

Abbeyfield Haddenham Society Limited (The)

Abbeyfield Haddenham

Society Limited

Inspection report

Stonehill House, 106 Churchway
Haddenham
Aylesbury
Buckinghamshire
HP17 8DT

Tel: 01844290028

Website: www.abbeyfieldhaddenham.com

Date of inspection visit:

28 April 2016

29 April 2016

Date of publication:

31 May 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 28 and 29 April 2016. It was an unannounced visit to the service.

We previously inspected the service on 30 January 2014. The service was meeting the requirements of the regulations at that time.

Abbeyfield Haddenham Society Limited is a care home for older adults. It is registered to provide accommodation for 11 people. At the time of our inspection eight people lived at Abbeyfield Haddenham Society Limited.

The service had 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 received safe care and treatment in a homely environment. One person told us "When I came to look around, I stood on the front step and said to my son, this is it."

Environmental risk and some personal risks were assessed and managed.

People received medicines on time, and the service had a good auditing system around medicine ordering.

People received personalised care and staff were knowledgeable about people's likes and dislikes. However we observed people's current level of need was not always reflected in individuals care plans. We have made a recommendation about this in the report.

We received lots of positive comments from people who lived at the home. Comments included "It was a good decision to come here," "I am very happy, they [staff] are lovely people, I feel very lucky to be here, I get so well looked after."

Staff had received training on how to recognise abuse and had access to the local safeguarding team contact details.

People were supported by staff who had received training and support to develop their skills. Robust recruitment process ensured that people were suitable to work with older people. One person who used the service stated "The staff are hand-picked."

People were supported by staff who demonstrated compassion and kindness.

People were involved in decisions about their care and consent was gained from people.

People were supported to be part of the local community a number of people who lived at the service attended local social groups. The service featured on the local village website.

People were supported by a service that was well led. There was a very consistent staff team.

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 supported by staff who understood about how to safeguard them from abuse.

People received their medicines when needed.

People were protected from environmental risks such as fire, as a risk assessment had been undertaken.

Is the service effective?

Good 

The service was effective.

People were supported by staff who received training relevant to their role.

People were involved in decision making and consent was always sought.

People were supported to access healthcare when needed.

Is the service caring?

Good 

The service was caring.

People were supported by staff who understood how to promote dignity.

People had support to be as independent as they could be.

People were listened to and their views were taken into account when changes to the service were considered.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Care plans did not always reflect current level of care provided.

People had access to activities both within the home and the

local community.

The service sought feedback from people and local stakeholders.

Is the service well-led?

Good ●

The service was well-led.

People were supported by staff who understood their roles and responsibilities.

People received support from a consistent staff group.

People were supported by a service that looked to continually develop.

Abbeyfield Haddenham Society Limited

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.

The inspection took place on the 28 and 29 April 2016, it was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with the seven people living at Abbeyfield Haddenham Society Limited who were receiving care and support, the registered manager and deputy manager. We received feedback from external professionals who visited the service and relatives. We spoke with four care staff. We reviewed four staff files and four care plans within the service and cross referenced practice against the provider's own policies and procedures.

We spent time observing how people using the service were interacting with staff.

Is the service safe?

Our findings

People felt safe living at the home. Comments included "The way the place is organised makes me feel safe," "I feel secure as the door is not open to the road, and people have to come to the front door, so staff are aware who is in the building."

Incidents and accidents were recorded; staff we spoke with knew when an accident form needed to be completed. The home had an additional falls record. This allowed the registered manager to monitor falls within the home. If required, a falls risk assessment was completed for people assessed at high risk. A relative we received feedback from advised us that their family member had fallen since moving into the home. They felt that on both occasions the situation was "managed very appropriately."

The home took a personalised theme to risk assessment management. For instance, people who were not receiving physical help with personal care and were independently mobile, did not have a manual handling risk assessment in place. We saw that risk assessments were completed for pressure damage and weights were monitored regularly.

Where people were prescribed medicines, they were stored safely. Staff had undertaken medicine training prior to being able to administer them. A competency check for staff had been introduced by the registered manager. They advised us this would be required post theory training and they had planned to review staff competency every year.

The home had support from a local pharmacist who conducted an annual audit on medicines. The last audit conducted on 5 October 2015 demonstrated the service operated safe care around medicines.

