

Abbotsfield Care Home Limited

Abbotsfield Residential Care Home

Inspection report

373 Abbey Road
Barrow-in-furness
LA13 9JS

Tel: 01229829496
Website: www.abbotsfieldcarehome.co.uk

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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

Abbotsfield Residential Care Home is a care home providing accommodation and personal care to up to 26 people in one adapted building. The home provides support to older people and older people who are living with dementia. At the time of our inspection there were 26 people using the service.

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

People were safe and protected from abuse and avoidable harm. One person told us, "Of course I am safe." People received the support they needed because there were enough staff. The registered manager carried out checks on new staff to ensure they were suitable to work in the home. People received their medicines safely and as they needed. The registered manager had systems to learn lessons from incidents to ensure people remained safe.

People received good care from staff who were trained and skilled. A relative told us, "The staff seem very well-trained and effective in what they're doing." People enjoyed a balanced diet and staff provided the support they needed to eat and drink. The registered manager and staff worked with appropriate services to ensure people received the healthcare support they needed. People's rights were protected because the registered manager and staff understood their responsibilities under the Mental Capacity Act 2005. 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 treated in a kind, caring and patient way by staff who knew them well. A relative said, "Many of the staff go above the call of duty in supporting everyone there. They're not just task-driven but are genuinely caring people." Staff gave people choices about their care and support and respected the decisions they made. Staff respected people's privacy and promoted their dignity and independence. A relative told us, "There seems to be a lot of activities to support independence there and [relative] will join in and really enjoys it all."

People received person-centred care that met their needs and took account of their wishes. They were supported to maintain relationships which were important to them and enjoyed a range of activities which enhanced their quality of life. A relative told us, "[Relative] is socialising well and having fun there which is wonderful." People and their relatives knew how they could speak to a member of the management team if they had any concerns about the care provided. People received the support they needed to remain comfortable as they reached the end of life.

People received good care because the registered manager had developed a person-centred culture which focused on meeting people's needs. People and their relatives told us they would recommend the home. A relative told us, "I would definitely recommend this home. It's small and caring and we are so pleased that we chose this one for [relative]." The provider had included people in making improvements to the

accommodation. People consistently received care that met their needs because the registered manager worked with other services to plan and provide their care.

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

Rating at last inspection. This service was registered with us on 23 April 2020 and this is the first inspection.

The service was previously carried on by a different provider. The last rating for the service under the previous provider was good, (published on 18 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

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 

Abbotsfield Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Abbotsfield Residential Care Home 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. Abbotsfield Residential Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

People who lived in the home were living with dementia and were not easily able to share their views with us. We spoke with six people who lived in the home and observed how staff interacted with people. We also spoke with the registered manager, deputy manager and with three members of staff. We looked around the accommodation.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and training. We also reviewed records relating to the management of the service. We contacted seven people's relatives and two staff to gather their views.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People told us they felt safe in the home. One person said, "Of course I am safe." Most people's relatives told us they were confident staff ensured people were safe. One relative told us, "[Staff] know [relative] and watch over [relative] well." Another relative said, "All the family have had peace of mind since [relative] moved in there."
- Staff understood how to identify and report abuse. They told us they would report any concerns immediately.
- One relative had raised concerns regarding how their family member had been protected from abuse. This had been addressed with the local authority and registered manager under safeguarding procedures.

Assessing risk, safety monitoring and management

- People were safe because the registered manager had identified and managed risks to their safety. People's care records included guidance for staff about how to support them in a safe way.
- The registered manager reviewed risk assessments regularly and if people's needs changed. This meant staff had accurate and up to date guidance about how to maintain people's safety.

Staffing and recruitment

- People received the care they needed because there were enough staff to support them. Staff were attentive and patient and had time to spend with people. One relative told us, "The staff are very attentive." Another relative said, "My [relative] has their own set of staff supporting them, so there is continuity and familiarity."
- The provider carried out robust checks on new staff to ensure they were suitable to work in the home. These included confirming applicants' good character and checks against records held by the Disclosure and Barring Service, (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received the support they needed to take their medicines. All medicines were stored securely to prevent their misuse.
- Staff were trained in how to support people with their medicines. Staff told us after they completed training in handling medicines, they were assessed to check they were competent to support people safely.
- The registered manager checked how staff managed and recorded medicines they had given to people to ensure this was as prescribed by their doctors.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was following government guidance regarding visits in and out of the home. Relatives told us they could visit when they wished and said staff made them welcome. The provider had invested in a 'visiting pod' to ensure safe visits could be carried out during the height of the COVID-19 pandemic. They had also supported outdoor visits.

