

Abbeyfield Lancashire Extra Care Society Limited

Abbeyfield Care Home

Clitheroe

Inspection report

Abbeyfield House
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13 December 2023

18 December 2023

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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

Abbeyfield Care Home Clitheroe is a residential care home providing accommodation for persons who require nursing or personal care. The service can provide support for up to 40 people; including older people or those living with dementia, a physical disability or sensory impairment. At the time of our inspection there were 39 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The property was set over 3 floors with storage and meeting rooms to the top floor. There were several communal areas, some of which had been recently renovated. An accessible rear garden was available for people to enjoy. A lift was available to enable access to upper floors, and aid and adaptations were in place to meet people's individual mobility needs.

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

Systems and processes kept people safe from harm or abuse. Care records included important information around people's health and support needs, and risk assessments were completed enabling staff to provide safe and person-centred care. Safety checks were carried out on premises and equipment and the home was clean and well maintained.

Recruitment was safe and staff deployment was effective. Staff told us they received a good level of training and support. One person using the service said, "Staff are very good. They are very nice, and they stay with me a long time. The staff all behave as a team, it's very nice." Medicines were managed safely, and we saw evidence that lessons were learnt from incidents and accidents.

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.

The registered manager and staff helped maintain good standards. One person told us, "I wouldn't want to live anywhere else. I like the home and a lot of the staff. I couldn't have asked for a better place, my friends and family like it too. I recommend it." People and relatives knew who to go to if they had a concern and confirmed the registered manager was responsive to issues raised; communication between the home was good.

Staff at different levels helped monitor the quality and safety of care, and action was taken to drive improvement. The provider engaged people, their relatives and staff and promoted positive outcomes. Staff spoke about the registered manager and their colleagues positively and morale was high. A staff member

said, "I love my job." The home worked closely with various professionals to help monitor people's health and well-being.

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

Rating at last inspection

The last rating for this service was good (published 14 December 2020).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and outstanding.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbeyfield Care Home Clitheroe on our website at www.cqc.org.uk.

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 safe findings below.

Abbeyfield Care Home Clitheroe

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.

Inspection team

An inspector and an Expert by Experience took part in the inspection process. 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

Abbeyfield Care Home Clitheroe is a 'care home'. 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. Abbeyfield Care Home Clitheroe is a care home without nursing care. 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.

Inspection activity started on 13 December 2023 and ended on 9 January 2024. We visited the service on 13 December 2023 and 18 December 2023.

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 reviewed information available in the recent Healthwatch report. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

During inspection we spoke with 3 people living at the home and 9 relatives about their experience of care provided by Abbeyfield Care Home Clitheroe. We spoke with 11 members of staff including the registered manager, deputy manager, members of the administration team, domestic staff and care staff. We informally observed people's interactions and the care they received. This helped us understand the experiences of people with limited communication.

We observed medication administration and checked medication storage and recording systems. We reviewed a range of records including 4 people's care records and recruitment files for 3 staff.

We looked at records relating to health and safety such as fire safety information, testing records and servicing documents. We checked the environment, equipment, facilities and cleanliness; to determine whether the home was safe and fit for purpose.

We remotely reviewed information relating to the management of the service such as policies and procedures, audits, meeting minutes and rotas. We sought additional evidence and clarification from the service via email.

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. 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

- Managers and staff understood their responsibilities for keeping people safe and safeguarding policies were in place. There was a small number of staff who had not refreshed their safeguarding training in line with the provider's own policies. However, those we spoke to could tell us how they would identify or escalate any concerns.
- People and their relatives confirmed that staff helped keep people safe. One relative said, "Yes [person] is safe, definitely. They feel safe too."

Assessing risk, safety monitoring and management

- The provider had appropriate processes to identify and assess risks to people's health, safety and welfare. Pre-assessment forms were completed for people upon moving into the home. Each section had a prompt to highlight potential risks and note appropriate strategies.
- People had in-depth care records covering a range of health and support needs, and personalised risk assessments were completed. For example: when using emollient cream (which could be flammable) or managing behaviours of distress.
- The registered manager acknowledged there had been several incidents relating to falls. However, there was evidence that steps to reduce risk were considered, and the home was involving appropriate professionals if themes and trends were identified.
- A day care provision had recently been developed to help provide support to people in the local community. A thorough risk assessment was in place and consideration had been given to people's compatibility to the service and the impact on others living at the home.
- There were systems and processes to monitor and manage risks to health and safety, and regular checks and servicing were carried out. Premises and equipment were well maintained; appropriate signage and security helped protect people, staff and visitors.
- The home had recently been advised by the local fire and rescue service, remedial work was required to ensure the premises complied with guidance and best practice. The registered manager had been responsive to concerns raised, and additional staffing had been organised to assist in the event of an evacuation until necessary works were completed.

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.
- Mental capacity assessments and best interest decisions were included in files we reviewed, and consideration had been given to the least restrictive options. For example: when assessing for bedrails.
- Care records included signed 'consent to care and treatment forms' and promoted choice and control. A person living at the home commented, "I can get up and go to bed when I like, and I can choose to stay in my bedroom or use 1 of the lounges."
- Relatives confirmed they were involved in decisions about people's care and staff sought consent.

Staffing and recruitment

- Sufficient numbers of staff were deployed to meet people's needs and keep them safe. Throughout the inspection, we observed staff on hand to offer support and spend time with people.
- Feedback about staffing levels was mostly positive, and the registered manager advised when the home was short staffed the same agency workers were used to promote consistency. A staff member said, "There's a good number of staff. We're never too short and agency staff will come in if need be. Staff work well as a team and there's enough auxiliary staff available to help."
- Training was provided in subjects relating to safety; such as moving and handling, fire safety awareness and first aid. Some people living at the home experienced behaviours of distress, had poor skin integrity or were at risk of choking. Staff received training to enable them to deliver safe and effective care in these areas.
- Staff confirmed they received a full induction when they started working at the home, followed by regular supervisions and support from managers. A staff member told us, "If there's something we don't know, we can ask. Managers are helpful, they will find things out for you and share information."
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We checked 3 recruitment files, all had (DBS) and reference checks.