We observed medicine administration; staff had good knowledge of the medicine, and always told people what the medicine was. Where people were prescribed 'as required' (PRN) medicine, staff ensured that people were asked if they needed this. We asked the staff and the registered manager if any PRN care plans or protocols existed to guide staff on when PRN medicine should be given. The registered manager advised they did not have these as all the people who lived at the home had mental capacity to decide when they needed PRN medicine.

One person was assessed as being able to self-medicate. A two stage assessment had been undertaken which involved the GP. A risk assessment had been signed off by the person concerned.

People were protected from avoidable harm as staff had an understanding of how to recognise signs of potential abuse. They had received training on safeguarding adults at risk and could communicate their understanding. All the staff we spoke with told us who they would contact if they suspected abuse. The registered manager had given a flash card with key telephone numbers for the local safeguarding team. Staff advised they had received this and would access it when needed.

People we spoke with had no concerns about their safety or any actions by staff which restricted their

human rights. People we spoke with felt confident to discuss concerns if they had any with any member of staff and would not hesitate to raise a concern with the registered manager.

Staff had a good understanding on situations they would raise to outside agencies and were all aware of the service's own whistleblowing policy.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

We observed that staffing levels were adequate to meet people's needs, this was supported by observations that staff responded to call buzzers very promptly, this is also what people who lived in the home told us. One person told us "They always respond, no trouble in responding to the smallest thing." Another person told us "I cannot fault it, they [staff] come and do everything, I always press my buzzer and within minutes they [staff] are here."

Environmental risk management systems were in place and reviewed regularly. Each person who lived at the home had a 'resident fire safety assessment', which detailed how they required to be supported in the event of a fire. The home routinely checked fire safety procedures. The latest fire risk assessment was carried out in September 2015.

Equipment used within the service was well maintained and safety certificates were in date. Repairs were reported quickly by staff.

The home maintained a high standard of cleanliness. Comments from visiting healthcare professionals included "I have always found the home to be well run, clean and tidy" and "All carers respect residents and they live in a clean and safe environment."

Is the service effective?

Our findings

People received effective and compassionate care, from staff who understood their preferences, likes and dislikes. People told us they felt staff knew them "I think they [staff] know you quite well, they have made an effort to get to know me," "Staff are knowledgeable, particularly about my medicines" and "I feel at ease with all the staff, I know some of them quite well." One person, who had not been living in the home long, stated "The staff have got to know me."

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People who lived at Abbeyfield Haddenham Society Limited had mental capacity with regards to the decision to move into the home. Most people had been fully involved in the discussions about the move. For instance, pre-admission visits were offered to people prior to any decision being made. However, one person who moved into the home from another county was unable to visit. The registered manager had spoken with the person over the telephone and had involved health and social care professionals in the assessment. The home had not made any applications to deprive a person of their liberty.

We saw that consent was sought from the person, it was clearly documented. The registered manager had a good understanding on when consent should be sought from a third party. Staff we spoke with had an understanding of the MCA and demonstrated seeking consent from people.

People told us they thought the staff were well trained. Comments included "They [staff] are all very well trained; it's not nice looking after old people as we cannot always control our bodies, but nothing is too much trouble. I have landed on my feet here" and "Staff are well trained and always respectful."

This was supported by records we viewed. Staff received training on topics the provider deemed mandatory. This included safeguarding, medicine and infection control. Staff informed us they had access to additional training. One staff member commented on how a recent course regarding 'end of life care' had been interesting to study. The deputy manager advised us they had a system in place to identify when training was required. We observed that they actively sought outside training sessions from external providers.

The home operated an induction period for all new staff. This included time to read policies and people's care plans. New staff worked alongside existing and experienced staff until they felt comfortable to work alone. A handbook was given to all new staff, this included information about the organisation and what to

expect. The staff we spoke with felt they had time within the induction period to understand their role.

People we spoke with were complimentary about the food provided. Comments included "Its well-cooked, good quality food" and "We get a menu each week and you have to put a cross, the food is very good." A relative told us "They are very flexible and try to accommodate his dietary needs and personal preferences where food is concerned."

People told us they could store a few items in their room as all rooms were equipped with a small fridge and kettle. Most people choose not to use the kettle themselves, but it was used by staff or relatives. These items gave the bedrooms more of a bedsit feel rather than just a bedroom, many people chose to spend most of their time within their own room.

