

Abbeyfield Deben Extra Care Society Limited
(The)

Abbeyfield Deben Extra Care Society Limited

Inspection report

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Tel: 01394386204

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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

About the service

Abbeyfield Deben Extra Care Society Limited is a residential care home providing personal care for up to 24 people in one adapted building. At the time of our inspection there were 22 people living in the service. The service does not provide nursing care.

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

There were systems to assess and mitigate the risks of avoidable harm and abuse. People received their medicines when they needed them, and medicines were managed safely. There were enough staff to meet people's needs and safe recruitment processes were undertaken. Infection control processes in place, helped to reduce the risk of cross infection.

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 were supported by staff who were provided with training to meet their needs. People's dietary and health care needs were assessed and met. Where concerns about people's health were identified, they were supported to have access to health care services. The environment was well maintained and accessible for the people who lived there.

People were cared for by kind and considerate staff. People were consulted about the care they were provided with and their choices were acted on. People's rights to privacy, independence and dignity were met.

People's care needs were assessed, planned for and met. People's choices about their end of life decisions were documented. People had access to social activities to provide stimulation and reduce the risks of loneliness and isolation. There was a complaints procedure in place and complaints and concerns were addressed.

There were systems to assess and monitor the service people received. This helped the management team to identify and address shortfalls. People's views were sought about the service and these were used to drive improvement.

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 12 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

Enforcement

Since the last inspection in February 2017 we have prosecuted the registered provider for an offence under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12(1) refers to failure to provide safe care or treatment resulting in avoidable harm to person using a service or exposes a service user to a significant risk of exposure to avoidable harm. Prior to our last inspection a person fell down stairs at the service and died. The registered provider pleaded guilty and were fined at Magistrates court in September 2019. Our previous inspection of 23 February 2017 (published 12 April 2017) was prompted in part by this incident. Because the incident was subject to a criminal investigation and as a result the previous inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk related to the environment. At that inspection we examined those risks and found the service had assessed and mitigated the risks of avoidable harm.

The 2014 Regulations make it a criminal offence to fail to comply with Regulation 12(1) where the failure to provide safe care or treatment results in avoidable harm to a service user or exposes a service user to a significant risk of exposure to avoidable harm. The 2014 Regulations took effect on 01 April 2015 and coincided with a transfer of enforcement responsibility for health and safety incidents in the health and social care sector from the Health and Safety Executive and local authorities to CQC.

At this inspection of 1 October 2019, we checked that people were safe and found the service assessed risks to people and took sufficient action to reduce the risks.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Abbeyfield Deben Extra Care Society Limited

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the registered manager, assistant manager, one team leader, three care staff and two members of the catering staff. We observed the interactions between staff and people using the service throughout our inspection visit.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training and audits were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. Since the last inspection in February 2017 we have prosecuted the registered provider for an offence under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12(1) refers to failure to provide safe care or treatment resulting in avoidable harm to person using a service or exposes a service user to a significant risk of exposure to avoidable harm. At our previous inspection and this inspection, we found the service had learned from this and there were robust systems in place to assess and mitigate risks of avoidable harm. At this inspection this key question was rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and there were policies and procedures which guided staff on the actions they should take if there were risks of abuse, including reporting to the appropriate professionals.
- There had been no concerns of abuse received by CQC about this service since our last inspection.

Assessing risk, safety monitoring and management

- People told us they felt safe living in the service. One person told us how the staff ensured their safety, this included being with them if they chose to use the stairs. However, the person said they preferred to use the lift. Another person commented, "It is definitely safe no cares or worries here."
- People's care records showed that risks in their daily living were assessed and mitigated. This included risks associated with falls, developing pressure ulcers, mobility and eating and drinking.
- Records included risk assessments of the environment and how the risks were reduced to keep people using the service, visitors and staff safe. In addition, health and safety audits were undertaken to further assess and monitor the systems to keep people safe.
- Records showed that health and safety checks were completed to ensure the service was safe. Equipment, including mobility and fire safety equipment was checked and serviced to make sure they were fit for purpose.
- Guidance was displayed in the service in case of a fire. An emergency plan identified the actions to be taken in case of an incident.

Staffing and recruitment

- People told us, and we observed that there were staff available when they required assistance. One person said, "The [staff] are always around if you need help." This included responding to call bells promptly.
- Staffing levels were assessed in line with the needs of people who used the service.
- Checks were undertaken on new staff before they started working to ensure they were of good character and able to work in this type of service.

Using medicines safely

- We observed part of the morning and lunch time medicines administration round and medicines were given to people safely. People told us they were satisfied with the support they received in this area. One person said, "Did you see [staff] bringing them round today? Always on the dot."
- Staff who were responsible for giving people their medicines were trained to do so safely. Discussions with the staff member responsible for this activity demonstrated they were knowledgeable about their role and responsibilities in the safe administration of medicines.
- Where people were prescribed medicines to be taken as requires (PRN), there were protocols to guide staff when these should be considered for administration.
- Medicines were stored securely, and regular checks and audits were undertaken to ensure shortfalls were identified quickly and actions taken to address them.

