

Abbeyfield Society (The)

Abbeyfield Hope Bank View

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

The inspection took place on 27 September and 2 October 2018 and was announced. This was the first inspection of the service since it was registered.

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

Not everyone using Abbeyfield Hope Bank View receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 59 people receiving support with personal care when we inspected.

The service had a registered manager. 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 and staff told us the registered manager was approachable and supportive.

The registered manager had not submitted some required statutory notifications to the CQC. We are dealing with this matter separately.

People gave extremely positive feedback about the care they received. We observed there were good relationships between people and staff and they regularly socialised in the communal areas.

People and staff said the service was a safe place to live. Staff knew how to report safeguarding concerns and were aware of the whistle blowing procedure. However, staff told us they did not have any concerns about people's safety.

Positive told us there were enough staff on duty and that they responded quickly when they needed assistance. They also said staff were reliable and usually turned up on time for planned care calls. The provider had effective recruitment procedures so that new staff were recruited safely.

Medicines were managed safely. People told us they received their medicines on time. Accurate records were kept showing the medicines staff had given to people.

The provider had up to date emergency procedures. Incidents and accidents were fully investigated and action taken to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs had been assessed and this was used to develop care plans. Care plans were detailed and described how people wanted their care provided.

Staff were supported well and received the training they needed for their respective roles.

People received the support they required with meeting their nutritional needs. One meal each day was provided as part of the tenancy agreement. Staff supported people to prepare other meals throughout the day.

Staff supported people to access health care services when needed. Care records showed people had input from various health professionals, such as GPs, community nurses and speech and language therapists.

People gave only positive feedback about the service but confirmed they knew how to complain if needed. A small number of complaints had been received which had been fully investigated and resolved.

Quality assurance checks were completed and these were effective in identifying and resolving issues. There were opportunities for people and staff to share their views about the service.

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 and staff said the service was safe.

Staff knew about safeguarding and the whistle blowing procedure, including how to report concerns.

There were enough staff deployed so that people received their care in a timely way. New staff were recruited safely.

Medicines were managed safely.

There were procedures to deal with emergency situations. Incidents and accidents were thoroughly investigated.

Is the service effective?

Good ●

The service was effective.

People were asked to give consent before receiving care.

People's needs had been assessed to determine the care they needed and wanted to receive.

Staff had good support and were provided with the training they needed.

People were supported to meet their nutritional and healthcare needs.

Staff supported people to access health care services when needed.

Is the service caring?

Good ●

The service was caring.

People were happy with the care they received.

People described staff as kind and caring.

People were treated with dignity and respect and staff encouraged them to be independent.

Care records were personalised and included information about people's preferences.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and personalised to reflect people's wishes.

Activities were organised within the service which people could access if they wanted.

People knew how to complain if required. Complaints had been fully investigated and resolved.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Some required statutory notifications had not been submitted to the CQC.

People and staff described the registered manager as approachable and supportive.

The provider had a system of effective quality assurance checks.

People and staff were able to provide feedback about the service and the care provided.

Abbeyfield Hope Bank View

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 27 September and 2 October 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that they would be in.

Prior to the inspection we contacted external commissioners of the service from the local authority and the Clinical Commissioning Group (CCG), as well as the local authority safeguarding team and the local Healthwatch. We used their feedback during the planning of this inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with six people who used the service. We spoke with a range of staff including the registered manager, one senior care worker and two care workers. We viewed a range of records including seven people's care records, five people's medicine records, training records and other records relating to the quality and safety of the service.

Is the service safe?

Our findings

People and staff felt the service was a safe place to live. One person said, "I feel safe in here. They [staff] check I am okay." Another person told us, "It is very safe, I never even think about it." A third person commented, "It is safe for me. If you are not in your room at the at the usual time, they come and look for you to check you are okay." One staff member commented, "Yes, it is safe. We make sure the residents are safe." Another staff member told us, "It is safe, secure."

