

Abbeyfield Reading Society Limited(The)

# Abbeyfield Reading Society Limited

## Inspection report

11 Maitland Road  
Reading  
Berkshire  
RG1 6NL

Tel: 01189572826

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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

Abbeyfield Reading Society Limited is a care home without nursing that provides a service to up to 28 older people. At the time of our inspection there were 24 people living at the service. Accommodation is provided over three floors and all rooms have en suite facilities.

At our last inspection in July 2018 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated any risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service continued to meet all the fundamental standards and had a registered manager as required. The registered manager was present and assisted us with the inspection.

People were protected from the risks of abuse. Risks were identified and managed effectively to protect people from avoidable harm. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable. Medicines were handled correctly and safely.

People received effective care and support from staff who knew them well and were trained and supervised. We have made a recommendation related to reviewing the ongoing staff training at the service.

People received care and support which was personalised to meet their individual needs. They knew how to complain and staff knew the process to follow if they had concerns.

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 right to make their own decisions were protected.

People benefitted from a service which had an open and inclusive culture. Staff were happy working at the service and people benefitted from having staff who felt well managed and supported.

People were treated with care and kindness and their right to confidentiality was protected. People's diversity needs were identified and incorporated into their care plans where applicable. People were treated with respect and their dignity was upheld.

Further information is in the detailed findings in the full report.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Abbeyfield Reading 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.

This was a comprehensive inspection. It was unannounced and took place on the 8 and 9 January 2019. The inspection team included one inspector on both days plus an expert by experience on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the registered manager sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with the registered manager and the deputy manager. We also spoke with 10 people living at the service, one visiting relative and eight care workers. As part of the inspection we sought feedback from eight community professionals and received responses from three.

We looked at four people's care plans, daily notes, monitoring records and medicine administration sheets. We saw staff recruitment files for the five staff members who had been employed since our last inspection. We reviewed a number of other documents relating to the management of the service. For example, staff training records, staff supervision and appraisal log, premises safety records, legionella and fire risk assessments, staff meeting minutes and various audits.

# Is the service safe?

## Our findings

The service continued to provide safe care and support to people.

People were protected from the risks of abuse and felt safe living at the service. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. People were relaxed around staff and we saw many positive interactions between people, relatives and staff. People told us this created an atmosphere in which they felt safe. One person said, "[It is] nice and safe and a very happy place to be." People said staff were available when they needed them. One person commented, "Plenty [of staff]. They are all very good and very quick [to come] when I call."

People were protected from risks associated with their health and care provision. Staff assessed such risks and incorporated them into people's care plans. For example, risks associated with mobility and nutrition. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm. Community professionals thought the service and risks to individuals were managed so that people were protected. Comments from professionals included, "The risks are managed well with sufficient staff at all times" and "The team provide a safe and secure environment".

Environmental risks to the safety of people, staff and visitors had been assessed and actions had been taken to minimise those risks. Safety checks of the premises were carried out regularly. For example, hot water temperature checks, fire safety checks and fire equipment checks. The staff monitored other environmental risks, such as maintenance needs and fridge and freezer temperatures as part of their daily work. Emergency plans were in place and staff were aware of their content. For example, there were emergency procedures in case of fire. People were protected from the risk of infection. The premises were clean and tidy. Staff had been trained in infection control and we saw they put their training into practise when working with people who use the service

People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included the majority of the required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks. There were some missing items of information but the registered manager obtained the information promptly after the inspection. The registered manager explained they would make sure they checked that all required recruitment information was obtained in future before new staff were rostered to work with people living at the service.

People's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

# Is the service effective?

## Our findings

The service continued to provide effective care and support to people.

People received care and support from staff they knew and who knew how they liked things done. Each care plan was based on a full assessment and people had been involved in drawing up their plan. The care plans were kept under review and amended when changes occurred or if new information came to light.

People told us staff knew what they were doing when they provided support. A relative thought staff had the training and skills they needed when supporting their family member and commented staff were, "very well trained". Community professionals said the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One professional commented, "People are cared for, wellbeing and personal hygiene is always good. People give positive feedback all the time."

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. Staff felt they received the training they needed to deliver quality care and support to the people living at the service. The service provided training in topics they considered mandatory, such as health and safety, fire safety and first aid. Mandatory training refresher training was up to date. Additional training was also sought and provided to staff depending on the specific needs of people living at the service. For example, training in dementia awareness.

We noted the training provided to staff at the service was not fully in line with the current best practice guidelines for ongoing social care staff training. For example, topics recommended for social care staff were not included in the provider's mandatory training curriculum such as safeguarding children.

We recommend that the provider bring the staff training provision in line with the current best practice guidance on ongoing training for social care staff.

Staff received formal supervision with their line manager to discuss their work and how they felt about it. Other management support was provided in the form of daily handover staff meetings and informal chats if requested by staff. Staff had annual appraisals of their work. They confirmed they had regular supervision and said they felt supported by their managers and senior staff. The registered manager planned to introduce more frequent one to one formal supervision meetings with the staff.

People's rights to make their own decisions, where possible, were protected. Throughout our inspection we saw staff asking consent and permission from people before providing any assistance. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards. At the time of our inspection there were no people being deprived of their liberty. However, the registered manager was aware

they would need to apply to the funding authorities for the required authorisation should the need arise.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and dietitians. Community professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. People and their relatives said they could access health professionals when they needed to.