We saw the home worked very closely with the local GP practice. A record was made of all external health and social care visits. People told us and we saw records that people had access to dentists and opticians. The home had taken a proactive role in seeking medical advice where they felt someone's health had deteriorated. The registered manager had written to the GP expressing concern about the effects of a particular medicine. As a result of this a review of the person was conducted by the GP and their medicines changed. The person had a noted improvement to their health.

Is the service caring?

Our findings

People were supported by staff who demonstrated kindness and compassion throughout their interactions. People told us they were very happy to live at the home. Comments included "It was a good decision to come here," "I am very happy living here, the alternatives are too difficult to mention," "I am very happy, they [staff] are lovely people, I feel very, very lucky to be here, I get so well looked after."

People described the staff as "Hand-picked" and "very kind and helpful." Relatives described the staff as "patient" and "absolutely wonderful."

Three people we spoke with commented on the "fun" that was had in the home. Comments included "We have great fun, if you have a joke they [staff] join in" and "We have a laugh and joke, they [staff] are all ok." Two other people commented "I can't fault the staff they are very good in every way" and "Excellent, I cannot fault it."

These comments were supported by healthcare professionals. One external practitioner told us "Overall, I am happy with the home as they aim to provide a happy stress-free environment so that the residents can retain their freedom of choice and individuality. The home continually strives to improve the daily life of the residents and this to me is the most important aspect."

People were fully involved in decisions about their care and treatment. We saw evidence people had discussion about the way they would like to be looked after. For instance, the service always ensured that people had consented if they wished to have a night call. One person we spoke with told us the night call was conducted sensitively as to not disturb them. Another person told us when they called upon staff at night they responded quickly and provided re-assurance when needed.

We saw evidence the service actively encouraged people to be involved in decisions about the home. For instance, one person had requested that classical music be played during dinner time. Everyone who lived at the home was asked if they would like this. The registered manager then used the feedback to change the service available.

People were regularly informed about actions that affected them. For instance, the home was having extensive building work at the time of the inspection. We saw that people who lived at the home were informed of the progress of this. When we spoke with people they had taken this information on board and were able to tell us what stage the building work was at.

People had contributed to risk assessments. For instance, one person had signed their self-medicine administration risk assessment.

People had a keyworker. This was one member of staff who had been identified to take the lead in gaining information about the person and updating their care plans. We found the staff to be very knowledgeable about the people they looked after.

Staff were very enthusiastic to provide a high quality service. This was supported by healthcare professionals who visited the service, who told us "At the home, I believe the quality of services is at the heart of everything the carers do. The home has set the highest level of care and the carers do everything to the best of their ability" and "The staff are very attentive and appear to have a very good relationship with the residents. When chatting with the residents in their own rooms they seem very content and happy in their surroundings."

Staff were able to tell us how they would respect people's dignity and privacy and we witnessed this in action. Staff kept the person at the heart of any decision making. For instance, people were asked what support they required, where they would like to eat and what activities if any they wished to join in.

People were encouraged to be as independent as possible; many people who lived at the service required only minimal assistance with personal care. At least two people we spoke with went out with family. The service encouraged and supported people to maintain personal relationship with family and friends.

The home did not have anyone receiving end of life care. However, some staff had received training in this and more was planned. The registered manager advised us that they would only seek to move a person if all external support had been explored as they wanted to provide a home for life. This was endorsed by a relative who told us "I don't think my mother could be receiving any better care and I just hope that she will be able to end her days at Stonehill [Abbeyfield] where she has been happy for I think nearly ten years." When people had expressed end of life wishes these had been recorded.

Is the service responsive?

Our findings

People had a comprehensive pre-admission assessment completed by the registered manager or deputy. Information was gathered at the initial assessment. Topics such as mobility, memory state and how people communicated was recorded. Likes and dislikes were discussed with people. Post pre-admission assessment people were invited to join the existing residents for lunch. This was an opportunity for prospective residents to spend time in the home and ask any questions.

We saw correspondence from a prospective relative which gave positive feedback to the registered manager about how the pre-admission assessment had been undertaken. It clearly demonstrated that the person was fully involved in the decision.

We spoke with one person who had not lived at the home long. They had been unable to visit the home prior to moving in, however, they informed us that they were fully involved in the decision and the registered manager had spent time talking to them on the telephone. The registered manager had also gathered details from the person's existing care provider following consent.

