Wolfe House Limited

Abbey Dean

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?	Good

Summary of findings

Overall summary

Abbey Dean is 'care home' that provides personal care for up to 18 people, on the day of inspection there were 16 people living at the home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home is one adapted building with private bedrooms, shared communal areas and bathrooms. Some people living at the home were living with dementia, frailty or physical disabilities.

At our last inspection we rated the service Good with a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because a service user had been deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question effective, to at least good. At this inspection we found that the registered manager had implemented improvement actions and had met the requirements of regulation 13.

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 serious 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.

People remained safe. Staff had a good understanding of safeguarding and there were systems and process in place to keep people safe. There were robust systems in place to manage, administer, store and dispose of medicines. The provider ensured staff were suitable to work at the home before they started. We observed people's needs being responded to in a timely manner. One person told us "There's always someone popping in asking if I want a drink or what I want for lunch." The home was clean and infection control procedures followed.

People's needs and choices were assessed prior to people moving into the home and regularly thereafter. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to maintain a balanced diet. One person told us "The food here is very good". People continued to be supported to access healthcare services as and when needed. We saw evidence that people had access to a variety of healthcare professionals.

We observed positive interactions between people and staff, staff knew people well and had built trusting relationships. One person told us "The staff are all really kind, you can't fault them." People and their relatives, where appropriate, were involved in reviews of their care. One relative told us "We are completely involved in reviewing their care plan, we have an open discussion and our opinions are always considered." People's independence continued to be promoted. Staff supported people in a dignified manner and people's privacy continued to be respected.

Care continued to be personalised to meet the needs of individuals including their care, social and wellbeing needs. One person's care plan identified that they liked watching films, especially musicals in their room. We observed staff supported the person to watch the musical 'Grease' whilst having their lunch. Staff continued to be responsive to people's needs. A healthcare professional thought staff were responsive to people's needs and would contact them in a timely manner if people required their care. Complaints were responded to in a timely manner and the provider ensured there were systems in place to deal with concerns and complaints. End of life care was considered at the home and people's wishes were documented in their care plans.

The home continued to be well-led. A relative told us "The management are really approachable and open; the manager knows people well and I am confident in them." The registered manager completed robust and effective quality assurance systems and processes in place to assess, monitor and drive improvements in the quality of care people received. People, staff and relatives remained engaged and involved in the service provided. The culture of the home continued to be positive and respected people's equality, diversity and human rights. The registered manager said, "We have always had the same vision to provide a 'home from home'.

Further information is in the detailed findings below

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 home remained good.	**Good**
Is the service effective? The home improved to good.	**Good**
Is the service caring? The home remained good.	**Good**
Is the service responsive? The home remained good.	**Good**
Is the service well-led? The home remained good.	**Good**

Abbey Dean

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 which took place on 23 July 2018 and was unannounced. An inspector and an expert by experience visited the home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience had experience of caring for older people and people with dementia.

Before the inspection we reviewed information relating to the home including; correspondence from people and professionals and notifications sent to us by the registered manager. A notification is information about important events which the provider is required to tell us about by law. We also used information the provider sent to us in the Provider Information Return (PIR). 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 spoke with the registered manager, three members of staff, two visitors, a health care professional and five people who live at the home. We spent time with people and spoke with them to gain their experiences of living at the home. We also spoke with staff, relatives and visitors to gain their views and experiences of the home.

We looked at three care plans, staff duty rosters, two staff files and reviewed records including those relating to quality assurance, health and safety, safeguarding, infection control, compliments and complaints, medicines, staff training and accidents and incidents. During the inspection we observed the lunch time meal, communal areas and an afternoon activity.

After the inspection; we asked the registered manager to send us a copy of their training records and activity plans. The registered manager ensured this was sent within the requested time frame.

Good

Is the service safe?

