Abbeyfield Reading Society Limited(The)

Abbeyfield Reading Society Limited

Inspection report

11 Maitland Road
Reading
Berkshire
RG1 6NL

Tel: 01189572826

Date of inspection visit:
19 July 2016

Date of publication:
02 August 2016

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

This inspection took place on 19 July 2016 and was unannounced.

Abbeyfield Reading Society Limited is a care home providing accommodation and personal care for up to 28 older people. At the time of the inspection the service was full and 28 people were in residence. There was a registered manager in post, 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 service benefitted from the stable management of the registered manager and the deputy manager who had both been in post for a number of years.

The registered manager monitored the quality of the service and sought regular feedback from people and other stakeholders. They encouraged an open and transparent culture and nurtured a good team working spirit.

People were safe at Abbeyfield Reading Society Limited. They enjoyed living in a calm and relaxed environment where interactions were seen to be friendly and caring. People were protected by staff who had the knowledge and skills to identify and report any safeguarding issues.

People were protected from being cared for by unsuitable staff as the provider completed thorough recruitment checks. We found there were sufficient numbers of staff to meet people's needs. People received their medicines safely and when they required them. Medicines were ordered, stored and managed safely.

Risk assessments were completed and included those associated with individuals such as falls, skin integrity and nutrition as well as those related to the environment such as fire and legionella. When risks were identified guidance was provided to minimise the risk while still respecting people's freedom and choice.

The service was well maintained, clean and provided a safe environment for people. The provider had an on-going development plan to maintain and improve the premises. We saw a recent project had resulted in a permanent gazebo and a sensory area in the garden which people were enjoying.

People had their right to make decisions protected. The registered manager understood their responsibilities with regard to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Although there were no DoLS authorisations in place at the time of the inspection, a need had been identified and an application was about to be made for one person.

Staff understood their responsibilities regarding gaining consent and offering choice to people. They helped people to be as independent as they wished to be.

Staff were supported through effective training which was refreshed regularly. They had individual meetings with their manager and attended team meetings. Their work was appraised during their one to one meetings.

People enjoyed nutritious, freshly prepared food. When required staff monitored people's nutrition and referred them to specialist healthcare professionals for advice when necessary. People were able to see their GP or other health professionals in order to maintain their health and well-being.

People had their privacy and dignity respected. Staff interacted in a positive way with people and were polite and friendly in their approach. People appeared relaxed and we saw examples of humour being shared between them and staff members.

People's care was reviewed regularly and care plans were updated promptly to reflect any changes. An activities co-ordinator managed a programme of activities which people could choose to take part in if they wished. Where people found it difficult to leave their rooms due to their condition, this was monitored and staff were encouraged to spend time with them to avoid social isolation.

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 were safeguarded from abuse. Staff understood their responsibilities and how to report any concerns.

There were sufficient staff to meet people's needs.

People received their medicines when they were needed and medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received training to help ensure they had the skills to meet people's needs.

Staff met regularly with their line manager for support and to discuss any concerns.

People's right to make decisions was protected. Staff sought people's consent before providing care.

People were supported to have enough to eat and drink.

People were helped to see their GP and other healthcare professionals when required.

Is the service caring?

Good

The service was caring.

There was an open, relaxed and friendly atmosphere in the service.

Staff were kind, caring, patient and respectful. People's dignity was protected.

People were encouraged to maintain their independence whenever possible.

Is the service responsive?

Good

The service was responsive.

People's views were listened to. People knew how to make a complaint but had not felt they needed to.

Care plans reflected people's needs and were reviewed regularly.

A programme of activities was provided and people joined in with those they enjoyed.

Is the service well-led?

Good

The service was well-led.

People and staff spoke highly of the registered manager. The culture was open and honest.

People felt the service was well managed and there was a good team spirit among staff.

People were asked for feedback on the service. They felt confident to approach the registered manager with concerns or suggestions.

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 inspection took place on 19 July 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports 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 requested feedback from four professionals who have contact with the service and received feedback from two.

During the inspection we spoke with five people who use the service, relatives, a healthcare professional and seven members of staff including the registered manager, the deputy manager, a trustee, three care staff and a domestic staff. We observed the lunch time activity, observed medicines being administered and made observations in the communal areas. We reviewed five people's care plans and associated records, six staff files and the recruitment records for two staff recruited since the last inspection. We also looked at other records relating to the management of the service, including policies and procedures, staff training records and health and safety records.

Good

Is the service safe?

Our findings

We found a warm, friendly greeting at Abbeyfield Reading Society Limited and staff checked our identification before asking us to sign in the visitors' book. They explained this was to ensure our presence was recorded and helped to keep people safe.

