Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Abberdale Ltd t/a Abberdale House

165, 167, 169 Hinckley Road, Leicester, LE3 0TF

Tel: 01162915660

Date of Inspection: 08 April 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Abberdale Limited
Registered Manager	Mr. Kishen Sachdev
Overview of the service	Abberdale Limited t/a Abberdale House is registered to provide care and support for up to 25 people. We were informed that 19 people were using the service on the day of our visit.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

People we spoke with said they liked living at Abberdale House. Comments included: "they really care" and "they're very helpful". We saw that staff were attentive to people's needs and were polite and friendly in their interactions with people.

During the lunchtime we used our SOFI (Short Observational Framework for Inspection) tool to help us see what people's experiences at mealtimes were. The SOFI tool allows us to spend time watching what is going on in a service. We saw that staff approaches were mixed with some staff taking more time to interact with people than others.

We found that care was provided in accordance with peoples' wishes and when people did not have the capacity to consent, legal requirements were met.

We looked at the care plans and records of four people who used the service. Daily records showed that people had received appropriate care, however some care plans had not been regularly reviewed and another was inaccurate. This meant that people may be at risk of receiving care that was inappropriate or unsafe.

We found appropriate arrangements were in place for the obtaining, recording and administration of medicine.

Staff had been appropriately screened to ensure they were suitable to work with vulnerable people. Staff we spoke with demonstrated a good understanding of the needs of people who used the service.

Records were stored securely and could be located promptly when required.

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You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 14 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with three people who used the service and asked them whether they were involved in making decisions about their care and support. People, who were able to, told us their choices were respected. One person said, "if I need any help I just ask them" and another told us "they do things as I want them doing". This demonstrated that before people received support, they were asked for their consent and staff acted in accordance with their wishes.

Records we looked at showed that whenever possible people had been involved in making decisions about how their care and support should be provided and most care plans were written in a person centred format. Although some people had signed their care plans the provider may find it useful to note that not all people had. The reasons why some people had not was not always clear.

When people were unable to consent to the care being provided we found evidence that staff had, when appropriate, involved people's family or friends in the decision making process. We found evidence that the provider had appropriately followed the Deprivation of Liberty Safeguards (DoLS), to ensure that one persons care did not restrict their freedom and was in their best interests. This information was also reflected in their care plan. This demonstrated that people's legal rights were upheld.

Staff we spoke with had a reasonable understanding of consent and capacity issues and the impact it may have on the people who used the service. Training records showed that some staff had recently received training in this area and the remaining staff team were due to commence their training in the week following our inspection.

Care and welfare of people who use services ✖ Action needed

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

People were at risk of not receiving effective, safe and appropriate treatment and support that met their needs and protected their rights.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with the relative of one person who was visiting at the time of our inspection. They told us the care was "very good" and their relative enjoyed the food. They also told us that the home had an open friendly atmosphere and that communication between the staff and themselves was very good. We also spoke with a district nurse. They said that staff always sought help from the nursing team at the earliest opportunity and that carers followed their instructions about how people's care should be provided.

During the lunchtime we used our SOFI (Short Observational Framework for Inspection) tool to help us see what people's experiences at mealtimes were. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time and whether they have positive experiences. This included looking at the support that was given to people by the staff. We spent 50 minutes watching at lunchtime. We noted that the meal appeared appetising and had been freshly prepared. People had been offered a choice of meal. Some people were able to eat independently and others required assistance from staff.

Staff approaches to assisting people with their meal were mixed. Some staff took the time to ask people if they were ready for another spoonful, asked them if they wanted more food or a drink and engaged positively with people. We saw one staff member encouraging somebody to eat in a very gentle and unobtrusive way. Other staff gave minimal interaction to people and did not always take the time to talk with them.

We noticed that staff continuously moved around the dining room assisting different people and carrying out other tasks such as clearing plates in between. This meant that people received support from a number of different staff throughout their meal. This practice did not support people's dignity and allow time for more positive interactions to develop. Staff sometimes spoke to each other across the dining room about people's needs and were not always discrete about who required help.