The provider had policies and procedures relating to safeguarding. Staff had completed relevant training which meant they had a good understanding of safeguarding. They also fully understood the provider's whistle blowing procedure. They told us they had not needed to use it previously but would not hesitate to do so if required. One staff member said, "If I thought something was wrong I would report it." Another staff member told us, "I wouldn't have any qualms [about raising concerns]." Previous safeguarding concerns had been submitted to the local authority safeguarding team and fully investigated. Records showed robust action had been taken to ensure people remained safe.

A number of these safeguarding concerns had been about medicines errors. The registered manager had identified a trend. They had taken direct and decisive action, including using the provider's disciplinary procedures, to ensure improvements were made to the management of medicines at the service. This meant when we inspected medicines were now managed safely.

Staff had completed safer handling of medicines training and had their competency assessed before administering people's medicines. Records showing which medicines staff had given to people were accurate. Where people had medicines which were only to be given 'when required', guidance was available for staff to help them make decisions safely about whether to administer these medicines. People told us they received their medicines on time. One person said, "They [staff] make sure I take my tablets." Another person told us, "All my tablets are regulated. They are always on time with medicines."

Health and safety related potential risks to people's wellbeing had been highlighted and assessed. Each person had a 'home risk assessment' which looked at areas such as moving around the building and the safe use of equipment. Where a risk was identified, control measures were in place to reduce the risk of harm.

People received their care from a consistent and reliable staff team. They told us staff arrived on time and stayed for the full length of the call. One person said, "They are usually on time." Another person commented, "Staff respond to the buzzer quickly." Another person told us staff responded "practically immediately" if they needed assistance. A third person told us about a recent time when they needed assistance. They commented, "I pressed my buzzer and they were straight down." Staff also confirmed staffing levels were good. One staff member commented, "Staffing levels are quite good. We can respond quickly if we need to." Another staff member said, "Staffing levels are not too bad at all."

The provider had effective systems to ensure new staff were suitable to work at the service. This included a

thorough interview and selection process, pre-employment checks with the Disclosure and Barring Service (DBS) and receiving references from previous employers. DBS checks help employers make safer recruitment decisions as they are used to complete a criminal record and barring check on individuals intending to work with children and vulnerable adults. One person told us, "[Registered manager] had chosen well [when recruiting the staff team]. Volunteers are chosen well. They are absolutely fabulous, friendly and polite."

The provider had systems to review incidents and accidents in the service. This helped to ensure appropriate action was taken to keep people safe. Records showed that following each incident, a full report was completed detailing the investigation and the action taken as a result. This included referrals to external health and social care professionals for expert advice and guidance. Where appropriate relatives had been involved in determining the appropriate course of action to protect their family member. The registered manager was in the process of developing a tool to make identifying trends and patterns more effective. This had been recommended following a recent local authority review of the service.

The environment was very clean and well maintained. Staff had completed infection control training and followed the correct procedures. People enthusiastically commented on how beautiful the service was.

Is the service effective?

Our findings

People's needs had been assessed both before and after they moved into the service. This was used to identify with the person how they wanted their care provided. The assessment covered areas including physical, sensory and emotional needs and people's preferences. Each person also had a social profile which identified whether the person had any needs in relation to religion, lifestyle or culture.

The provider had a clear focus around equality and diversity and how it aimed to treat people fairly. They had taken some practical steps by making information available in a range of formats, such as audio and large print. They were also committed to making their services accessible to wheelchair users.

Staff were well supported and received training they needed. One staff member told us, "We have the manager and [care lead] to speak to. There is good communication. I feel confident speaking to them. I had a one to one not long ago when I was signed off as competent." Another staff member said, "They do training in a lovely, friendly atmosphere." Records showed staff had completed the training the provider had deemed as essential for all staff. This included health and safety, first aid, moving and handling and fire safety. The registered manager told us the priority was for all staff to complete this essential training. The plan was then for staff to complete additional training, such as dementia awareness and end of life care. As the service had been operating less than one year appraisals were not yet due.