People said they were safe, one person said, "Absolutely (safe), I'm very happy here." Another said, "Totally safe." A relative also told us they felt their family member was safe living at the service. Staff had received training in safeguarding people and were able to describe the different types of abuse. They showed a good awareness of signs that may indicate a person had been abused such as unexplained bruises or a change in a person's demeanour. Staff told us they would report any concerns to the registered manager and were confident action would be taken to deal with any issues immediately. They were also knowledgeable with regard to reporting concerns to other authorities such as the Local Authority or the Care Quality Commission if necessary. One member of staff told us they were in and out of people's rooms, walking around corridors all the time. They told us, "I can honestly say I have never heard a cross word." Another said, "Abuse would just not be tolerated here." The provider had a whistleblowing policy. Staff were aware of this but told us they had not needed to use it.

People had individual risk assessments. These helped to keep people safe and included risks relating to such things as mobility, falls, skin integrity and nutrition. Where a risk was identified, the care plan reflected the action staff should take to lessen the risk. Examples included, the use of equipment to move and handle people, monitoring of a person's skin and recording people's food and fluid intake if they were at nutritional risk. These assessments were reviewed monthly and any changes identified were reflected in the care plan. Staff confirmed they were kept aware of changes in people's risks through discussions at the daily handover meetings as well as through written communication. The handover meetings were very detailed and were attended by the registered manager and the deputy manager. Staff felt these meetings were extremely valuable and provided up to date information which they could discuss and question. The registered manager told us they were "key to keeping people safe" and explained it was one of the ways she monitored trends within the service.

The premises were well maintained by the provider. Routine maintenance was carried out by a maintenance worker employed at the service. Staff told us they could request work to be undertaken and told us work was usually carried out promptly. During the inspection we saw routine decorating and maintenance being carried out in a number of areas. The provider engaged professional contractors for more extensive, skilled work or the monitoring of specialist equipment.

Fire safety equipment was regularly tested to ensure it was in working order and a recent fire risk assessment had been completed by a skilled and professionally competent contractor. The report from this risk assessment had arrived the day prior to the inspection and the registered manager was preparing to discuss the findings with the trustees of the service. They told us they would be preparing personal emergency evacuation plans for all the people using the service and purchasing evacuation slides to improve the emergency evacuation provision in the service. Other checks were completed by appropriately

trained professionals, including those made on electrical equipment, moving and handling equipment and water temperatures in accordance with relevant policy and legislation.

There were sufficient staff to care for people safely. On the day of the inspection the registered manager and the deputy manager were present with two senior care workers, three care workers, a resident's assistant and an activities member of staff. Ancillary members of staff on duty included two domestic staff, a trustee manning the reception desk and three catering staff. During the night there were three waking night staff and the managers worked an on-call rota between them to provide advice and support if required.

People and staff told us they felt there were enough staff available. Staff said cover was provided from regular agency staff if there were periods of staff absence, for example, due to sickness. During the inspection we saw people were attended to promptly and call bells were answered swiftly. One person said they sometimes had to wait in the mornings but understood there were other people who needed help as well. Staffing levels were based on the people's needs which were reviewed monthly. The registered manager told us staffing levels could be adjusted if extra staff were required. For example, they said this may be due to a person being ill or a particular activity needing additional staff.

The provider's recruitment procedures were mostly thorough and included completion of Disclosure and Barring Service (DBS) checks. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. Other checks included seeking references from past employers with regard to an applicant's previous performance and behaviour in employment. However, we found that although a full employment history was requested from all applicants, one file we reviewed had gaps in the employment history which had not been explored or explained. This had not impacted on people using the service. We raised this with the registered manager who said they had discussed the gaps at interview but had failed to record the response. They assured us they would complete this and document those discussions in the future.

Accidents and incidents were reported. These were discussed in detail at the daily handover when they occurred so that learning could take place and action could be taken if necessary. For example, we saw people had been referred to professionals such as GPs and occupational therapists when falls had been recorded. However, there was no formal monitoring system to assess and record trends in accidents and incidents. We discussed this with the registered manager who informed us that as she and her deputy manager attended the handover every day they were in a position to monitor trends as they arose and take the necessary steps to reduce the risk of repetition. They agreed they would look into developing a recording system for monitoring trends in accidents and incidents.

