

Coulson & Collins Care Home Ltd

Abafields Residential Home

Inspection report

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Bolton
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Abafields Residential Care Home is a large converted property with bedrooms on the ground and first floor. The home is situated on the outskirts of Bolton town centre and is close to bus, rail and motorway links. The home is registered to provide personal care and support for up to 35 people.

This inspection was an unannounced and took place on 07 April 2016. There were 33 people using the service at the time of the inspection. We last inspected the home on 07 August 2013. At this inspection we found that the service was meeting all the regulations were reviewed.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. 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 and associated Regulations about how the service is run.

People who used the service told us they felt safe and that the staff had the skills and experience to meet their needs. People were happy with the care and support they received and spoke positively about the kindness and caring attitude of the registered manager and staff.

We found that people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. We saw that staff received the essential training and support to enable them to do their job effectively and care for people safely.

We found the system for managing medicines was safe and we saw how the staff worked in cooperation with other health and social professionals to ensure that people received appropriate care and treatment.

We saw risk assessments were in place for the safety of the premises. All areas of the home were clean and well maintained. Procedures were in place to help prevent and control the spread of infection.

Systems were in place to deal with any emergencies that could affect the provision of care, such as failure of the electricity or gas supply.

People's care records contained enough information to guide staff on the care and support people required. Care records showed that risks to people's health had been identified and plans were in place to help reduce or eliminate the risk. People and their relatives were involved and consulted about the development of the care plans. This helped to ensure the wishes of people who used the service were considered and planned for.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of both MCA and DoLS.

The meals provided were varied and nutritionally balanced. People told us they enjoyed the meals.

Systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of running the home.

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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

Sufficient suitably trained staff who had been safely recruited, were available to meet people's needs

Suitable arrangements were in place to help safeguard people from abuse.

The system for managing medicines was safe and people received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment.

Staff received sufficient training to allow them to do their jobs effectively.

People were provided with a choice of suitable nutritious food and drink.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

The staff showed they had a good understanding of the care and support that people required.

We saw that staff cared for people who used the service with dignity and respect.

Specialist training was provided to help ensure that staff were able to care for people who were ill and needed end of life care.

Is the service responsive?

Good ●

The service was responsive.

The care records contained sufficient information to guide staff on the care to be provided.

Systems were in place for receiving, handling and responding to complaints.

In the event of a person being transferred to hospital, information about the persons care need and current medication was sent with them.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post.

Systems were in place to monitor and assess the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Staff spoke positively about working at the home. They told us the management was supportive and approachable.

Abafields Residential 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 07 April 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before this inspection we reviewed the previous inspection reports and notifications that we received from the service. We contacted the local authority commissioners of the service to seek their views about the home. They told us they had no concerns.

During the inspection we spoke with four who used the service, three members of staff, the cook and the registered manager and a visiting healthcare professional. There were no visitors in the home at the time of the inspection.

We looked around most areas of the home, looked how staff cared for and supported people, looked at three care files, four medication records, three staff recruitment files, training records and records about the management of home.

Is the service safe?

Our findings

Discussions with staff and people who used the service showed there were sufficiently suitable experienced staff available to meet people's needs. One person spoken with told us, "The staff are very kind, compassionate and caring. They go out of their way to make sure we are comfortable, I feel very safe knowing they are looking after me". Another said, "I feel very safe knowing that there is always someone around especially at night time".

We looked at three staff personnel files and saw a safe system of recruitment was in place. The recruitment system was robust enough to help protect people being cared for by unsuitable staff. The staff files contained a written application form, references and other forms of identification. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with vulnerable people.

We looked around the home and saw bedrooms, bathrooms; communal areas were clean and there were no unpleasant odours. One person spoken with told us, "I have a lovely clean and tidy room, I am very comfortable".

Records showed that risk assessments were in place for areas of the general environment and policies and procedures were in place in relation to ensuring compliance with health and safety regulations. We saw that equipment and services within the home had been serviced and maintained in accordance with the manufactures instructions. The home employed a maintenance person to undertake regular checks and the up keep of the general environment. This helped to ensure the safety and well-being of people living, visiting and working at the home.

We saw procedures were in place for dealing with any emergencies that may occur such as utility failures. We saw emergency evacuation plans (PEEPs) had been developed and were held in a file in the main office. A PEEP provided the fire service with information needed to assist people who used the service to a place of safety and if any equipment was required. We saw that fire checks had been carried out and on the day of the inspection fire exits were clear of any obstructions.

