Review of compliance

Abberdale Limited t/a Abberdale House Abberdale Ltd t/a Abberdale House	
Region:	East Midlands
Location address:	165, 167, 169 Hinckley Road Leicester LE3 0TF
Type of service:	Care home service without nursing
Date of Publication:	August 2012
Overview of the service:	Abberdale Limited t/a Abberdale House is registered to provide the regulated activity of Accommodation for persons who require personal or nursing care. The provider cannot provide nursing care at this location. The location can provide accommodation for up to 25 people. We were informed that 21 people were using the service on the day of our visit.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Abberdale Ltd t/a Abberdale House was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 26 June 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

We were supported on this review by an expert-by-experience who has personal experience of using or caring for someone who uses this type of care service.

What people told us

People told us what it was like to live at this home and described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people living in care homes are treated with dignity and respect and whether their nutritional needs are met.

The inspection team was led by a CQC inspector joined by an "expert by experience" (people who have experience of using services and who can provide that perspective) and a practising professional.

We spoke with eight of the 21 people using the service on the day of our inspection. People's dignity was respected. One person said, "The girls are very nice with me, very patient, as I can be a little slow at times."

They all told us they enjoyed the food. One person said, "I live for my food. It is good here."

We spoke with four people using the service about how safe they felt. They told us that care workers made them feel safe.

People using the service told us there were enough staff during mealtimes. We spoke with

one person using the service who said they sometimes had to wait a long time to use the toilet because there were not enough staff in the evenings.

What we found about the standards we reviewed and how well Abberdale Ltd t/a Abberdale House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. The provider responded appropriately to any allegation of abuse.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
We spoke with eight of the 21 people using the service on the day of our inspection. People's dignity was respected. One person said, "The girls are very nice with me, very patient, as I can be a little slow at times." We spoke to people about what they thought of the support they got. One person said, "I would like a nice bath now and again but I haven't had one since I've been here." When we spoke with the registered manager about this, he acknowledged that the environment could be improved. He told us that he had been making improvements since the service was registered by the current provider. Care workers and people using the service confirmed that the new provider had made significant improvements to the environment.

We asked if people had a lockable drawer or cupboard for their private use. People told us valuables could be put in the safe in the office, but they did not have lockable facilities in their rooms. The provider may find it useful to note that people using the service did not have anywhere to store personal private items securely.

Other evidence
Is people's privacy and dignity respected?
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. We used SOFI to observe five people for a thirty minute period when drinks and biscuits were being served. During our observations, we saw that care workers treated people with dignity. When care workers assisted people to move using a hoist, they explained what they were doing and why, checking several times that the person was comfortable. When one person spoke with care workers, they responded immediately. When she became upset, they responded to her distress and made suggestions to relieve her distress. This showed that care workers took people seriously and responded to them when they wanted to express their emotions.

We saw that care workers and the manager spoke with people respectfully. People using the service knew the names of care workers. We saw care workers helping two people to change their clothes after they had spilt food or drink. People were taken to private areas to change. Care workers spoke quietly with people to explain that they had spilt something. The manager told us that care workers always delivered personal care in private areas such as bathrooms or bedrooms. This showed that people's privacy and dignity were respected.

We saw that there was one bathroom with a bath that was accessible for people with limited mobility and this was on the ground floor. This meant that people who wanted to use the bath would have to go from their bedrooms on the first or second floor, through a lounge and dining room to reach the bathroom. The provider may find it useful to note that people had limited choice of personal care because the accessible bathroom was on the ground floor, away from bedrooms. People's dignity may have been compromised if they had to go through public areas of the service to bathe.

The general environment, especially upstairs corridors, some bedrooms and the garden area were in need of decoration. Carpets were worn, paint was chipped and flaking away and curtains looked old. The manager told us that there was a programme of refurbishment under way. We saw that some refurbishment had been done on the ground floor and in some bedrooms. We spoke with two care workers who told us that the manager had made improvements to the environment such as refurbishment of bedrooms and replacement of flooring downstairs and that this had had a positive impact for people's dignity.