Learning lessons when things go wrong

- The registered manager had systems to learn lessons following any incidents to improve the service. They acted promptly in response to incidents and shared lessons learnt with the staff team to ensure the safety of the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received the support they needed because staff had information about how to care for them. This included information about people's care needs and their preferences about their care and lives.
- The registered manager assessed people's needs and gathered detailed information about their life histories. Staff used this information to engage with people.
- The registered manager had used the assessments to develop individual care plans to guide staff on how to support people. Staff told us they had the information they needed to provide good care to people.
- Staff knew people very well and provided support to meet their needs and take account of their wishes.

Staff support: induction, training, skills and experience

- People received good care and experienced positive outcomes because staff were trained and skilled to provide their care. One person told us, "The carers [care staff] are very good." A relative told us, "The staff seem very well-trained and effective in what they're doing."
- Staff were skilled at supporting people who were living with dementia. They knew the strategies to use to support people if they were anxious. They used strategies effectively to give people reassurance and reduce their anxiety.
- Staff told us they completed training to give them the skills and knowledge to provide people's support. They said they felt very well supported by the management team in the home.

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

- People enjoyed a varied diet which met their needs and supported them to maintain good health. One person told us, "You couldn't fault the food here, it is excellent." A relative told us, "[Relative] is being looked after really well and since living there [relative] has put on weight."
- People received the support they needed to eat and drink. Staff discreetly observed people and noticed if they were not enjoying or eating the meals provided. They offered people a range of alternatives and encouraged people to eat and drink enough to maintain good health.

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

- People received effective, timely care because the registered manager and staff worked with appropriate services to ensure people received the support they needed. One person told us, "They [staff] will always call the doctor if I am not well."
- Relatives told us staff were attentive and sought prompt medical advice if their relatives were unwell. They said their relatives' health had improved due to the care provided in the home. One relative said, "I feel that

the home has always had quick reactions to any of [relative's] health issues." Another relative told us, "[Relative's] health has improved since they moved into this home."

- People's care records included details of the healthcare services which supported them. Staff had the information they needed to contact appropriate services as people needed.

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

- People lived in comfortable accommodation which was suitable to meet their needs. The provider had invested in upgrading the environment and people and their relatives were included in choosing the décor in their rooms and communal areas. People told us they liked the improvements the new provider had made. A relative told us, "They have recently refurbished the rooms and [relative] had a choice of colour and layout of furniture and was happy to be involved with this."

- Some planned improvements had been delayed due to the COVID-19 pandemic. People told us the provider was planning to create an enclosed, safe garden area for people to enjoy time outside. One relative told us, "I'm aware of plans to create a safeguarded area in the garden which will be excellent in the future."

- The provider had followed best practice in creating an environment which supported people living with dementia to find their way around the home and to support people's independence.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People made decisions about their care and lives and their rights were protected. Staff asked people what support they wanted and respected the decisions people made.

- The registered manager and staff understood their responsibilities under the MCA. Staff gave people information and choices in a way they could understand. They gave people the time and support they needed to make decisions about their lives and care.

- Where people required restrictions on their liberty to receive the care they required, the registered manager had applied for appropriate authorisation.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were treated in a kind, caring and patient way by staff who knew them well. One person told us, "All the staff are ever so kind, they are lovely." A relative said, "Many of the staff go above the call of duty in supporting everyone there. They're not just task-driven but are genuinely caring people." Another relative told us, "I would describe the staff as being friendly and open. My [relative] loves them all."
- Staff spent time with people and engaged people in conversation. People enjoyed spending time with the staff.