Our findings

People remained safe. Staff had a good understanding of safeguarding and there were systems and process in place to keep people safe. One member of staff is a 'safeguarding champion' this ensured people, staff and relatives have a named person to talk to about any safeguarding concerns with. Staff received safeguarding training and knew the potential signs of abuse. They understood the correct safeguarding procedures should they suspect people were at risk of harm. A member of staff told us "I would report any issues to my manager or go higher in the company. I wouldn't need to though as my manager would deal with any issues we raise." One relative said "Just knowing my mum is here with the care staff makes me feel safe, the care staff are always walking about."

The management of medicines continued to be safe. Staff who administer medicines had regular competency checks to ensure their practice remained safe. There were robust systems in place to manage, administer, store and dispose of medicines. Medication Administration Records (MAR's) showed that people received their medicines on time and when needed. When medicines were required on an 'as and when' basis, people had access to them and there was clear guidance in place about their use to ensure safe practice. One person told us "You only have to ask if you need any paracetamol. All the staff are very nice and friendly, they will do anything for you"

The provider ensured staff were suitable to work at the home before they started. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There continued to be sufficient numbers of staff to meet people's needs. We observed people's needs being responded to in a timely manner. One person told us "There's always someone popping in asking if I want a drink or what I want for lunch."

Risks for people continued to be managed safely. Risk assessments were person centred and addressed people's individual needs. For example, due to one person's condition they could no longer walk, but moved in a way that could be damaging to their skin. The registered manager had worked with health care professionals and completed a robust risk assessment for the person. The assessment indicated the risks for the person and mitigating actions such as; ensuring their environment was clear of obstacles, regular monitoring of the person's skin and to use an air mattress to reduce the risk of skin damage. We saw this in practice. This guidance for staff ensured that the persons risks were managed safely. Risk assessments were reviewed regularly to ensure people living at the home were receiving appropriate care, in line with their needs. People had up to date Personal Emergency Evacuation Plans (PEEP's) in place which ensured they would be safe exciting the building in an emergency.

The home was clean. Staff had training in infection prevention and control and information was readily available in relation to cleaning products and cleaning processes.

Lessons were learned when things went wrong and accidents and incidents continued to be managed safely. The registered manager ensured accidents were monitored and audited to identify trends and actions for improvement. For example; one person was identified as having several falls, staff spotted a trend when auditing accident forms and completed a review of their care. From this review the person's living environment was changed to make for clearer walkways. The person has had no falls since this action was taken. This approach ensured the safety of the people living at the home and the staff.

Good

Is the service effective?

Our findings

At the previous inspection in October 2016 the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because a service user had been deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Following the last inspection, the provider completed an action plan to show how they were going to meet the requirements of this regulation. The actions included; submitting a DoLS application for the person whose authorisation had lapsed and to create a tracker to easily facilitate the ongoing management of the DoLS process. At this inspection we found the provider had implemented the actions detailed within their plan and had met the regulatory requirements of this regulation.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people living at the home were subject to restrictions for their safety. DoLS applications were detailed and decision specific to ensure outcomes for people were met in the least restrictive way. Staff had a good understanding of individual DoLS and what this means for people living at the home. The registered manager had implemented a DoLS 'tracker' which gave them oversight of the process and assurance that they were supporting people appropriately.

People continued to be given choices and could make decisions, where appropriate, about aspects of their care. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a good understanding of the principles of MCA, one staff member said, "We don't assume people haven't got capacity, we would look at all options before thinking that, they could have another issue such as infection. If they are assessed to not have capacity, the families and other professionals would have a conversation in the person's best interest." The MCA process involved a multi-disciplinary team to ensure decisions were made in people's best interest.

People were asked consent before being supported. We observed staff asking people what they would like to do before assisting them to do it. For example; we observed staff discretely ask someone if they required support to go to the bathroom and they waited for the person to say yes before assisting them. Staff knocked and waited for consent before entering people's rooms. One person told us "Even when my door is open they knock."