People received their medicines safely. We observed staff administering medicines and saw they followed the provider's policy and procedure. Medicines were stored and disposed of safely in accordance with current guidelines. Medicines were audited monthly by the deputy manager and annually by the community pharmacist. Where recommendations had been made, action was taken to improve practice. For example, in the latest audit it had been noted that when people had medicines prescribed 'as necessary' the dose given had not always been noted on the medicine administration record. We saw staff had been given guidance and advice and this was now being recorded accurately.

Staff had received appropriate training before being given the responsibility of administering medicines. They told us they had watched experienced staff for a period of time, then they had been observed for a further period before having a competency test to ensure they were able to administer medicines safely. The registered manager confirmed there had been no medicines errors since the last inspection.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had received appropriate training. Staff completed an induction when they began working in the service and spent time working with experienced members of staff. They then commenced working toward a recognised qualification in health and social care or completed the care certificate. Twelve staff had already gained qualifications and the remainder were in the process of working toward one. The registered manager explained a recognised training provider supported the service in all its training requirements and assessment of the staffs' knowledge and skills. Training was provided in face to face workshops and staff told us they valued this and felt the training was "excellent". One staff member commented, "The training at Abbeyfield is much better than anywhere else I've worked."

Refresher training was provided annually in topics which the provider considered necessary for the service, such as moving and handling, fire safety, infection control and safeguarding. Records showed staff were mostly up to date with this training and a schedule of future training sessions had been booked to ensure all staff were able to update their knowledge and skills. In addition to these topics, staff had received training in areas related directly to the needs of the people they cared for. For example, dementia, communication and end of life care.

Staff were well supported by regular individual meetings with their manager, team meetings and appraisals. Staff confirmed they found these meetings useful and said they were used to discuss any work related matters. They said they were able to raise any concerns they may have regarding the people they supported and also discuss their own abilities and any training they may need. One staff member gave us an example of how they asked for some detailed training in relation to skin care. The registered manager had then organised tissue viability training via the Care Home Support Team which staff reported to be very useful.

Staff told us guidance and support was always available from the registered manger or deputy when they needed it. One commented, "I can go to them at any time, talk about anything it's always an open door." Another said, "They (registered manager and the deputy) are always open, they're very approachable and always listen." A third member of staff said, "Yes, we have regular meetings, they're useful but really I can go to them at any time, talk about anything, it's an open door."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received relevant training and understood their role in protecting people's rights to make decisions. People told us they were encouraged to make their own choices and we observed staff supporting people to make choices during the inspection. For example, people chose what to do during the day, where to spend their time and if they wanted to join in the organised activities. We saw their choices were respected. We also observed staff seek people's consent before they did anything for them. At lunch time staff offered to help people, for example, one person needed help with their serviette. The staff member asked was it alright to assist them and explained what they would do. When people were unable to make decisions for themselves, best interest meetings had been held. For example, one person required the use of bed rails. Their capacity to make a decision about this had been assessed. As they lacked the capacity a meeting between the care team and appropriate professionals and family members had been held to ensure the decision was made in their best interests.

The registered manager was aware of the legal requirements in relation to DoLS and when an application should be made to the supervisory body. At the time of the inspection there was one person whose condition was deteriorating and the registered manager told us they would be making an application for DoLS.

People said the food was very good and they had plenty to eat and drink. One person said, "The food is fantastic, you get so much choice, three different meals and always alternatives if you don't want them." Another person said, "The food is excellent and there's good choice." The kitchen staff had knowledge of people's preferences, allergies and special dietary needs.

People were relaxed at lunchtime. The tables were laid attractively with tablecloths, cloth serviettes in napkin rings and a small arrangement of flowers on each table. Condiments were available and water jugs were provided in addition to other fluids such as fruit juices. On each table a 'Daily Chat' was available for people to read. This is a newspaper/magazine produced by the activity co-ordinator and contained a news article from the past, a crossword, a 'Down Memory Lane' article and a poem. We saw people reading and enjoying this while waiting for their meal.

People chose where they wanted to eat, one person told us they liked to have breakfast and tea in their room but enjoyed lunch in the dining room. Another person said they usually went to the dining room but had chosen to stay in their room on the day of the inspection. People's choice was respected and staff provided support when required. For example, we saw that two people were nursed in bed and a member of staff sat with them and assisted with their food.

The food was freshly prepared, hot and well presented, fresh fruit and vegetables were available and people were offered drinks and snacks throughout the day. On the day of the inspection staff encouraged people to have additional drinks and explained to them that, they needed to drink more because the weather was extremely hot. People's weight was recorded monthly or weekly if there were concerns and they were referred appropriately to health professionals when necessary.

