

Masumin Limited

# Abbeleigh House

## 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Abbeleigh House a residential care home that was providing nursing or personal care for 38 people at the time of the inspection, some of whom were living with dementia. Accommodation was provided in a purpose-built home across two floors, with communal areas on each floor.

### People's experience of using this service:

- People, relatives and care professionals told us staff were kind, friendly and helpful. However, we found that the service was not always responsive because the activities provided did not always keep people engaged.
- Care was personalised and tailored to meet people's needs. Staff knew people and their relatives well. People and their relatives were involved in the assessment of their needs and planning of their care.
- The service was safe, clean and well maintained. Risk assessments were completed and staff had received training in the safeguarding of adults. Staff knew the procedures to follow in the event of allegations or suspicions of abuse.
- The design of the home and the facilities available took into account the needs of people who used the service.
- Staff received support, supervision and training to enable them to provide care that people needed.
- People were supported with eating and drinking.
- Staff were caring and compassionate.
- People's medicines were well managed and people were confident they received their medicines as prescribed.
- The registered manager received support from the provider and deputy manager to be able to run service effectively.
- People and their relatives were asked for their views about the quality of the service. Actions were put in place to make improvements as a result of feedback.
- For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

- At the last inspection, published on 24, October 2016, the service was rated 'Good'.
- At this inspection, the rating for the service continues to be 'Good'.

### Why we inspected:

- This was a planned inspection which was based upon the previous rating.

### Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was well led.

Details are in our Well-Led findings below.

Good ●

# Abbeleigh House

## Detailed findings

### Background to this inspection

The inspection:

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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 was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Abbeleigh House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced. This meant the provider and staff did not know we would be visiting.

What we did:

- The registered manager completed a 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.
- We observed how people received care in communal areas and during meal times.
- We spoke with six people who used the service, and two relatives. We spoke with the provider, registered manager, deputy manager, four care workers and an activity co-ordinator.
- We contacted the local authority safeguarding and contracts teams and used the information they provided when planning our inspection.
- We looked at seven care plans, six staff recruitment files and a variety of records relating to the quality and safety of the service.

- We reviewed all of the information we held about the service including statutory notifications. These are records of events and incidents the provider is legally obliged to inform us of.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. One person said, "Yes, I am safe, secure and always have someone to talk to." A relative said, "Yes, [person] always gets help when [they] need help."
- A care professional stated, "I have never had any concerns regarding [person's] safety."
- The service continued to have a safeguarding policy in place. Staff had received training in the safeguarding of vulnerable adults and knew what to do in the event of concerns of a safeguarding nature.

Assessing risk, safety monitoring and management

- Risks to individual people were assessed and regularly reviewed. Plans were put in place to mitigate these.
- There was a fire risk assessment in place and staff had guidance on what to do if there was a fire incident. The registered manager was also completing personal emergency evacuation plans to support people to leave the building if there was a fire.
- Appropriate safety checks were carried out on the premises and equipment.

Staffing and recruitment

- There were suitable numbers of staff on duty during the inspection and people, staff, relatives and social care professionals said there were no issues about staffing levels. The staff rota contained details of staff covering shifts and units.
- Safe recruitment procedures were followed to ensure staff were suitable to work with people and help protect them from abuse.

Using medicines safely

- Medicines continued to be managed safely. Safe procedures were in place for the ordering, receipt, storage and administration of medicines. The medicine administration record sheets and the medicines we checked were all in order.
- One person told us, "[Staff] give me my medicines. I have six little tablets in the morning and one in the evening. [Staff] also ask if I want any pain killers."

Preventing and controlling infection

- The home was clean and two domestic staff were employed.
- Care staff followed the correct procedures and used gloves and aprons where necessary to control infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and the registered manager analysed these to check for patterns to learn from them and prevent reoccurrence.
- A health and safety audit was carried out and any concerns identified were acted upon.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- A clear record of DoLS applications and authorisations was kept.
- Staff had received training in the MCA.
- A consent policy was in place and this was appropriately applied.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were carried out before people moved into the home to ensure the service could meet their needs.
- The design of the premises and development of care policies allowed the staff to provide care in a way that it met people's needs.

Staff support: induction, training, skills and experience

- Staff received regular training supervision and appraisals. Supervision with their line managers identified staff development and support needs.
- Staff felt supported. One member of staff said, "My managers are approachable. They are very supportive and I can talk to them about everything."
- The training matrix showed training considered mandatory by the provider, was up to date and refresher training programmes were booked.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with eating and drinking. One person said, "The meals are nice. I have my food pureed because [of my need]." Where people were at risk of losing weight or had swallowing difficulties, referrals were made to appropriate health professionals for support.

- A four-week menu cycle was available with alternative options offered to people. The chef was aware of people's special dietary needs and how to prepare special diets.

Adapting service, design, decoration to meet people's needs

- The home had been purpose-built. It was designed with dementia friendly principles in mind.
- There were dining areas and allocated rooms for people to sit with their relatives.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a variety of healthcare professionals. A GP visited once every week and more visits could be arranged if there was a need.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff continued to work closely with other agencies. A social care professional commented, "When I have asked questions about my clients, I have always been satisfied with the answers that I have had."