People's needs and choices were assessed prior to people moving into the home and regularly thereafter. A member of staff told us "We do a pre-assessment to make sure we know people's needs, we speak with people and their families. We use an 'Alzheimer's UK' approach called 'This is me' and we give these forms to family to complete. This gives us a better understanding of people, their likes and dislikes." Care plans showed people had initial assessments using this approach which ensured their needs could be met at the

home. People's care plans were built on this and further developed as staff gained a deeper understanding of people's needs, preferences, likes and dislikes. Protected characteristics under the Equality Act (2010), such as religion and sexual orientation were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.

Staff continued to have skills and knowledge to deliver effective care and support. Staff could access the training they needed to be effective in their roles. They were enthusiastic about the training they had been provided with and how it equipped them to meet people's needs. One member of staff told us, "The training is good" and "I am always learning, I apply the new things we learn to people's care such as wound dressing. The training makes me feel more confident." Staff had access to a variety of specialist courses which supported them to meet the needs of older people such as, 'Six Steps' end of life care, skin tear and dementia training. Staff had regular supervisions and observations with their line manage. The registered manager said, "we have an open conversation It is about providing feedback and listening to develop people, we like to continually support people in developing their skills." Staff we spoke with said they felt very supported by the registered manager and the provider.

People were supported to maintain a balanced diet and specific measures were in place to support people with their fluid intake. One person told us "The food here is very good". The food looked appetising, well-presented and people appeared to enjoy their meal. The atmosphere was calm, and staff were talking to people and assisted where necessary in a kindly, discreet manner. If people wanted something different to eat this was readily available. One person told us "If you don't like the food you can always have something else".

People who required a specialist diet had their needs met. For example, one person living with diabetes told us "I am on a restricted diet because I'm diabetic but I still get a choice of two things. The food is very good." We observed this in practice. The chef spoke passionately about their role and demonstrated a good understanding of people's needs and preferences. For example, they explained that one person needed a fortified diet so they add ingredients higher in calories to their meals and how one person is living with irritable bowel syndrome and follow a specialist diet which is catered for.

Staff worked well within their team and across organisations. Staff worked well with each other and supported each other to ensure people received person centred care in a timely way. For example, one person required an air mattress to support their skin integrity, staff coordinated assessments and the delivery of the equipment with other organisations in a timely manner. This ensured the person's needs were met and reduced the risk of their skin breaking down.

People continued to be supported to access healthcare services as and when needed. People had access to a variety of healthcare professionals such as; GP's, social workers, dentists, chiropodists and opticians. Staff supported people to make and access appointments where necessary. The residents and relatives we spoke to were all happy with how they or their loved ones were supported to access healthcare.

Peoples needs were met by the design and adaptation of the building. People could move freely around the communal areas and in the gardens. There was simple signage around the home to help people navigate there way. There was easy access to outside space which people could access without restriction.

Good

Is the service caring?

Our findings

People were treated with kindness and respect. We observed positive interactions between people and staff, staff knew people well and had built trusting relationships. One person told us "The staff are all really kind, you can't fault them." A relative told us "My mum is happy here, she likes the staff and considers them to be friends." Staff were proud of their approach towards people; they always made time for people and had good listening skills. We saw various examples where dignity and respect was promoted. When offering support, staff spoke politely and made efforts to ensure they were at the person's eye level.

People remained involved in decisions about their care and given support to express their views. This started at assessment before people moved into the home, one person told us "Before I moved here two members of staff came to the house to assess me." And their relative added "They did ask me all about Mum before she came in and even the chef came and talked to mum." People and their relatives, where appropriate, were involved in reviews of their care. One relative told us "We are completely involved in reviewing their care plan, we have an open discussion and our opinions are always considered."

Staff supported people to maintain their relationships with their family and friends and they were welcome at the home without restriction. One person said "You can have visitors when you want. It's very free and easy. There's no you can't do this or that." A relative also told us "The staff make us very welcome, they will do anything for you." Care plans detailed people's background histories including their family relationships, giving guidance for staff to support people to maintain these relationships. For example, one person is living with vascular dementia and his communication plan gave staff guidance to support their communication needs to facilitate communication with their family.