People were supported to retain their own GP when they moved into the service, if they wished to and whenever it was possible. This helped to ensure continuity of their healthcare. People said they could see their GP whenever they needed to for routine or unexpected illnesses and if necessary staff would call them. We observed staff supporting people to organise transport to healthcare appointments and people praised the staff for the help they received. Referrals had been made to specialist health care professionals for example, mental health professionals, dietitians and speech and language therapists when necessary. People had also seen dentists, opticians and chiropodists as they required.

The design of the premises allowed people to move around freely and the service was kept free of clutter. There was an on-going programme of refurbishment and we saw a new permanent, heated gazebo had recently been built in the garden with sensory planting beds to provide stimulation for people with dementia or sensory impairment. It provided a sheltered area for people to enjoy the garden in a safe and comfortable manner. A tea party had been held to celebrate the opening of this and people talked about the experience with great enthusiasm.

Good

Is the service caring?

Our findings

People and relatives held the staff in high regard and praised the support they gave. They described staff as "excellent", "kind", "caring" and "lovely." People told us that staff didn't rush them and were happy to help them in whatever way they could. One person commented, "I feel blessed, I'm so happy here." They described how they had felt they had a special welcome when they arrived as all the staff had come out to meet them and there were flowers in their room.

People and when appropriate their relatives had been involved in making decisions and planning their care. People had brought important personal belongings with them when they moved into the service. Each person's room had been arranged and organised to suit them and make it feel personalised. For some people family photographs took pride of place, for others we saw they had religious figures or other items relating to personal interests. People were encouraged to continue with hobbies if they wished to. Some people enjoyed craft work such as embroidery, others told us they liked to listen to the radio or watch their TV. They all said they could please themselves as to what they did, there was no pressure to join in the organised activity programme if they didn't want to.

People were able to move around the service freely, some chose to spend time in their room and said they preferred privacy while others enjoyed being in the communal areas and joined in with activities or chatted with others. There was a friendly atmosphere between everyone in the service. People communicated in a relaxed manner with the staff who clearly knew them well. We saw people received positive reassurance from staff if they were anxious or confused about anything. There were examples of shared jokes and light hearted banter was observed throughout the inspection. We saw people laughing and smiling but we also observed serious conversations and interactions when this was appropriate. People told us staff were polite, they gave them respect and always addressed them in the way they preferred.

Staff approached people with kindness. We observed staff offering gentle and compassionate support throughout the inspection and calming people when they were upset. People's privacy and dignity was protected. We observed staff knocked on doors and waited to be invited into people's rooms. Staff said they closed curtains and doors when they supported people with personal care and asked visitors to step outside the room when necessary.

It was clear staff knew people's personal preferences well. They had a detailed knowledge of individual care needs and showed an awareness of people's past history and interests. This helped them to understand and engage with people, for example, a member of staff engaged a person in a conversation about their crafting hobby. The person took pleasure in explaining what they do now and other crafts they had done in the past. A member of staff told us how they made sure they knew exactly how people liked their rooms cleaned. They told us they made sure ornaments and pictures were always positioned as people wanted them when they had finished cleaning. They said this helped to avoid confusion or people thinking their possessions were lost. Staff told us they encouraged people to be independent whenever possible and people confirmed this.

People had been given the opportunity to discuss their wishes in relation to how they would like to be cared

for at the end of their life. However, the registered manager explained that this is a sensitive subject "it needs to be handled carefully". They went on to tell us that the subject is broached with people when they are admitted but it is up to them if they wish to talk about it. If not it is left until the person is ready to talk. Where people had made plans they were recorded and staff made aware.

People's records were securely stored to ensure the information the service had about them remained confidential at all times. Information about each person was only shared with professionals if it was required to support their care.

Good

Is the service responsive?

Our findings

People had their needs assessed before they began living at the service. The information gathered at the assessment was then used to plan their care. People said they had been involved with developing their care plans. Staff went through the various aspects of the care plan with people to explain it to them in order to give them the opportunity to ask questions or make changes if they wished. This was repeated every six months so that people could continue to contribute to planning their care.

The care plans recorded people's preferences and provided guidance around such things as nutrition, communication, continence, mobility, falls and skin integrity. We saw some people remained in bed due to their complex needs, we checked how their skin was cared for. People had specific care plans in place with regards to their skin, as well as assessments to identify if they were at risk. These had been updated regularly each month. The deputy manager told us there was no-one with any pressure sores. They said the staff worked closely with the district nurses to monitor and maintain people's skin in good condition.

People told us the service was responsive to their needs. They said they were listened to by the staff and some spoke about their key worker and how they could talk to them if they had any worries or concerns. Some of the comments we received from people included "it's excellent care here", "we're looked after very well, there's nothing to complain about at all" and "it's a wonderful place, I couldn't ask for better". A relative said, "It's a lovely place and it came with very good recommendations."