People received support with nutrition in line with their individual needs. They received one meal each day in the restaurant as part of their tenancy agreement. People had previously raised concerns about the quality of these meals. The registered manager had taken immediate action to improve the meals provision. People gave us mixed views about the meals. However, most acknowledged the meals had improved. One person told us, "The tea-time meals, they have been pretty good this week." Staff supported people to prepare other meals depending on their needs and wishes. Where people had been assessed as at risk of poor nutrition, staff monitored their food and fluid intake to help ensure they had sufficient to eat and drink.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Restrictions had been placed on some people. For example, where people were assessed as at risk from medicines, medicines were stored in locked cabinets and staff withheld the keys. We noted this was done either with consent or following a formal MCA and best interests decision.

Staff told us people currently had capacity to make daily living choices. One staff member said, "People are okay at the moment [with making daily living choices] but there will come a time when some people might need best interests decisions." Staff sought consent from people before providing any care. One staff member commented, "Everything is done with consent first." One person said, "I can do what I want to do. If I want to go out, I just go out." People's care plans confirmed whether people needed assistance in this area and how this should be provided.

Staff supported people to attend healthcare appointments if required. Records showed people had input from a range of health professionals including GPs, community nurses and speech and language therapy. Where recommendations had been made, these were incorporated into people's care plans.

Is the service caring?

Our findings

People gave us positive feedback about their care and the caring nature of the staff team. One person commented, "It is fantastic the way they have got it. The staff are nice and the manager is nice. It is good. I wouldn't leave here for nobody. I just love it here." Another person told us, "It is a nice place to live. From the minute you come in you know it is a nice place." A third person said, "The staff in here are excellent. They are good to talk to. I cannot speak highly enough of them. This place is a godsend." A fourth person said, "It is a beautiful place, I love it to bits."

People described having positive relationships with staff. Staff had a very good understanding of people's needs. One person told us, "They [staff] are all nice, I have never come across a wrong one. I call them 'our friends who care for us.'" One staff member commented, "We go in the lounge and chat with them. We have a coffee and sit with people. There are no cliques, everyone gets on." We observed people and staff often socialised with each other in communal areas.

People were treated with dignity and respect. One person said, "They treat me lovely, great." Another person told us, "We have pretty good staff. They treat me with respect." A third person commented, "The staff are lovely, they are all nice and friendly. They look after you alright." Staff described how they adapted their approach to ensure people received care in a dignified and respectful way. This included closing doors to maintain privacy, explaining what they were doing and keeping people covered up as much as possible.

Staff supported people to be as independent as possible. People explained how the staff encouraged them to do as much for themselves as they were able. They had their own keys to their flat so they could come and go at will. One person said, "I go shopping or if I feel like it I just stop in and have a quiet day. I can do what I want. If I want to go out I just tell the staff."

Care records were very personalised. They included information about how people wanted to be cared for and their preferences. For example, one person liked visits from family, walking, watching TV and listening to the radio. This meant information was available to help staff gain a better understanding of people's care needs.

People were provided with information, in appropriate formats, about a range of areas. These were contained in a service user guide which was available to all people using the service. This clearly detailed the standards people should expect to receive including the right to be treated with dignity, to have an independent advocate and for confidentiality and privacy to be respected.

Is the service responsive?

Our findings

The service was adaptable and flexible to people's needs and preferences. The registered manager told us about how one person had difficulties using the restaurant at the same time as the other residents. In order to overcome these difficulties staff had arranged for the person to have their meal half an hour before other people, which had a positive impact as the person was "much happier now". One person told us about how a bookcase had been moved into a communal lounge following feedback from people. They said, "The residents suggested moving the bookcase and they did it."