Are people involved in making decisions about their care?
The manager told us that he talked with people using the service every day, asking their views about the service, as well as holding more formal residents' meetings. He told us that at the next residents' meeting, people would be asked for their views about new flooring in the lounges. A care worker showed us some bedrooms that had been recently refurbished. She told us that people using the bedrooms had chosen the new decorations. One person we spoke with told us she was very pleased with the wallpaper, carpet and paint she had chosen for her bedroom. This showed that people were involved in making decisions about their care.

We looked at care records for five out of 21 people using the service at the time of our inspection. They all recorded people's preferences, including what activities people liked to do, what foods they liked and disliked and how they liked personal care to be delivered. We observed care being delivered in accordance with people's wishes. Staff we spoke with were aware of people's likes and dislikes, particularly in relation to food.

We noticed that televisions were on in two lounges, including one described by care

workers as the quiet lounge. One person who we saw was sitting in the quiet lounge said, "I'm not a TV person. I prefer the radio." There were no other organised activities offered during our inspection. The provider may find it useful to note that people were not being offered choices about how to spend their time, despite this being recorded in their care plans.

Our judgement
The provider was meeting this standard. People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 05:
Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:
* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
We spoke with eight of the 21 people using the service on the day of our inspection. They all told us they enjoyed the food. One person said, "I live for my food. It is good here."

Other evidence
Are people given a choice of suitable food and drink to meet nutritional needs?
We spoke with three staff including the staff member who was cooking the lunchtime meal on the day of our inspection, about provision of food and drink. She told us that the chef normally planned menus three weeks in advance. These were discussed individually with people using the service. She gave examples of the types of food people using the service had said they did not like and she told us how alternative meals were prepared for people who did not like either choice on the menu. On the day of our inspection, we saw one person arrive back from a hospital appointment at lunchtime. She had not been at the service to choose what she wanted for lunch and did not like the choices. The kitchen staff talked with her about what she would like and prepared a meal separately for her. This showed that people were given a choice of food and that individual preferences were met.

The food prepared for lunch on the day of our visit looked appetising. All but two people ate everything on their plate. Two people commented how much they had enjoyed the meal. This shows that people enjoyed the food provided.

Are people's religious or cultural backgrounds respected?
The manager told us that no-one using the service at the time of our inspection had

specific cultural or religious beliefs that affected their choice of food. The kitchen staff told us that fish was always provided on Friday because this had been requested by Catholic people who used the service. The manager described how different cultural needs could be met, by sharing menus and foods with the other service owned by the provider, which had a strictly vegetarian kitchen serving Asian foods. This showed that the service could meet the needs of people with different cultural and religious backgrounds.

Are people supported to eat and drink sufficient amounts to meet their needs?
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. We observed four people for 30 minutes over lunchtime. The majority of people using the service ate well during the mealtime. The people we observed using SOFI ate independently. One person helped others to put on aprons to protect their clothing. Some people may have benefited from adapted cutlery and/or crockery to support them to eat independently and prevent plates slipping. The provider may find it useful to note that adapted cutlery and was not provided to people who might benefit.

At lunchtime, we saw that two people who needed help to eat waited until everyone had been served before they were given help. The provider may find it useful to note that people who needed help to eat had to wait for their meals. This seemed to be because care workers had not planned who would help people, rather than because there were not enough staff to help immediately.

A care worker explained that one person always ate very little at lunchtime, but liked to eat more at breakfast time and tea time. The manager explained that one other person was not eating well. Care workers had reported this and she had been assessed for risk of malnutrition and dehydration. There was a nutrition and hydration chart for her. We saw that care workers prompted her several times to finish her drink. At lunchtime, she needed support and a care worker gave verbal prompts to eat. The manager explained that care workers were trying to maintain this person's dignity and independence by providing verbal prompts only, but that her intake was being closely monitored. He also told us that he had requested a referral for specialist nutritional advice for this person.