Staff were kept up to date with regard to people's well-being and their changing needs through handover meetings and written communication records. The handover meetings were detailed and included discussions about each individual. They also allowed time for staff to ask questions about the people they supported. The written daily records covered areas including how the person had slept, activities they had taken part in and any cause for concern. They also included any visits by health professionals or relatives.

The service employed an activity co-ordinator who managed and developed a programme of activities. This included exercise sessions, games, quizzes and music activities. In addition, other things such as talks by interesting speakers, visits from animals and trips to the seaside all featured in the programme. Religious services took place regularly and we saw people gathering to join in a 'songs of praise' service during the inspection. People told us they chose what they wanted to do, they said they decided which activities they enjoyed and took part in. They also told us they were asked to make suggestions about activities, trips and visits. Some people said they knew the activities were available but preferred not to join in. The registered manager was aware of the risk of social isolation and ensured people were visited in their rooms if they did not want to or were not able to join in the group activities. Some people went out with their families and visitors and staff were available to accompany people for walks.

Feedback was sought from people, their relatives and other stakeholders in a variety of ways including an annual quality assurance survey. A suggestions box was situated in the hallway for people to post ideas in. People told us they could "just speak to [the registered manager]" and she "always listens". The registered manager explained that a residents' representative had just been selected to sit on the executive committee,

they said this was to ensure people's views were heard at the highest level. Resident meetings were held and for those people who did not wish to attend they were spoken to individually to gain their views.

The provider had a clear complaints procedure which people told us they were aware of. They told us they knew how to make a complaint but said they had not needed to. People were confident they would be listened to and things would be put right as soon as possible if they needed to complain. The service had not received any formal complaints since the last inspection.

Good

Is the service well-led?

Our findings

The service benefitted from having a stable management team. The registered manager had been managing the service for many years and had been registered with the Care Quality Commission since 2010. The deputy manager had worked at the service for a similar period of time. A trustee told us the committee was aware that the key to running a good service was to have good management. They went on to say, "We are very lucky to have her." Referring to the registered manager. They described how she was clear on what was required for the people living at the service and brought ideas for improvement to the committee for discussion and approval. They stated that the registered manager always considered what was best for people using the service and was not afraid to stand up for her beliefs.

We found the culture in the service to be open, friendly and welcoming. The registered manager and her deputy had set very clear values and expectations based on the ethos of the provider organisation. Staff were aware of the values and aims of the service and felt they were put into practice. For example, one staff member said, "I want to give people a quality of life that is like home from home, people need to feel safe and cared for." Another said, "If someone is not happy we find out why, we want everyone to be happy."

People found the registered manager approachable and were very complimentary about her. One person said they found her to be "such a lovely person" and another commented on how they can have a laugh and joke with her. It was clear the registered manager knew people very well. People were relaxed when they approached her and from conversations it was evident these interactions occurred frequently and the registered manager knew what was happening in people's lives. Feedback we received from professionals also indicated the registered manager was open and engaged fully with people and professionals alike.

The registered manager and the deputy manager monitored records to check their completion and ensure care outcomes were being met. These included the daily notes, medicines records and care plans. Health and safety audits were also conducted, such as fire, legionella and hot water temperatures to minimise the risks to people living at the service. In addition to these checks, a trustee carried out a quality assurance visit every three months during which they spent time speaking with people, their relatives and staff as well as making observations and looking at records. A report was produced following theses visits and any recommended actions were followed up at the next visit.

Staff felt well supported by the registered manager and the deputy manager. They spoke highly of their approachability and said they could seek advice at any time. They told us as there was an open door to the registered manager they did not have to wait for an arranged meeting to be able to voice their opinions or ask for guidance. One staff member said, "This is a nice place to work, I have worked in other places but I find here the best. Management are strict, strong but friendly and good. I feel happy to come to work." Another commented, "It's lovely here, we are allowed to do our job, the management have faith in us. We are trusted and valued." A third member of staff told us the service was "well planned and managed".

The registered manager took part in refresher training to ensure their knowledge and skills remained up to date. In the provider information return they stated that they received regular information from reputable

organisations regarding legislation and best practice. We confirmed this during the inspection and noted they also belonged to the Berkshire Care Association.

Various management meetings were held including quarterly meetings with the trustees. During these meetings discussions took place regarding all aspects of the service. They included proposals for improvements and projects such as the building of the permanent gazebo as well as more routine and necessary work such as replacing the bedpan washer.