Preventing and controlling infection

- People told us they felt the service was kept clean. One person said, "It is spotless, I see them [staff] cleaning, they are very good, they take care to clean, even the toilet." The service was visibly clean and hygienic throughout.
- Staff were provided with protective equipment, including disposable gloves and aprons, to reduce the risks of cross infection when supporting people with personal care. Toilets and bathrooms provided hand wash liquid and disposable paper towels for people to use to reduce cross contamination risks.
- During the morning administration of medicines, we saw the staff member who was responsible, regularly washing their hands and changing gloves to reduce the risks of cross infection.
- Staff had received training in food hygiene and infection control. The service had been awarded the highest rating in their local authority food hygiene inspection.

Learning lessons when things go wrong

- There were systems in place for staff to learn lessons from incidents to drive improvement. This included learning from the recent prosecution, the development of a robust system to assess and monitor the safety and risks in the service was in place. This helped the management team to identify potential risks and they took action to address them.
- Staff were advised of any changes relating to lessons learned in staff meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved into the service an assessment of their individual and diverse needs was undertaken by a member of the management team. These assessments were completed with the input of people who were going to use the service and their representatives, and other professionals involved in their care.
- The preadmission assessments were used to determine if the service could meet people's needs and to inform the care plans.

Staff support: induction, training, skills and experience

- There were systems to provide staff with training, support and the opportunity to achieve qualifications in care. Most staff had achieved a qualification in health and social care, which was relevant to their role.
- New staff received an induction, including training and shadowing more experienced colleagues.
- Staff received one to one supervision and appraisal meetings, which provided the opportunity to discuss their work performance, receive feedback and identify any training needs.

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

- People were provided with a choice of meals and where they wanted to eat. People told us they enjoyed the food. One person said, "The food is always good here, they take time to present it well, always enough and tastes good." Lunch time was a relaxed and social occasion.
- Where concerns about people's food and fluid intake were identified, appropriate referrals to professionals were made. People received food and drinks to supplement their calorie intake where they were at risk of losing weight. Discussions with staff demonstrated they were knowledgeable about people's specific dietary needs.
- We observed that people had access to their choices of hot and cold drinks, reducing the risks of dehydration. Jugs of fresh water and glasses were provided in people's bedrooms daily.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and assistant manager told us they had good relationships with other professionals, including healthcare professionals, to ensure people received the consistent healthcare they needed.
- Where there were concerns about people's wellbeing appropriate referrals were made to healthcare professionals and any guidance was incorporated into people's care plans. In addition, weekly visits from doctors allowed people to be seen when needed and for staff to seek advice. One person said, "I see the GP when they come in, if I need to."

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

- The environment was suitable to meet people's needs, including being accessible to people who used equipment, including walking frames and wheelchairs to mobilise.
- Signage, including people's names were on their bedroom doors which supported them to identify their own personal space.
- Communal areas provided space where people could meet and participate in activities. These included a large dining room, lounges, conservatory and a secure, well-maintained garden. During our inspection visit we saw people using all of these areas.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records included information about their capacity to make their own decisions and those who were responsible for supporting them, such as with their finances.
- The assistant manager told us there were no people who required a DoLS referral. They understood when and why these should be made.
- People had signed their care records to show they consented to the care being provided and to have their photographs taken.
- Staff had received training in MCA and DoLS and understood the importance of gaining people's consent. We saw staff asked for people's consent before providing any care and support throughout our inspection visit.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they felt the staff who supported them were kind and caring. One person said, "They [staff] are all so very kind." Another person commented the staff, "Are really kind and listen to me."
- Cards and letters had been sent to the service thanking them for the care provided. One stated, "Care is only a little word, but it is full of meaning, I saw enough of it at [the service] ...over the last year to understand that and appreciate how good you all are at delivering it."
- We saw that the staff interacted with people in a caring and respectful way. They communicated effectively with people, including maintaining eye contact. Staff clearly knew people well and people knew the staff. This was evident in the friendly discussions staff and people shared.
- The service had links with local religious establishments who visited the service to provide support for people's spiritual needs. The registered manager told us how they had re-established links with one local church, this was because people had enjoyed previous links.

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

- We saw staff listening to people's choices and acting on them. This included where they wanted to be in the service, if they wanted to participate in activities and if they needed assistance with their meal.
- People's records included their preferences relating to their care, including their likes and dislikes and when they usually chose to get up in the morning and go to bed and their preferred toiletries.