Care workers and the kitchen staff told us that there was always enough food and drink. The kitchen staff told us that any food requested on the weekly shopping listed was purchased by the provider. One staff person told us, "Whatever we need, we get." The kitchen staff told us that one person routinely ate two dinners, so staff would always prepare enough food for him to have two. They said they would always prepare extra food so that people could choose something different if they changed their mind or did not like what they had originally chosen. We saw that the kitchen was well stocked with a variety of food and drink.

The manager described how he worked with other professionals to ensure people's nutrition and hydration needs were met. He was aware of a range of services available and how to access them. This meant that people were protected from the risk of malnutrition because relevant experts were involved in their care when appropriate.

Our judgement
The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We spoke with four out of 21 people using the service at the time of our visit about how safe they felt. They told us that care workers made them feel safe. One person told us about a particular incident when they had had to wait for assistance when they had fallen at night. They had to wait for assistance because they could not find their call bell. We saw that this incident had been recorded and that there were proper records identifying a risk of this person falling and a care plan for checking at night in case of falls. This showed that the provider took action to protect people from abuse or harm and that people felt safe because care workers provided care safely.

We saw that people were protected from harm because care workers were aware of potential risks. For example, care workers routinely lifted and replaced foot plates on wheelchairs for people to transfer into chairs or place their feet on the floor whilst they were seated at the table.

Other evidence
Are steps taken to prevent abuse?
We saw that any incidents that resulted in a person using the service being harmed were properly recorded and investigated. There was evidence that correct procedures were followed in the event of concerns being raised. The manager told us that safeguarding procedures were a standing item on the agenda for staff meetings. This meant that all staff were regularly reminded of the provider's procedures and of their responsibilities in relation to preventing and reporting abuse. The manager told us that he was looking into training all staff in safeguarding.

Do people know how to raise concerns?
The people we spoke with said they would feel confident about raising any concerns with managers at the service.

Are Deprivation of Liberty Safeguards used appropriately?
One person using the service had been referred for assessment under the Deprivation of Liberty Safeguards (measures introduced by the Mental Capacity Act 2005 to protect people from unnecessary restrictions). The referral was appropriate but had been declined because the person had not made any attempt to leave the service. This showed that the provider was aware of the relevant legislation and made appropriate arrangements to ensure people were not deprived of their liberty.

Our judgement
The provider was meeting this standard. The provider responded appropriately to any allegation of abuse.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
We spoke with eight of the 21 people using the service on the day of our inspection. Care workers and people using the service told us there were enough staff during mealtimes. We spoke with one person using the service who said they sometimes had to wait a long time to use the toilet because there were not enough staff in the evenings. This meant there were usually enough staff, but the provider may find it useful to note that staffing numbers may not be sufficient during busy periods.

Other evidence
Are there sufficient numbers of 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. On the day of our inspection, there were enough staff to support people to eat and drink and to respond to requests for food or drink. The deputy manager and manager were assisting care workers at lunchtime. People told us that the manager would not normally help at mealtimes. A care worker told us that normally three staff would support people at lunchtime, one of whom would administer medication. They said that the deputy manager usually helped at lunchtime.

The manager told us that he checked there were sufficient numbers of staff by observing care and speaking with people using the service. He described how he checked there were enough staff at key times and that he checked care plans to identify whether any changes in someone's needs would mean they needed more support at a a particular time. He told us that he had increased the number of care

workers and decreased the number of ancillary staff since the service was registered to the current provider in March 2012.

One care worker told us they were concerned that people had to wait for support in the mornings because there were not enough staff. The manager acknowledged that mornings were busy and that people tended to want support to get up at a similar time. He told us that one staff came in early to provide extra support during this period. The provider may find it useful to note that some people were waiting for support at particular times of the day, meaning their dignity was not supported.