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

- People were asked for their views about their care and support and staff respected the decisions people made. Staff were caring and patient with people and gave them the time and support they needed to express their views and wishes.
- Relatives told us staff respected people's choices. One relative said, "[Relative's] personal choices are supported, such as in what they want to wear that day or which activity they would like to participate in."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and staff promoted their privacy, dignity and independence.
- Staff spoke to and about people in a respectful way. They were responsive to people's wishes and ensured confidential information was protected. One relative told us, "There has never been any breach of confidentiality in my experience."
- People were supported to do as much as they could for themselves to promote their independence. One relative said, "Staff try to give [relative] as much independence as possible."
- The home also provided activities which supported people's skills and independence. One relative told us, "There seems to be a lot of activities to support independence there and [relative] will join in and really enjoys it all."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received person-centred care that met their needs and took account of their wishes. Staff knew people well and knew the things that were important to them. Relatives we spoke with confirmed the service was responsive to people's needs. One relative told us, "It seems that they've [staff] looked to support [relative's] needs as they arise."
- Each person had a care plan to guide staff on how to provide their care. Staff told us the care plans gave them the information they needed to support people. They told us the care plans were updated regularly or as a person's needs changed. This meant they provided up to date and accurate information for staff to follow.

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.

- The registered manager assessed people's communication needs to identify how they needed information to be provided.
- Staff were aware of people's communication needs and gave people information in the way they preferred and needed. They gave people time to understand information and to make choices about their care.

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 supported to maintain relationships which were important to them. The registered manager had followed government guidance about supporting visiting in and out of the home during the COVID-19 pandemic.
- Relatives told us they were made welcome in the home and could visit when they wished.
- People enjoyed a range of activities in the home. Relatives told us the range of activities promoted a good quality of life for people. One relative told us, "[Relative] is socialising well and having fun there which is wonderful." Another relative said, "Activities have included singers, such as an Elvis impersonator, which [relative] really enjoyed. [Relative] was singing along to the songs."
- At the time of our inspection people were preparing for the Queen's Platinum Jubilee. They were growing cress for egg and cress sandwiches for their Jubilee party and writing letters and cards offering congratulations to the Queen.

Improving care quality in response to complaints or concerns

- The registered provider had a procedure for receiving and managing complaints about the service. Most people told us they had no concerns about the service. One relative said, "So far there have been no concerns." Another told us, "There have been no concerns whatsoever."
- One relative had raised a concern via the local authority. We saw the actions the registered manager had taken in response to the issues raised.
- Relatives told us they knew the registered manager and how to contact them. They said they would speak to the registered manager or deputy manager if they had any concerns or wished to raise a complaint.
- Staff knew how people, or their relatives could raise a concern about the service. They said they would be confident to support a person to raise a concern or raise it on their behalf if necessary.

End of life care and support

- People were supported to remain comfortable and pain free as they reached the end of life. The registered manager had links with local and specialist services which would work with staff in the home to care for people at the end of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received high quality, person-centred care because the registered manager had developed a person-centred culture which focused on providing good care for people. Staff knew people well and provided individualised care which met people's needs and promoted positive outcomes for people.
- People told us the home was "like a lovely hotel" and "a lovely place to live". A relative told us, "My [relative] has lived there for one year and it's a wonderful place for them to be."
- Most relatives told us they would recommend the home. One relative told us, "I would recommend this home because my [relative] has done so well there. [They] have improved so much since living there." Another relative said, "I would definitely recommend this home. It's small and caring and we are so pleased that we chose this one for [relative]."

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

- People and their relatives knew the registered manager and how they could speak to them. Relatives told us the registered manager was "approachable" and "good at their job".
- The registered manager had the skills and knowledge to manage the home and to ensure people received high-quality care. Staff said they were happy working in the home and felt well supported to provide good care to people.
- The registered manager and staff were open and honest with people and their families when incidents occurred.

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

- People were asked for their views and their feedback was used to improve the service. People had been included in choosing décor and furnishings for communal areas and their own rooms.
- The registered manager used formal and informal ways to gather people's views. They worked with care staff providing people's care and sought feedback from people as they worked with them. They had also used quality questionnaires to gather the views of people's relatives. One relative told us, "There was a survey a few months ago and we fed back that we were happy with everything."
- The provider and registered manager were committed to the continuous improvement of the service. They had made improvements to the accommodation and had discussed plans for further improvements with

people.

Working in partnership with others

- People consistently received care that met their needs because the registered manager worked with other services to plan and provide their care. Staff knew the other services which supported people and worked cooperatively with them. The registered manager contacted appropriate partner agencies if they identified people needed support from other services.