A number of people who lived at the service had done so for some years. As such care plans did not always reflect the current level of support. We spoke with the registered manager about this, as it was difficult to understand what the care staff were supporting people with. The registered manager was able to tell us about people's needs. When we spoke with staff they were knowledgeable about people's needs and could tell us how they would support one. The main theme provided by the registered manager was they provided person centred care. They told us the staff would ask the person what help they needed. We spoke with one person who told us "we work together; the staff help me when needed."

We recommend the service seeks support from a reputable source about ensuring the current level of need is reflected in care plans.

We spoke with people and they felt involved in decisions about care and support. One person told us "If there is something to laugh about we have a laugh, the staff always come and tell you what's going on. I always feel invited and my decision to attend or not is always respected."

People were encouraged to join in activities both within the home and the local community. On day one of our inspection we observed one person attending a local club for the day. Another person told us they went to a club once a week. Staff informed us that activities were person centred, for instance, one session which was going to be craft turned into cake decorating.

People's decisions not to engage were respected by other residents and staff. One person chose to have their breakfast in the main dining area. They were the only one who used the dining room at breakfast time and this was accommodated.

Many people who lived at the home commented on the freedom and access to the garden. Four rooms had direct access to the garden. One person told us they were looking forward to the warmer weather so they

could spend time out in the garden. Another person commented on the varied wildlife seen in the garden.

Relatives and visitors had unrestricted access to the home. Staff were knowledgeable about people, so could update relatives when they visited. One relative told us "Nowadays when I go in whoever is on duty usually gives me a quick bulletin on how [relative] is and if I have concerns I call in on [manager] in her office on my way to see my mother or during my visit."

The home had formal and informal methods for gaining feedback from people and their relatives. A complaints procedure was in place. However, the home had not received any formal complaints since the last inspection. We did see evidence where relatives had made a comment or queried something with the registered manager. We noted that these were quickly responded to and evidence kept in each person's own record.

The registered manager advised due to the home being so small, little niggles tended to get sorted out very quickly. This was supported by what people told us. For example, people told us "I just have to speak to the staff and it's all sorted, I feel I can speak to all staff about anything."

Is the service well-led?

Our findings

People were supported by a home that was well-led. The registered manager had been in post since the home opened in 1985. They had continued to develop their own skills and invested in staff to achieve the highest quality care. The mission statement "to enhance the quality of life of older people" was understood by all staff and could be seen in action. For instance staff encouraged people to participate in activities they used to enjoy before moving into the home. The home always sought the views of people who lived at the home to help it develop.

People were supported to access the community facilities, including social clubs. The home played an integral role in the local community. Two voluntary transport schemes supported people with access to healthcare appointments and trips out. A retired GP held music sessions both within the home and had invited residents to a concert held locally. A local group, the Workers' Educational Association (WEA) held monthly talks within the home. These were accessed by local people as well as people who lived at Abbeyfield Haddenham Society Limited. Previous sessions had discussed 'The life and work of Gaudi' and the next session booked was about 'The Orangutans of Borneo'.

Last year the home celebrated being open 30 years and was marked by local people in the village. A number of fundraising events took place and were advertised on the village website. For instance, a dance-a-thon raised in excess of £2,000.

The home worked alongside 'heartbeat Haddenham' and stored the village defibrillator on its premises. All staff working in the home had received training on how to use it.

The registered manager was supported by a local line dance group, the Ponderosas, actively who did fund raising for the home. The home had used the funds raised to enhance the quality of the accommodation in the home. At the time of our inspection the last four bedrooms had been converted to be 'on-suite'.

The registered manager was available throughout our inspection, as they lived on site they were able to respond to emergencies. Staff felt supported by management and told us they would not hesitate to talk to the registered manager. Staff we spoke with told us "They [manager] are very approachable" and "It is easy to talk to management and they listen."

The home benefitted from a consistent staff group. Comments from staff included "I stay here because it is such a nice job, it's got such a homely atmosphere" and "We are like a big family, it's the best place I have worked in."

Staff understood the values of the organisation and were enthusiastic about promoting people's independence.

The registered manager was aware of their responsibilities and always informed CQC of events they needed to.

Staff understood what the management required as a staff handbook was given to all new starters and regular team meetings happened to share communication with staff.

The registered manager sought regular feedback from people to monitor the quality of the service; clear policies provided structure to the running of the home. Regular audits were undertaken to ensure quality in service provided and helped further service development. The home had been awarded the 'core standard' certificate from The Abbeyfield Society, this was only awarded to services which demonstrated a level of competency and it was validated externally.