We saw the infection control procedures were in place and a recent audit by Bolton Infection Control team rated the service at 87%. Infection control was an essential part of the staff training programme. We saw staff wore protective clothing such as disposable gloves and aprons when carrying out personal care tasks. We saw that if staff went in to the kitchen at any time a full change of clothing was required. This helped to eliminate the risk of any cross infection. Hand sanitizers were situated around the home and liquid soap and paper towels were available in bathrooms and toilets.

Suitable arrangements were in place to help safeguard people from abuse. The training matrix showed staff had completed training in the protection of adults. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. Staff spoken with were able to tell us what action they would take if abuse was suspected or

witnessed.

Staff had access to the whistle-blowing procedure (the reporting of unsafe practices) and knew who to contact outside the service if they felt their concerns would not be listened to by the management. The care records we looked at showed risks to people's health and well-being had been identified, such as risk of choking and the risk of developing pressure ulcers. We saw that appropriate action had been taken to help reduce the identified risks and the care records were updated to reflect any changes.

We looked to see how the medicines were managed. The service used the Biodose system. This is where medication is stored in a pod. Each pod contained either tablets or liquid. There was photographic identification on the front of each person's tray, this helped minimise medication mistakes. We saw medication was checked before offered to people and then recorded on the individual's medication administration record sheet (MARs). We saw that medicines including controlled drugs were securely stored. Controlled drugs were recorded in the controlled drugs register and these had been signed and countersigned when administered. The senior member in charge of the shift told us that there was a designated person who was responsible for the ordering, receiving and disposal of medication.

Is the service effective?

Our findings

We looked at the three staff files. We saw that new members of staff completed a comprehensive induction and essential training for example moving and handling, caring for people living with dementia and safeguarding. Staff spoken with confirmed they had opportunities for training and development. One member of staff told us, "There is always plenty of training. The manager encourages and supports us with any training we think would be beneficial".

Supervision sessions were completed on a regular basis and appropriate records completed. Supervision meetings help staff to discuss their progress at work and any learning needs they have. Records showed that staff also received annual appraisals from the management team.

We asked the registered manager to tell what arrangements were in place to enable the people who used the service to give their consent to their care and treatment. We were told that any care and treatment provided was discussed and agreed with people who were able to consent. People we spoke with confirmed this information was correct. One person told us, "I try to do as much for myself as possible. I can get up when I am ready and go to bed when I want. I like to spend some quiet time in my room which is acceptable. If I need help with anything the staff are always on hand to help.

From our observations and inspection of people's care records it was evident some people were not able to give their consent to the care provided. The registered manager told us how they ensured the care provided was in people's best interest. We were told that if an assessment showed the person did not have the capacity to make decisions then a 'best interest meeting' was arranged. A 'best interest' meeting is where other professionals, and family (where appropriate), decide the best course of action to take to ensure the best outcome for the person who used the service.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions, any made on their behalf must be in their best interest 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. The application procedure for this in care homes and in hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated systems to manage DoLS and MCA assessments had been completed with people to determine whether they had capacity to make specific decisions. In instances where people were deemed not to have capacity the registered manager had completed standard authorisations which had been submitted to the local authority. We spoke with the registered manager and staff who a good understanding of MCA and DoLS and associated guidance was in place.

We checked to see if people were provided with a choice of suitable nutritious food and adequate hydration to ensure their health care needs were met. We spoke with the chef who confirmed there was always an ample supply of fresh and dried food including fresh milk, fish and meat. We saw that people were offered a choice of food at each meal. The day's menus were displayed in the dining room in both written and pictorial formats to help people when making choices. We observed part of the lunch time meal and saw staff assisted some people who needed help with their meal in a discreet and sensitive manner. The meal time experience was pleasant and staff interaction was good. One person spoken with told us , "I find the food is very good, it's very tasty, I have no complaints". We saw throughout the day people were offered a choice of hot and cold drinks and snacks.

Records showed that where concerns had been raised with regard to risk of inadequate nutrition and hydration, food and fluid charts were in place to monitor people's daily intake. We saw actions were taken and referrals to the dietician or Speech and Language Therapy team (SALT) had been made as required.

The care records showed that people had access to external health and social care professionals, such as GPs community nurses, specialist nurses, opticians and dentists.

The home provided care and support for people living with dementia. There was signage around the home to help people with orientation around the home. We saw that people's bedroom doors had room numbers on them and a picture of the person to them recognise their own room.

Is the service caring?