Using medicines safely

- People received their medicines safely and as prescribed. People commented positively on the support they received with their medication. One person said, "I have medication for high blood pressure, I always get it at the right time."
- Senior care workers received face to face and online training to enable them to administer medication safely, and had their competence assessed regularly.
- Effective systems and processes were in place to manage and record medication; including controlled drugs, time sensitive and 'as required' medication. Storage was clean and tidy, and everything was appropriately labelled.
- The deputy manager carried out monthly audits and escalated concerns to the registered manager. We did note some small gaps to temperature monitoring of the medication room and fridge which was shared following inspection.

Preventing and controlling infection

- Appropriate steps were taken to ensure good hygiene and cleanliness within the home. Domestic staff were available each day, cleaning schedules were completed, and the registered manager carried out

informal checks of the environment regularly. One person said, "I couldn't imagine a cleaner place. All my visitors say it's clean. Sometimes I will go to a meeting or church service in the activities rooms and my visitors will say how nice the home is."

- The provider had an infection prevention and control policy, and processes were in place to help prevent and manage outbreaks. PPE was available for staff to use as required.

Visiting in care homes

- The provider was facilitating visits for people living at the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents, accidents and safeguarding concerns were investigated and actioned, and information analysed by the registered manager to ensure lessons were learnt. Staff could tell us about the systems used to respond to and record any incidents or accidents.
- Additional monitoring was provided, and professionals consulted to ensure people received appropriate support immediately following an incident. Care records were reviewed and updated when required.
- 'Antecedent behaviour consequence' (ABC) forms were used to monitor behaviours of distress and identify new and emerging concerns.
- The registered manager, deputy manager and administrative team had a good knowledge of people's health and support needs, ongoing issues and areas of improvement.

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. 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

- The atmosphere at the home was pleasant and happy. We observed caring interactions, and people and their relatives spoke positively about staff. One person said, "I can't fault any of the staff. They are kind and amusing and we have a laugh." A relative added, "We have been pleasantly surprised. [Person] was reluctant with the move but they have settled in well, which is down to the staff and the service they provide."
- People and their relatives confirmed they were able to speak with staff or the registered manager if they had a problem. A relative told us, "They [the registered manager] do listen and they do respond positively." During inspection we witnessed several conversations in which relatives consulted with the registered manager or staff and necessary actions were agreed.
- Relatives spoke positively about the extra care staff provided their loved ones. One relative said, "I genuinely feel they go above and beyond. Most days they make [person] a Greek coffee due to their heritage, and a staff member even brought in a special little cup."
- Staff told us they liked their job and morale was good. A staff member said, "It's very friendly, like a family. Everyone knows everyone and staff work together. Everyone is approachable."

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 understood their responsibility in relation to duty of candour. The registered manager explained how they referred to the local authority's safeguarding guidance to assess whether a referral was required. Information of concern was shared with people's next of kin or the relevant authorities.
- The registered manager and deputy manager were open and cooperative, and actively engaged with the inspection process.

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

- Staff at different levels had designated responsibilities. A thorough induction, regular meetings and ongoing training helped staff understand their roles. Throughout inspection, staff responded confidently to our questions and queries; instilling confidence they understood risks and regulatory requirements.
- Managers evidenced a good level of knowledge and experience of the care sector.
- The registered manager told us they received support from the nominated individual and the provider offered assistance with policies, procedures and documenting systems.
- Regular audits and checks were carried out by heads of departments and the deputy manager. From

evidence available it was difficult to ascertain if the registered manager had robust governance systems in place to oversee this. However, they assured us staff were proactive at escalating concerns and we saw no impact to standards at the home. People and relatives told us the home was well managed.

- The home was in the process of transferring care records to an electronic recording system. Once fully implemented, this would help improve management oversight of different aspects of care delivery. For example: food and fluid monitoring, medication and positional turns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff were actively engaged and there was an emphasis on continuous improvement. We saw evidence of regular staff meetings and staff being encouraged to engage and contribute. Staff told us that the registered manager had an open-door policy, and they were able to share ideas or raise concerns individually if they preferred.

- Staff meeting minutes reviewed fed back in a constructive and motivating way with clear guidance for staff to follow. Positive feedback was given in recognition of good work.

- People and relatives had the opportunity to attend regular meetings and were asked complete annual surveys, to share their experience of care and services provided by the home. 'You said, we did' posters were displayed in the reception area, informing people of changes made following the most recent survey.

- Relatives were consulted about people's care and treatment on a regular basis. One relative told us, "I am involved in [person's] care and they consult us when there is anything we need to know."

- The registered manager and deputy manager spoke about systems used to identify themes and trends and drive improvement.

- Resources were available to develop the service and improve standards to the home's safety and environment. For example: remedial work had recently been carried out to improve fire safety and funding had been provided to install the electronic recording system.

Working in partnership with others

- Healthcare professionals were consulted as and when necessary. Appropriate referrals to agencies such as the district nursing team, general practitioners (GPs), speech and language team (SALT) and the frail and elderly nursing team (FENT) were made. One healthcare professional commented, "Staff were helpful, knew the resident well and facilitated the call appropriately."

- Ward rounds were conducted by medical professionals every other week. This enabled the home to closely monitor people's health and well-being.

- The immediate care allocation team (ICAT) were contacted following any incidents or periods of ill health. They provide prompt advice and support to manage potential injuries or underlying health conditions.