People told us they enjoyed the food at the service and could always choose something different on the day if they did not like what was planned. People said they had a good range of meals and that it was the sort of food they enjoyed eating. Drinks were available at all times and people were free to decide what and when they ate. People were weighed monthly. Staff told us referrals would be made to the GP where there was a concern that someone was losing weight, or was putting on too much weight. We saw staff always made sure foods were available to meet people's diverse and cultural needs and preferences.

# Is the service caring?

## Our findings

Abbeyfield Reading Society Limited continued to provide a caring service.

People were treated with care and kindness. Staff were kind and we saw they knew how people liked to be treated. People told us staff were caring when they supported them. One person commented, "Oh yes very nice and caring staff –nice people." Other comments from people included, "Staff work so hard, couldn't be better", "[Staff are] very kind to me", "I find them mostly caring. Lovely staff" and "[staff] know how I like things done." One person who had recently moved to the home told us, "Everything is beautifully done. I think they know a lot about me already."

Community professionals thought the service was successful in developing positive caring relationships with people. Comments from professionals included, "Very friendly and conducive atmosphere to work. Staff are always willing and supportive" and "Our observations show a positive relationship between staff and residents."

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. Staff listened to them and acted on what they said. Staff were knowledgeable about each person and what they liked to do. We saw a message from one relative, who wrote thanking staff for the care they had given to their family member. The relative had written, "Many thanks for all your kindness, care and attention to mum and for making me and friends and relatives so welcome."

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People said staff encouraged them to remain independent. One person commented, "If they think it's safe they encourage it." People's abilities were kept under review and any change in independence was noted, with changes made to their care plan and support as necessary. Staff were respectful of people's cultural and spiritual needs. They provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.

People felt staff knew how they liked things done and did things in the way they preferred. People's rights to privacy and dignity were supported. They said staff treated them with respect and dignity and one person added, "[I am] very definitely treated with respect." Community professionals said staff promoted and respected people's privacy and dignity. One professional commented on their quality assurance form, "I have a great respect for all the staff as they treat all the residents with the utmost respect and dignity."

People's right to confidentiality was protected. All personal records were kept securely and were not left out in public areas of the service.



## Is the service responsive?

### Our findings

The service continued to provide responsive care and support to people who use the service.

People received support that was individualised to their personal preferences and individual needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Community professionals thought the service provided personalised care that was responsive to people's needs. One professional commented, "Excellent care setting. Very high standard of care delivered by all staff at Abbeyfield."

People had access to a varied activity schedule. Activities provided included: a computer club; exercises; Pilates; arts and crafts; films; knit and natter; crosswords and reminiscence discussions. People confirmed they were able to participate in activities they enjoyed.

People were supported to maintain contact with people important to them. Where possible the service provided access to local events to enhance social activities for all people to access and get involved with, taking into account their individual interests and links with different communities.

The service provided end of life care where required. Staff received training in end of life care and the service was aware of the latest best practice guidance.

Information was provided to help people and their relatives understand the service available to them. The registered manager was aware of the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The registered manager was aware of the AIS and had plans to review and update people's care plans, documenting their communication needs in a way that meets the criteria of the standard.

People knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns with the staff or registered manager. Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. There had been no formal complaints made to the service in the 12 months prior to this inspection.

## Is the service well-led?

### Our findings

The service continued to be well-led.

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. All registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

The provider had an effective audit system in place and the service's staff ensured health and safety audits of the premises were carried out. The registered manager and staff undertook other audits at the service as part of their roles. For example, reviews of care plans and health risk assessments. Staff carried out other health and safety checks on a daily or weekly basis, for example checks of hot water temperatures and food safety checks. The service had been awarded a food hygiene rating of 5 (very good) by Reading Borough Council on 12 March 2018. All records and audits seen were up to date and demonstrated that corrective actions were completed promptly when needed.

People and their relatives told us they had been asked for their opinion about how things were run at the service. They said the management listened and acted on what they said and one added, "Very pleasant and helpful manager." The service carried out an annual quality assurance survey. We saw some of the responses for the last survey carried out in November 2018. One relative commented, "There always seems to be a very pleasant and happy atmosphere in the building and the staff appear to get on well with each other." Another relative wrote, "Our family are very happy with the care and professionalism of all the staff and volunteers. We would recommend to friends with relatives in need of care that Abbeyfield is a first-class care home." Community professionals felt the service was well-led. They said the service demonstrated good management and leadership, delivered good quality care and worked in partnership with other agencies.

People benefitted from a staff team that were happy in their work. Staff told us they felt the service was well-led and they enjoyed working at the service. They felt supported by the management and their colleagues and felt they were provided with training that helped them provide care and support to a good standard. Comments from staff included, "I enjoy it here. The management are good", "I am so happy here", "The team is very supportive" and "The residents are all very relaxed. There is a family atmosphere. I am obviously happy here or I wouldn't have been here as long as I have been".

People felt the service was well managed. One person told us, "She [the registered manager] does it with love. [The home is] beautifully run." On a survey form completed by a health professional in November 2018 the professional wrote, "The hard work of the manager, the deputy manager and all the staff make the home what it is." A relative commented in the same survey, "This home is so welcoming, very friendly. Staff are very

caring. This home has a very good name and I know of three people who have been here. It was highly recommended. The registered manager has been outstanding in helping us with my family member who has special needs and is very ill."