Respecting and promoting people's privacy, dignity and independence

- People's care records included guidance for staff on how their privacy and dignity should be respected. The areas of people's care that they could attend to independently and where they needed staff support. One person told us how they felt their independence was respected and said the staff, "Never impose."
- Staff respected people's privacy and dignity by speaking with them in a discreet way relating to if they needed assistance with their personal care needs.
- Staff promoted and respected people's independence. This included encouraging people's independence and providing support when requested. We saw a staff member walking alongside a person who was using a walking aid to support them. The staff member said to the person, "You are doing really well," they walked slowly and did not rush the person.
- Where people chose to, they went into the community independently.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were happy in the service and their individual needs were met. One person said, "I am very lucky to be here, it is the care, it is very good. I am lucky to have found such a place." Another person commented, "The care it is second to none. Made a very good choice moving here." One person's relative said, "[Family member is] really looked after we love it and so does [family member]."
- Improvements had been made in how people's needs were assessed, planned for and met. People's care records were now person centred and included guidance for staff about how people's individual needs should be met.
- Detailed documents relating to people's life history, completed by the person, were in place, and these were included in the care plans to ensure that staff were aware of the things that were important to each person.
- People's care plans were in an electronic format and care staff recorded any care provided on hand held devices. Staff were positive about the use of the devices. This enabled staff to spend more time with people and helped the management team to check that people's needs were being met in a timely way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Documents relating to the service were available for people in accessible formats, where required.
- People's records included information about how they communicated and guidance for staff on how to communicate effectively with the individual.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with the opportunity to participate in activities that interested them. One person told us, "I have met so many people here, joined so many things like the church, I never get bored."
- People's records included information about how people preferred to spend their time.
- During our inspection visit we saw that people participated in a range of activities, this included the weekly keep fit activity with 12 people taking part. Two people played a game of scrabble together
- There was a programme of group activities, including songs of praise, manicures, beetle drive and visiting entertainers. Those who did not wish to participate were supported on a one to one basis. This included

speaking with staff and playing games. There were seasonal activities such as pumpkin carving and themed activities which included slide shows and taster foods from different countries.

- We saw photographs of people participating in activities including decorating cakes, enjoying visits from pre-schoolchildren and outings in the community.
- People's records included information about the important people in their lives and how they maintained contact. We saw people spending quality time with their visitors during our inspection visit.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people and visitors were advised of how to raise a concern or complaint; information was displayed in the service. People told us they knew how to make a complaint. One person said, "You just say if something is worrying you, they listen." Another person said, "I have raised a concern once, only about the food, they listened and put it right."
- Records showed that people's concerns and complaints were addressed promptly and used to drive improvement.

End of life care and support

- People's end of life decisions were documented in their care records, including where and how they wanted to be cared for at the end of their lives and if they wanted to be resuscitated.
- Some staff had received end of life training. We saw the minutes of a staff meeting where staff had been advised of the upcoming end of life training.
- We saw cards and letters from relatives which thanked the service for the care and support provided to their family members at the end of their lives. One stated, "We are very grateful for the care and support you all gave to our [family member]." Another commented, "It was a comfort to know you were doing all you could for [family member]."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We received positive comments about the service from people. One person said, "It is so nice, I get everything I need." Another person commented, "Could not want any better living here, very comfortable they take care to make sure it is clean."
- Staff told us there was a positive culture in the service and their comments were listened to.

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 registered manager and assistant manager understood their responsibilities relating to the duty of candour.

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

- The registered manager understood their role and responsibility in providing good quality care to people and the requirements of their registered manager role. The registered manager had a good understanding of what was happening in the service.
- The registered manager told us that the providers/trustees were supportive. The registered manager met with the chairperson every two weeks, and they also had one to one supervision meetings with a representative of the provider.
- Staff understood their role and the ethos of the service. They were committed to providing good quality care.

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

- People using the service and their relatives were asked for their views about the service in satisfaction surveys. We saw the results from the surveys which had been completed in March 2019, which showed people were satisfied with the service they received.
- Records demonstrated that people using the service and relatives were further asked for their views in meetings. Meeting minutes demonstrated that people were updated with changes in the service, such as planned maintenance and installation of new flooring. People were asked for their views, including on activities and menus and they were updated on what had happened as a result of their comments. This included changes to the supper service following people's comments.

- Staff meeting minutes demonstrated that staff were kept updated with any changes in the service and any shortfalls which required addressing.

Continuous learning and improving care

- There was a programme of audits which assisted the management team to identify any shortfalls and address them promptly. This included the care provided, analysis of falls, and medicines.
- Improvements had been made in the systems to monitor, assess and mitigate risks to people.

Working in partnership with others

- The registered manager told us they had positive relationships with other professionals involved in people's care. This included social and health care professionals.
- The service had built relationships in the local community which supported people to maintain contact with the area they lived in. This included visits from local pre-schoolchildren, sports leaders from a local school visited to do activities with people and young people from two local schools did work experience in the service. We saw letters from two young people thanking the service for their experience and the people who used the service for their support and patience.