Do staff have the appropriate skills, knowledge and experience?
The care workers and staff we spoke with were knowledgeable about the care needs of people using the service. We saw that care workers had appropriate skills for example in moving and handling. Care workers assisted people to move safely and with dignity.

All staff we spoke with were aware of people's nutritional needs, and were able to name the people who were diabetic, the person who had enteral nutrition and those who had nutritional supplements. This showed that care workers were knowledgeable about people's nutritional needs. We also saw that care workers had skills in assisting people to eat. The care worker assisting one person gave them time to eat and sat with them throughout the meal. We asked the kitchen staff what qualifications and knowledge of nutritional needs they had. They told us that they had basic qualifications in food hygiene, but they were only covering in the absence of the chef for the service. The manager explained that the chef would be back at service the week following our inspection. He intended to assess what qualifications he had and any further training he may need on his return. The manager also told us that care workers had received some training and support in relation to monitoring blood sugars and enteral nutrition. He told us the service was supported by a specialist service for people who had enteral nutrition. This was because one person using the service was fed through a percutaneous endoscopic gastrostomy (PEG).

Our judgement
The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21:
Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is non-compliant with Outcome 21: Records. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us
We spoke with people using the service but their feedback did not relate to this standard.

Other evidence
Are accurate records of appropriate information kept?
We looked at care records for five of the 21 people using the service at the time of our visit. Three care records were complete and included care plans in relation to nutrition and hydration. One person received nutrition through a percutaneous endoscopic gastrostomy (PEG). There was a care plan relating to this that clearly described how care workers should provide care and nutrition. One person was identified as diabetic and the care plan outlined that her diabetes was diet controlled. The care plan recorded that she was able to make her own choices about foods that were appropriate to manage her diabetes. She told us that care workers helped her to make decisions about which foods were suitable. This showed that some records were accurate and included appropriate information in relation to people's nutritional needs.

There were Malnutrition Universal Screening Tools (MUST) on three care records. These provided information about the risk of malnutrition for that person. There was no information about how these should be used to plan or deliver care, why they had been completed for those people or whether they should be repeated.

There were food charts for two people and fluid charts for some people. Care workers completed these at mealtimes and when people had drinks. Care workers and the manager told us that the deputy manager used the information from the charts to update care plans. There was no evidence of information from these charts being used to inform decisions about people's care. Care workers did not know why the food charts were in place for the two people. We saw one care worker completing nutrition charts for a number of days. This showed that records were not completed when care was provided. This meant that there was a risk of inappropriate care because records lacked information and were not accurate.

We saw that care workers were aware of people's needs and delivered care appropriately, despite the incomplete and inaccurate care records.

There were weight charts on all of the care records we looked at. Two charts had not been completed every month. There was a key to identify weight losses or gains, but there was no evidence that this information was used to inform decisions about people's care and nutrition needs. The weight charts and care plans did not include information about the person's desired weight range, so care workers did not have information about how to identify risk or when onward referral might be appropriate. This meant people might not receive appropriate assessment or treatment when they needed it.

There were no audits of care records. The manager told us these would be started once new care plan documentation had been completed. He told us that he was planning to write new care plans for everyone using the service over the next two weeks. He showed us completed care plans for the other service for which he was the registered provider. He told us he intended to use the same format at this service. The example he showed us was detailed and clear. It included how the person's privacy and dignity were respected, how their cultural needs were met and what their nutritional support needs were. This showed that the provider understood his responsibilities in relation to this standard.

Are records stored securely?
Care records were stored in a lockable office. The manager and deputy manager held keys for the office. When care workers needed to access care records, they could ask for them if someone was in the office or they asked one of the managers to unlock the door. This meant records were stored securely, but were accessible for care workers.

Our judgement
The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Action
we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: People were not protected from the risks of unsafe or inappropriate care or treatment because records did not record how people were involved in making important decisions about their care. Also, information about people's nutritional intake was not used to assess their needs in relation to nutrition and hydration.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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