Peoples independence continued to be promoted. People were encouraged to make their own decisions, where appropriate, and supported to be independent. One person had experienced a stroke and is now using a wheelchair, a member of staff told us "We have been supporting her in trying to mobilise, providing reassurance to walk and giving encouragement." They added, "We encourage people to be independent by listening to their wishes, providing reassurance and making sure it is safe." Promoting independence was considered during the assessment and care planning process for people. For example, one person was at risk of falls and their mobility care plan considered ways of supporting them to be independent whilst keeping them safe, 'I always wear sensible shoes to maintain as much independence as possible.' This ensured they maintained a level of independence.

Staff supported people in a dignified manner. People were supported to dress in accordance with their identity and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. One lady was very pleased with her nails that a member of staff had painted for her. This meant that people's preferences were respected.

People's privacy was respected. People could choose were they spent their time and this was respected. The staff and management team understood the importance of confidentiality. People's records were kept

securely and only shared as required.

Good

Is the service responsive?

Our findings

Care continued to be personalised to meet the needs of individuals including their care, social and wellbeing needs. One person's care plan identified that they liked watching films, especially musicals in their room. We observed staff to support the person to watch the musical Grease whilst having their lunch. This person also loved music and was encouraged to attend the afternoon entertainment, a singer who sang songs from the 1950's, we observed them smiling and joining in with the songs. Another person's care plan stated the person had significant communication needs and provided staff with clear personalised guidance on how to support them. This meant the person could make themselves and their requests understood.

Staff continued to be responsive to people's needs. Records evidenced that when people were unwell then medical attention was sought in a timely manner. A healthcare professional told us staff were responsive to people's needs and would contact them in a timely way, if people needed their care. Staff knew people well and could identify triggers and signs identifying a change in people's mood or health. For example, as one person's dementia progressed they began to show different behaviours. The registered manager assessed the person's needs and looked at different ways the person could be supported. They introduced training for staff so they could safely support the person and created a detailed plan for staff that identified triggers and ways to support the person to remain calm. This approach resulted in a reduction in the use of medicines to mage their agitation and a significant improvement in their behaviour. This meant this person's care was adapted to meet their changing needs. Another person, living with diabetes, had a detailed care plan which gave staff specific guidance on how to support them, identify signs of ill health and what the person should eat to maintain their health. This meant staff could proactively care for the person in line with professional guidance.

People had access to activities that met their interests. There was an activities coordinator who provided most of the activities and external performer also visited the home. One person told us "The Activities are very good." A relative told us "They really do organise activities a wide range which are aimed towards the age group." Activities were meaningful for people and consideration had been taken to ensure people could engage in activities that they used to do at home. For example, one person was a keen gardener and the registered manager ensured they had access to the garden and could help maintain it. Staff took time to talk to people and find out about their interest and how this could be incorporated into the activity programme. For example, one person has a visual impairment, staff understood their needs and supported them to be able to continue their love of writing by knowing what colours they could still see and providing those colour pens. We observed a 1950's singer attended the home in the afternoon and people were supported to attend the event. People were engaged in the singing and appeared to be enjoying themselves.

The registered manager demonstrated a good understanding of the requirements of the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. People's individual communication needs had been assessed and, where appropriate, people were provided with information in an alternative, accessible format. For example, one person who is subject to a deprivation of liberty safeguard (DoLS) also have a visual impairment. They wanted to see the outcome of the DoLS

authorisation, so the registered manager provided this in a large, easy read format.

People had access to technology to meet their needs. The provider recognised the importance technology could have on people's access to resources, stimulation and engagement. The provider had invested in electronic tablets that people could use to meet their social needs, this included people being able to chat to their family who they do not see regularly by a video call. The provider had taken extra measures to improve the WIFI in the home so people could chat to their families in the privacy of their rooms. Staff have access to 'Social Care TV' to enhance their skills and knowledge and they have recently undertaken 'Alive!' training which supports the use of technology in person centred care and activities for people.

