breakfast at a time of their choosing. The deputy manager told us, "[Breakfast] can be later if someone wants a lie in, it's about their choices". We saw that some choices offered to people were not fully understood. For example; people were offered a choice of food at lunchtime from a list and were not able to recall they had received a choice. We saw the cook always enabled people to change their mind if they did not want the meal they received. They were also working on ways to make the communication of choices for people with dementia more effective. For example, by using pictures and providing choices as close to the decision as possible. We saw people were able to choose how they wanted their bedrooms to look. We saw bedrooms were personalised with photographs and personal items. We also saw people were encouraged to bring in items of furniture from home. We we were told by the deputy manager this was to help people feel more settled by having items that were familiar and important to them in their own surroundings.

People we spoke with felt their privacy and dignity was protected and their independence was promoted. Staff we spoke with demonstrated a good understanding of how to protect and promote dignity and independence. A staff member described how they covered people up while helping them to wash and dress, they used people's preferred name and ensured they were discrete when discussing people and their needs. We saw some good examples of how staff protected dignity and promoted independence during the inspection. For example, we saw staff were discrete when taking people to the bathroom. We saw during the medicines administration round that people were encouraged to be as independent as possible. We saw the

staff member encourage people to use their own inhaler or to use a spoon to place their own medicines into their mouth where possible. We also saw during mealtimes staff encouraged people to do as much for themselves as possible but also provided support when need in order to maintain dignity without restricting people's independence.
Relatives told us they were able to visit the service without any unnecessary restrictions. One relative said, "[I] never visit at a regular time and no there's no restriction on visiting". This supported what we found and saw during the inspection. We saw one person was talking with their friend on their own mobile phone in a lounge area and we saw relatives visiting at various times during the day. We saw people were enabled to maintain relationships with those who were important to them.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support they received. Relatives also told us they felt people received care that met their needs. One relative told us, "Care is brilliant, 110%, and the staff. Could not ask for better". One relative told us how the registered manager had supported them when their relative first moved into the service. They told us how they had contacted the registered manager at short notice and they ensured an assessment was completed to ensure the person's needs could be met. People's care needs were reviewed on a regular basis and we found any changes in people's needs were communicated through staff handover meetings which took place each day.

Most people told us they were happy with the activities and leisure opportunities available to them. One person told us, "[Staff] always ask me if I want to join in [activities]. Will do so if I want to". Another person said, "There is something on for special days. I'm happy". Relatives told us, "Staff do try hard to encourage people's involvement". We saw an armchair exercise class taking place during the inspection. Staff told us about a singer and keyboard player who provided entertainment each fortnight. Staff did tell us they were finding it gradually more challenging to engage people in activities. They told us this was due to the number of people living with dementia in the service increasing and people having less capacity. This reflected what we saw during the inspection. We discussed this with the registered manager who confirmed staff were receiving further training to enhance their skills around supporting people with dementia. They also demonstrated they were working to review how they could improve the experiences of people living at the service.

We found some steps were being taken to meet the religious and cultural needs of people living in the service. Staff told us that ministers would visit some people who expressed a preference for this. People living at the service confirmed this with one person telling us, "Vicar comes in every so often".

People told us they felt able to raise concerns or complaints if it was required. One person told us, "I would go to the office but I've not had to complain". A relative told us they were able to speak with the managers about any concerns they had and they were 'very obliging'. We saw that feedback and complaints had been expressed by people through resident's meetings. The registered manager was able to describe what action they had taken as a result. For example; people had expressed concerns about the laundry so action had been taken. They had also requested changes to the layout of the dining area and the serving times for lunch. The registered manager had made changes as requested and had then sought further feedback to see if people had been happy with the changes made.

Requires Improvement

Is the service well-led?

