

Europe Care Holdings Limited

Abraham House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Abraham House provides personal care and accommodation for up to 30 older people, some of whom are living with dementia. The home is large with bedrooms on two floors. There are communal areas and secure gardens. At the time of our inspection there were 28 people living in the home.

People's experience of using this service and what we found

People received safe care from kind and attentive staff who were knowledgeable about their needs and wishes. People were kept safe from abuse and avoidable harm by staff who understood how to support people to manage the risks in their lives. People received their medicines as prescribed and had regular access to health professionals when required.

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

People received consistent high-quality and person-centred care because the registered manager and staff had effective oversight of care practice and records. Staff understood what was important to each person living in the home and responded to them in ways which promoted their rights and wellbeing.

The registered manager and staff worked together as an effective team. Staff were happy working in the home and felt supported and valued.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rated inspection for this service was good. (Published May 2018) The rating at this inspection has remained the same.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This was a focused inspection looking at the key questions of Safe and Well-Led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

Abraham House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and 1 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

Abraham House is a care home without nursing. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided, and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who lived in the home, the relatives of 6 people and 6 members of staff. We spoke with the registered manager. We looked at the care records of 4 people and medicine records for 6 people. We looked at recruitment and training records and a range of records relating to governance and the safety of the premises.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because the provider had robust procedures and policies in place which mirrored the local authority safeguarding boards procedures. The registered manager followed these procedures.
- Staff had received training about safeguarding and understood how to recognise any concerns and how to report them. Information about safeguarding and external contact information was displayed in the home.
- People's rights were protected because the management team had assessed their preferences and cultural needs prior to admission.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported to manage the risks in their daily lives because their needs had been assessed and risk management plans developed. One person living in the home told us, "I am safe because I have lots of people to look after me."
- Staff felt information about risks people needed help with were clear in care records which helped them understand how to keep people safe.
- People were protected from the risk of reoccurrence of incidents because the provider had a system in place to understand how incidents or accidents happened and, updated management plans in response.

Staffing and recruitment

- People were supported by enough staff who had received the training they needed to support people safely.
- Staff told us they had enough time to support people. Comments included, "There are enough staff and the team works well together." And "There are enough staff, and we always have staff in the lounge."
- Staff had been recruited safely because the provider had followed their own robust recruitment procedures. All necessary checks had been complete prior to people starting work.

Using medicines safely

- People received their medicines safely. The provider's medicines policy was understood and followed by staff.
- Medicines were stored and administered as prescribed by trained staff.
- Medicine records were clear and included information about allergies. People who needed medicines 'when required' received these properly because there were detailed descriptions in the medicines records about when to offer these medicines and the dose.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was facilitated in line with current government guidance.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person-centred care because their diverse needs had been assessed and care plans developed to reflect them. We found one person whose first language was not English had been provided with a volunteer who could speak with them in their own language. Staff had also looked into the different festivals celebrated by various religions.
- People received inclusive and empowering care because staff took time to understand what was important to them, and how they preferred to be supported.
- Relatives were pleased with the quality of care, one person told us, "The staff are a lovely group of people. They just can't do enough for [Name]."

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

- The registered manager and management team were clear with staff about the quality of care that was expected and the positive outcomes they wanted to achieve.
- Staff praised the quality of the management team, comments included; "The best thing about working here is it's a happy place, there is a good team and management." and "Management are great, very supportive, we are clear what is expected of us. I feel valued by managers."
- The provider had an effective governance and audit system in place which was followed by the registered manager. This helped ensure they had good oversight of the quality of care, records and the premises. We saw how audits and any resulting plans completed by the registered manager had been followed up when required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were clear about their obligations under the duty of candour. Relatives told us they were kept informed of any incidents involving their relations.
- The registered manager ensured all notifiable events had been reported to the appropriate organisation. This included CQC, local authority safeguarding teams and public health.

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

- The provider and registered manager were committed to engaging with people living in the home, their

relatives and staff. Relatives were invited to attend meetings both in person or on social media platforms.

- People living in the home were able to attend meetings or provide feedback to staff whenever they wanted to. We saw how suggestions made in residents' meetings had been followed up in relation to food.
- Staff were able to engage with the management team through regular meetings, handovers and staff surveys. Staff told us they found managers were approachable and fair.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager were committed to continuous learning. Training had been arranged with a local hospice to help enhance staff knowledge and confidence in relation to the care people received at the end of their lives. District nurses had facilitated training to improve pressure care.
- The registered manager kept up to date via webinars and was a member of the Lancashire activities forum.
- There were good links with the local community, places of worship and local schools.