Complaints were responded to in a timely manner and the provider ensured there were systems in place to deal with concerns and complaints. A person told us "I would go to the office if I had a problem, there's always somebody there." A relative said "If I make a comment about anything its acted upon, which is very pleasing" The registered manager responded to complaints in a timely manner and in line with the providers policy.

End of life care was considered at the home and people's wishes were documented in their care plans. Staff had received training to support people at the end of their lives. These plans were detailed and written with people and their families, where appropriate. The provider documentation included people's personal preferences around cultural and spiritual beliefs, where the person would prefer to be, and who they would want to support them at the end of their life. A staff member told us "People have a detailed plan for what they want and how they would like to be cared for. We make them comfortable and listen to theirs and families wishes." This ensured their wishes for care at the end of their lives were understood and respected.

Good

Is the service well-led?

Our findings

The home continued to be well-led. A relative told us "the management are really approachable and open; the manager knows people well and I am confident in them" and "the owner visits regularly and always says hello to people."

The home 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. The registered manager and provider understood the regulatory responsibilities of their role. The registered manager felt they had the support and resources needed from the provider to provide people with safe, high-quality care and drive improvements in the service. They kept themselves up to date with legislative changes and current best practice guidelines

Staff and relatives were very complimentary of the manager and said they felt supported within their roles. One member of staff told us "The manager is very supportive and committed to my development, personally and professionally" and another said, "They always listen and are there for support, we can ask her anything." Staff were equally as complimentary of the provider's support and said they are approachable and there had been lots of improvements since they have come in.

The culture of the home continued to be positive and respected people's equality, diversity and human rights. The registered manager said, "We have always had the same vision to provide a 'home from home'. We treat people as family, they are our family." These values were embedded in staff practice, a member of staff described the values as "Family, happiness and laughter. This is not a hospital it is a home and we make sure residents feel safe and cared for." We observed calm, homely and relaxed atmosphere within the home. Staff spoke about their work and the home with enthusiasm, one member of staff said "We really care for the residents, we make them feel happy we are one big family and all care about each other. I do love this home, working here and the team has got me through so much."

The registered manager completed robust and effective quality assurance systems and processes in place to assess, monitor and drive improvements in the quality of care people received. These included a roiling programme of audits and checks by the registered manager and other staff on key aspects of the service, including the management of medicines, standards of assessment and care planning, and accidents and incidents. If the audits identified any areas of concern actions were taken and lessons learned. For example, a medicines audit identified that a person was having a high number of urinary tract infections (UTI's). The registered manager reviewed this person care and put measures in place to encourage hydration including, fluid charts and additional training for staff. There has been as significant reduction in UTI's for this person. In learning from this, the registered manager also put in measures to reduce the risk for other people. This included putting signs and prompts about hydration on display and a 'juice buddy' system. The 'juice buddy' system ensured people with an identified hydration need had a pink cup, this prompted to staff to know they required extra support with their fluid intake. This shows that the registered manager had applied

learning from audits to improve care delivery across the home.

People, staff and relatives remained engaged and involved in the service provided. Feedback was sought by people living at the home daily upon engagement with the staff they were working with. Residents', relatives' and staff meetings were organised, at regular intervals, to consult with others, as a group, to gain their feedback of the home. We saw actions identified because of these meetings were addressed by the provider. People had the opportunity to complete surveys as a further means of inviting and acting on feedback on the home. The results of the survey completed in July 2017 showed a high level of satisfaction with the service amongst people and their relatives.

The home continued to work in partnership with other organisations to ensure people's needs were met. We saw evidence that people have access to a range of other health and social care professionals as and when they needed. A healthcare professional told us that staff were very helpful and kept them informed of resident's needs. They also thought the staff and manager communicate well with each other and with them to ensure people's needs were met.