Our findings

We looked at the systems the registered manager and provider had in place to ensure the quality of the service provided to people was effectively monitored. We identified some areas in which the registered manager had not ensured sufficient steps were taken to identify areas of risk or improvement needed within the service. For example; we observed some people were being transferred in slings that were poorly fitted. We also saw some confusion between staff members, for example, with one staff member saying "That one [sling] wasn't big enough" while supporting a person. While people had not experienced any injury due to these slings, the issues identified can increase the risk of injury from dislocation or falls. The deputy manager told us they believed the sling manufacturer had assessed the appropriate sized sling for each person. However, this assessment had not been recorded and the provider's monitoring systems had failed to identify this. Care plans and risk assessments also did not always clearly outline how people should be safely moved or which sized sling should be used to support them safely. The systems put in place by the registered manager had not ensured the issues with the slings or the ommissions in documentation had been identified.

The registered manager had also not ensured systems were effective in identifying where errors were present in other people's care plans and risk assessments. We found the registered manager had systems in place to check care plans. These checks had not been fully completed for several months due to them transferring care plans from a written to electronic format and as a result errors had not been identified. We found risk calculations connected to people's nutritional needs, skin integrity, infection control and falls were not always accurate. When corrected this meant the risk for some people may increase and further management plans to protect these people should have been present in line with the provider's systems and policies. These individuals at the time of inspection had not experienced any harm as a result of these errors. However, this meant that risk assessments were not always accurate and the appropriate management plans were not in place to reduce the risk to the person. We found where relatives held Power of Attorney, copies of these documents were not always held. We also found that the registered manager was not able to locate the monthly records of people's weights during the inspection. Due to one person telling us they felt they had lost weight, the staff team weighed the individual with their consent during the inspection to ensure they were not at risk as the records were not available. We found this person had not lost weight and was not at risk of harm. The registered manager recognised improvements were required regarding the availability of this information.

We found further areas in which improvements were needed in record keeping and quality assurance. For example, where people had raised complaints or concerns informally or during forums such as resident's meetings these had not been captured within the registered manager's complaints system. As a result, audits of complaints and concerns received were not completed as as none had been recorded as received. We also found where decisions were being made in people's best interests under the Mental Capacity Act 2005, these were not always being recorded in line with the requirements of the Act.

We spoke with the registered manager and the management team about the concerns that we identified and they provided assurances that immediate action would be taken to address these issues. We received a

progress update from the deputy manager within 48 hours of the inspection confirming that positive action had been taken to make improvements.

We did see that some audits were being completed effectively. For example; we found the registered manager had identified and addressed some issues with record keeping with care staff. This had resulted in additional checks being completed by senior care staff to monitor gaps in daily care records. We saw the business manager also completed audits within the service and action plans were being developed and implemented. Where actions were still outstanding this was monitored and recorded. For example; an outstanding action had been recorded that one member of staff required a competency check on their skills around medicines administration. We saw the registered manager was recording and reviewing accident and incident records. Where required the appropriate referrals and alerts were sent to professionals such as the falls prevention team or the infection control teams.

People we spoke with told us they were happy living at the service and felt it was well-led. One person told us, "I like it here, I don't want to move, they look after me well, very very good". Relatives also supported this view. One relative told us, "Staff are marvellous, food is good and [my relative] is well looked after". Another relative told us, "[The registered manager] is brilliant". They told us they felt confident the registered manager would always sort out any concerns they had. Regular meetings were held at which people and their relatives could attend and be involved in expressing their views. We saw people had been involved in putting forward ideas to improve the service. We saw that these ideas had been acted upon to make changes within the service, including the layout of furniture within the service..

Staff also told us they felt involved in the service. Staff told us they felt well supported by management and felt an effective staff team was in place to support people. One staff member said, "I like the staff and the management. We're a good team". Another staff member said, "[We're] given opportunity to say what we think, there is support and it's taken seriously". Staff told us they felt management were approachable and they could discuss any concerns or issues in between their formal one to one meetings.

We saw the culture within the service was open and transparent. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary. The management team were committed to improving the quality of service provided to people living at the service.