Our findings

People who used the service were complimentary about the staff. Comments included: "All the staff are lovely, they work so hard" and "I couldn't ask for better care".

We saw people looked well groomed, well cared for and wore clean and appropriate clothing. Ladies had their hair done and gentleman were clean shaven. We noticed that attention had been given to nail care.

Due to unforeseen circumstances the home had been closed to visitors. The home was due to reopen for visiting the day after our inspection. We left our contact details should any one wish to speak with the inspector.

Discussions with staff showed they had a good understanding of the needs of the people they were caring for. Staff told us they helped and supported people to maintain their independence. We saw that the staff respected and attended to their needs discreetly. We found the atmosphere within the home was friendly and relaxed. There was a respectful rapport with staff and people who used the service.

One health care professional we spoke with said, "The staff here very good. They work well with us and always act on advice we give them. I have no concerns about the practice here".

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that staff and completed the Six Steps end of life training. We were told that the Six Steps programme guarantees that every possible resource is made to facilitate a private, comfortable, dignified and pain free death. This meant that people could be cared for in their own home in familiar surroundings by people they know and trust.

The service produced a guide for people who may want to use their services and their families. This included information about the service and the facilities, the complaints procedure and the staffing structure of the home and their designations.

Is the service responsive?

Our findings

People spoken with told that staff responded well to their needs. One person told us, "If I press the buzzer for assistance, they [staff] come as quickly as possible, I never have to wait long". Another person said, "If I am not feeling well the girls [staff] would contact my doctor and arrange a visit, they're good like that".

We looked at the care records of three people who used the service. The care records contained sufficient information to guide staff on the care and support to be provided. There was good information about the person's social and personal care needs. People's likes and dislikes, preferences and routines were documented in the care records. We saw the care records were reviewed regularly to ensure the information was up to date and reflected the person's current support needs. There was evidence in the care records to show that people who used the service and their family (where appropriate) had been involved in the care planning and decision making.

In the event of a person having to be transferred to hospital, information about the person's care and the medication they were taking would be sent with them on a hospital transfer document. This helped to provide continuity of care.

We looked to see what activities were provided for people. The activity programme was displayed. Activities included reflexology, entertainers, nail care, keep fit, Zumba, arts and crafts and gardening. We saw people were joining in a reminiscence quiz which generated areas of discussion and laughter. People were also encouraged to pursue their own hobbies and interests. One person told us how they enjoyed writing their own books.

Staff told us they had enough equipment to meet people's needs. This included wheelchairs, walking aids and hoists. Suitable adaptations were in place such as grab rails and assisted bathing facilities to help promote people's safety, comfort and independence.

The complaints procedure was displayed and we saw the provider had a clear procedure in place with regards to responding to any complaints and concerns. People spoken with told us they would feel able to raise concerns with the registered manager or any of the staff.

We saw that the service had received a number of compliment cards from relatives thanking the registered manager and staff for their kind, compassionate care and support provided to their relatives during their stay at Abafields.

Is the service well-led?

Our findings

The home had a registered manager who had been in post for several years. The registered manager confirmed that they were supported by the provider who was in regular contact with the service.

We asked the registered manager to tell us how they monitored and reviewed the quality of the service to ensure that people received safe and effective care. We were told that regular checks were undertaken on all aspects of the running of the home. We were provided with evidence of some of the checks that had been undertaken, for example medication records, care plans, infection control and environmental checks. We saw that where improvements were needed, action was identified and timescales for completion.

We saw maintenance checks for the service including fire equipment, gas and electrical, lift and hoists and small portable appliances had been undertaken and certificates were valid and in date.

Handover meetings were undertaken at the start of each shift to help ensure that staff coming on duty were fully updated on any changes in a person's condition and subsequent alterations to their care plan was properly communicated and understood.

Staff spoken with spoke positively about working at the home and that they were supported by the management team. One member of staff told us, "It's a pleasure coming to work". The staff turnover was low with some staff having worked at the home for a number of years. This helped to provide continuity of care for people living at the home.

We were told that formal team meeting and residents meetings were held. Minutes of the meetings were available. The registered manager operated an 'open door' policy at the home so that people could approach them at any time.

We saw that the management sought feedback from people who used the service, their relatives and staff. Results were positive and comments from relatives included, 'I'm always made welcome'. 'We can visit in private'. 'The home is spotless' and 'The manager is very approachable'. Comments from staff included, 'I would tell my friends about Abafields' and 'I'm proud to say I work at Abafields'.

We checked our records before the inspection and saw that accidents and incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by the management to ensure people were kept safe.