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported with kindness, and told us they were treated well. One person said, "[Staff are] considerate and helpful." A relative told us, "Oh, yes, all the time [staff] come and have a laugh and joke with [person]. [Staff are] kind." A professional said, "I have always had good feedback [about how people were treated] from the relatives."
- Staff showed caring attitude towards people. Relatives told us and compliment cards confirmed that staff comforted and reassured people when necessary.
- There was an inclusive culture in the home and policies reflected how people would be supported. For example, one person's care plan described their preference that they wanted a female member of staff to support them with personal care.
- Staff understood what equality and diversity means. A member of staff said, "We do not discriminate. We see each person as an individual."

Supporting people to express their views and be involved in making decisions about their care

- There were examples of decisions people made in their care plans.
- Staff used advocates to support people where appropriate. Advocates act independently to support people to make and communicate decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity. Staff were able to tell us how they ensured and respected people's privacy and dignity. A member of staff said, "I always make sure that doors are closed when supporting people with personal care."
- Assessment of people's needs detailed people's skills and needs. Staff told us they supported people to be independent by carrying out certain activities such as helping themselves with meals and brushing teeth.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives told us people were not always fully engaged. One person said, "Not much to do, we do keep an eye on the telly." A relative told us, "[Person] has nothing to fiddle with."
- We observed few activities being provided by staff. The registered manager told us that the activity programmes were affected due to some staffing emergencies.
- The activities coordinator worked part time. However, the provider told us they were making the activities' coordinator post full time to ensure people had activities that met their needs.
- Although people's names and date of birth were available at the service, staff did not recognise these and organise birthday celebrations. For example, on the day of the inspection, staff did not recognise and organise a birthday event for one person.
- The provider and the registered manager told us that they made a conscious decision to stop organising birthday celebrations. However, there was no evidence to confirm that people's preferences were considered or they were involved in this decision. The provider told us they would review this decision and ensure that people and relatives were consulted and their wishes were respected.
- The registered manager told us and records showed that entertainers came twice a month.
- Care plans were person-centred. They contained details about people's past life and described who the person was, what they needed, how they wanted to be supported and what their preferences were.
- The registered manager was introducing new care plans to make further improvements. This was to make the administration of the plans easier for staff.
- Staff knew people well and were responsive to their needs. Relatives told us they had been involved in the care planning process.
- The registered manager used an electronic system to monitor the time staff took to respond to call bells. This reassured people and relatives that staff response to people's needs were checked.
- The registered manager talked regularly with people and relatives to find out their views of the service. This often helped the service to make further improvements.
- Details of people's skills and what they could do independently were captured in care plans. This allowed staff to know people's skills and promote independence.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and a log of complaints received was kept with a record kept of action taken. Complaints were responded to in line with the provider's complaints procedure. One relative told us, "I know how to make a complaint but I have got no complaints." Two social care professionals said they could talk to the registered manager or staff if they had any concerns about people's care.
- One complaint had been received, investigated and responded to by the registered manager.

## End of life care and support

- The service supported people with end of life care.
- Community nurses supported care staff as required and staff knew the coordination and provision of end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- A person using the service told us, "[The registered manager] is a very nice person, [they try] to make everyone happy."
- A social care professional commented, "I feel that the management and staff at Abbeleigh House are professional and caring towards the residents, I have no concerns."
- The culture in the home was open and transparent. A member of staff told us, "The managers are very approachable. You can ask them for advice. They help us to be good at our job."
- The provider had a good understanding of person-centred care and was closely involved in the day to day management of the service. When we brought one person's concern to the provider's attention, we were reassured that this would be addressed immediately.
- The registered manager used team and senior staff meetings to communicate important information. This allowed staff to provide consistent and improved care to people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear policies and procedures in place. This showed staff followed clear guidance in the delivery of care.
- Staff told us they felt supported by the registered manager who was also supported by the provider and deputy manager. All staff we spoke with had a clear understanding of their roles and responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys were carried out to obtain the views of people and their relatives. These were collated and action plans developed to make improvements.
- Equality and diversity was integrated in people's assessment of needs and care plans. People's wishes and preferences were recognised and provided for by staff.

Continuous learning and improving care

- The provider and registered manager were open and honest about improvements needed in the service. They had a plan and commitment to achieve these. For example, the provider was committed to make the activity coordinator's post full time to improve the quality of activities people experienced.
- Regular audits of various aspects of the service were carried out. These helped the registered manager to identify any errors or shortcomings.

- Annual survey questionnaires were used to seek the views of people about the quality of the service. This allowed people and relatives to share their views to help the service make improvements.

#### Working in partnership with others

- The service worked with educational institutions and offered student placements to help them gain experience.
- Local faith groups visited the service to support people's spiritual needs.
- The service had good working relationships with health and social care professionals.