People's care plans were detailed and personalised to reflect their individual needs and wishes. They described the care people needed from staff during each call. Desired service outcomes had been identified which were based around what was important for each person. For instance, one person wanted staff to help them take their medicines safely and to remain as independent as possible. Specific prompts had been included to remind staff about important things to each person to maintain their safety and dignity. For example, one person wanted staff to always knock and wait for an answer before entering their apartment and for staff to ensure their walking stick was close to hand. In most cases, people were aware they had care plans. They had also signed to confirm they were happy with the plan.

The provider completed a standard assessment to identify any potential risks to people's safety in relation to the care provided at the service. This covered a wide range of areas, such as communication and cognition. Where a risk was identified, control measures were documented to guide staff about how to minimise the risk of harm to people. We noted on some occasions the control measures lacked detail. We discussed this with the registered manager who agreed to review the assessments.

People had the opportunity to be involved in reviews of their care. We saw from records a review took place after six weeks to check on how people had settled and whether any changes were needed to how their care was provided. Feedback had been positive in all of the review records we looked at.

People described how they could socialise with other residents or participate in a range of activities at the scheme. One person told us, "There is loads to do and people to talk to." Another person said, "I go shopping three days a week. We all sit and have a good gossip."

Although we only received positive feedback, people knew how to complain if they were unhappy with their care. One person said, "I have no worries about living here. If I did I would talk to the staff or [registered manager]." Another person said, "If there are any problems, I go to the office and it is sorted out straightaway."

Is the service well-led?

Our findings

The service had a registered manager. We found the registered manager had not made the required statutory notifications to the Care Quality Commission. For example, where incidents had been referred to the local authority as potential safeguarding concerns. Notifications are changes, events or incidents the provider is legally obliged to send to CQC within required timescales. The required action to investigate these concerns had been taken. We are dealing with this matter separately outside of the inspection process.

People described the registered manager as supportive and approachable. One person told us, "[Registered manager] is just so nice. She is a person I can talk to and sorts things out." Another person said, "I have no problems talking with the manager." A third person commented, "It is a beautifully run place."

Staff also gave us positive feedback about the registered manager. One staff member commented, "[Registered manager] is very approachable. You couldn't ask for a better boss." Another staff member said, "Management are great, any questions you can just ask them and they would show you. The door is always open." A third staff member told us, "It is well managed, [registered manager] has put an awful lot in place. She is approachable, I can just go and knock on the door. The care manager is also brilliant. There is an open-door policy, I can go and knock and say anything."

The service had a friendly and welcoming atmosphere. One person told us, "I am so relaxed, it is so cosy here. I have loads of friends, we have a laugh. It is so good." Another person commented, "The friendliness in here, it hits you. It is so friendly." A third person said, "There is a great atmosphere." One staff member commented, "Everyone gets on with everyone. It is a nice place to live and work." Another staff member said, "The atmosphere is always pleasant."

People's views were welcomed and listened to. They had been consulted twice since the service opened to gather feedback about the scheme. People had completed questionnaires covering all aspects of the service including the environment, communication, menus, dignity respect and staff training. Positive feedback had been given by the 31 people involved, with an overall satisfaction rate of 90%. Monthly resident's meetings also took place.

There were opportunities for staff to share their ideas about improving people's care. One staff member commented, "They do listen, if I have ideas they would listen to them definitely. Management never put you down."

The provider had a structured approach to quality assurance. This included regular checks of areas such as medicines management, infection control, health and safety and incidents. The registered manager was enhancing these systems to help identify trends and lessons learnt more easily. Where areas for improvement were identified, the registered manager had been proactive in developing action plans to drive through the necessary improvements.

The service had received compliments and thank you cards from people and relatives who wanted to praise the service and the staff. They described how the staff had shown 'kindness and care' and 'love and respect'. Other compliments praised staff for their 'hard work and dedication' and stated staff 'deserve a medal'.

People were sent a monthly newsletter informing them about what was happening within the service. The newsletter was used to promote events, social groups and community organisations within the service. For example, a local heritage group and a knitting group. It was also used to inform people about health and safety issues, such as fire drills and how to contact staff if needed.