We looked at the care plans and records of four people who used the service. We found peoples' needs were assessed and care was then planned and delivered. Care plans

included sections on peoples' health, nutrition and mobility amongst others. We found that the home was in the process of updating its care plans to a new person centred format. We looked at an example of a completed care plan and found that the care plan contained sufficient detail to say how that persons' care should be provided, details of the persons' likes and dislikes, personal routines and preferences. The new care plans included risk assessments. These identified where people were at risk of harm due to their health or behaviour. Where people had been identified as being at risk, the assessments were used to develop guidelines for staff to follow to reduce the identified risk.

However, of the four care plans we looked at, only one of these was properly completed in the new format. One of the records we looked at had a partially completed care plan. We found that this was inaccurate because the person's needs had deteriorated due to ill health and the care plan had not been updated to reflect these changes. For example, the care plan said the person was mobile and was at low risk of developing pressure sores but at the time of our visit this person required hoisting and pressure care. Whilst daily records reflected that the person was receiving appropriate care for their current needs, the lack of an up to date care plan meant they were at risk of receiving care that was inappropriate or unsafe.

The other two records we looked at contained care plans in the older format. These had last been reviewed during 2011. We looked at the daily records for these individuals and found that appropriate care and support had been provided. But, the lack of a proper reviewing process again meant that people may be at risk of receiving care or support that was unsafe or inappropriate.

Records we looked at also contained details of people's health needs and contact details for involved health care professionals. We found that people's health had been monitored by the home and when necessary appropriate referrals to health professionals had been made. For example, we saw that the home had made referrals to district nurses and the GP.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the medication and the medication records of people who used the service and controlled drugs that were prescribed to some people. (A controlled drug is one whose use and distribution is tightly controlled because of the potential for it to be abused.) We found appropriate arrangements were in place for the obtaining, recording and administration of medicine. We found medication to be handled appropriately and to be safely stored and administered. Records contained information about the medicine that was prescribed to people.

Staff that were responsible for the administration of medication and had completed training in the safe handling and administration of medication. We observed a care worker administering medication to people at lunchtime. We saw that they cross referenced the medication with the medication administration record. We saw them give the medication to the person, offer them a drink and then sign the medication administration chart to record that the medication had been administered.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at the recruitment records for four care workers and a team leader who were on duty at the time of our inspection. Records showed pre-employment checks had been carried out, which had included the completion of an application form, the seeking of two written references, the obtaining of a Criminal Record Bureau (CRB) disclosure and confirmation of their identity. This meant people using the service could be confident that staff had been screened as to their suitability to work with vulnerable adults. Records showed that staff received a comprehensive induction prior to supporting people.

We spoke with three members of staff who said that the training they received was sufficient to enable them to provide the support people needed. Staff also told us they felt well supported by managers and colleagues and would be confident raising any problems or concerns. Staff records showed staff had received training in a range of topics which promoted the health, safety and welfare of people using the service. Training topics included health and safety, moving and handling, safeguarding vulnerable adults from abuse and infection control.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at the medication records for everybody living at the home and found they were accurate and fit for purpose. Records were kept which showed people's health care was monitored and detailed the involvement of health care professionals. Daily records we looked at were fit for purpose and recorded the care that had been provided to people. The provider may find it useful to note that not all care plans contained up to date information and some had not been reviewed.

We found staff records detailing recruitment and training were accurate and fit for purpose.

Records relevant to the management of the service were accurate and fit for purpose. The provider showed us records which detailed that audits, staff supervision and observations had taken place. We looked at examples of these and found they had been carried our regularly and were well maintained.

Records were kept securely and could be located promptly when needed.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: Some people's care plans had not been reviewed on a regular basis or when their needs had changed. This meant that people were at risk of not receiving effective, safe and appropriate treatment and support that met their needs and protected their rights.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 14 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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