

Christchurch Court Limited

Abington View

Inspection report

52 Abington Park Crescent
Abington
Northampton
Northamptonshire
NN3 3AL

Tel: 08442640533

Website: www.christchurchgroup.co.uk

Date of inspection visit:
21 June 2017

Date of publication:
17 July 2017

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

Abington View is registered to provide accommodation and personal care for up to 3 people who have an acquired brain injury. There were 3 people living at the home at the time of this inspection. At the last inspection, in May 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care. Staff were appropriately recruited and there were enough staff to provide care and support to meet people's needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on-going professional development that they required to carry out their roles. People were supported to maintain good health and nutrition.

People developed positive relationships with the staff who were caring and treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

The service had a positive ethos and an open culture. The registered manager was a positive role model in the home. People and staff told us that they had confidence in the manager's ability to provide consistently high quality managerial oversight and leadership to the home.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Abington View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that was completed by one inspector on 21 June 2017 and was announced. The provider was given notice because the service was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we spoke with three people who used the service and three members of staff including the registered manager, team leader and care staff. We looked at records and charts relating to three people and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

During our inspection we observed how staff interacted with people who used the service.

Is the service safe?

Our findings

People remained safe living at the service. One person told us, "I'm happy here and feel safe." Another person said "I feel safe and supported; staff [care staff] support me to keep myself safe." People received care from a dedicated and caring team of staff who knew people well and knew how they preferred to be supported. One person told us "Staff know me really well and they know what support I need when I am having a difficult day." Recruitment processes ensured that staff were suitable for their role and staffing levels were responsive to people's needs. People told us that staff were available when they needed them and that they never had to wait to receive the support they needed. One person received one to one support and they told us and records showed that this was always provided. One person told us "The staff are absolutely brilliant 100% all of the time." Our observations supported these views and we saw that staff responded to people's requests for care and support in a timely way.

Risks to people had been assessed and we saw that staff were vigilant and worked successfully to provide care and support in a way that kept people safe. The service had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. One member of staff told us "I would raise any concerns with the manager or directors; I know they would get dealt with straight away but I also know the procedure to report concerns outside of the company." Safeguarding information was also available for people who used the service in an easy read format and was displayed on the notice board and was also discussed in resident's forums. Safeguarding notifications had been raised when required and investigations had been completed in a timely manner.

People told us that they always received their prescribed medicines and the medicines management systems in place were clear and consistently followed. One person told us "The staff always give me my medication on time; I would get really anxious if it was late and they know that so they are great with the timings." Each person had a medication profile listing the medications they were prescribed and any side effects for care staff to be mindful of. Protocols were in place for medicine that was prescribed 'as required' and there were detailed care plans in place relating to specific medicine where structured protocols were required to be followed.

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills they needed to care for people living at the home. For example, all staff had received specialist acquired brain injury training and were supported by the multi-disciplinary team to put what they had learnt into practice. All staff had regular supervisions and an annual appraisal; one staff member said that "I receive regular supervision; it's good to get feedback and have an opportunity to share any concerns." We viewed a supervision chart and noted that all staff had received regular supervision in line with the provider's policy.

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of people's rights regarding choice. Detailed assessments had been conducted to determine people's ability to make specific decisions. One person told us "I have a weekly planner where I choose what I am going to do every week; but I am able to change this at any time." Another person told us "The staff always ask my opinion on things and I am always involved in my decisions."

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 were supported to maintain a healthy balanced diet. Each person was supported to purchase groceries and each person also chose their own menu for the week. People were supported to cook their food individually every day. One person told us "I always choose my own food when I go shopping; I have a separate fridge as well so there is no mix up about whose food belongs to who. Staff support me every evening with cooking my meal," People had regular access to healthcare professionals including the providers own multi-disciplinary team which consisted of speech and language therapists, physiotherapists and occupational therapists and a psychologist. Staff were vigilant to any changes in people's health needs and prompt referrals were made to healthcare and social care professionals.

Is the service caring?

Our findings

People developed positive relationships with staff and they were treated with kindness, compassion and respect. One person told us "The staff have been great; everybody wants to support you." Another person told us "Honestly; I couldn't ask for better staff, I trust them and that is a big step for me." We saw many positive and kind interactions throughout the day of the inspection and this also confirmed what people told us.

People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and engaged people in meaningful conversation. People's choices in relation to their daily routines and activities were listened to; staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example if they wanted any snacks and what support they needed to prepare and cook their evening meals.

People were treated with dignity and respect. We saw that people were asked discreetly if they required any support. Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. Staff approached people calmly, made eye contact and had a positive approach to supporting people. One person told us "Some days I get really mad and have a good shout; but the staff know how to calm me and it is always okay afterwards; they don't hold any grudges."

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person. People and where appropriate their relatives and other health and social care professionals were involved in developing their detailed care plans. Staff knew people very well; their backgrounds and what care and support they needed. One person told us "Before I moved in here I came to look around a few times, stayed for dinner and had a few overnight stays before I decided to move in; it is important to get a feel for the place and I really appreciated the chance to do that." Another person told us that "I know about everything in my care plan file; it gets updated with me when we have meetings to see how I am doing and we change anything that needs to be changed."

People were supported to follow their interests and take part in social activities. For example one person told us about the music degree they were completing at university and the support they received to achieve this. Another person told us about the groups and clubs they attended with their support staff and how much this enhanced their quality of life. Another person told us about the volunteer placements that they have and how they have a busy weekly schedule by choice because it helps them to keep focussed. It was clear from talking with people that people chose and were fully supported to follow their interests.

People and their relatives knew how to make a complaint if they needed to and were confident that their concerns would be carefully considered. We saw that complaints and concerns were encouraged and people using the service felt confident in making complaints. We viewed the records relating to complaints and we saw that each complaint had received a written timely response and clearly set out what actions could be taken to support the person to find a resolution. We saw that there was a clear complaints policy in place. Records were maintained of all the issues that had been raised with the manager detailed actions that had been taken.

Is the service well-led?

Our findings

People benefited from receiving care from a team of people who were committed to providing the best possible care and support they could which was consistent and could be relied upon. People knew who the registered manager was and were confident in talking to them about their care and support needs. Staff felt well supported and said that they would not hesitate to speak to the registered manager if they needed to.

The providers ethos was based on integrity, transparency, compassion and positivity, it was clear that these values were embedded within the culture of the management and staff team. Staff and the management team spoke positively about the service they provide and about how the close working links with the multi-disciplinary team (MDT) ensured good outcomes for people who used the service.

Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met. All of the staff we spoke with were committed to providing a high standard of personalised care, support and rehabilitation. One member of staff told us "I am really proud to work here and the outcomes that we support people to achieve."

Staff felt listened to and were in regular contact with the management. Staff told us that they were involved with the development of people's care plans. The management team were receptive to staff ideas and suggestions and made the appropriate changes when necessary. Meetings were held with staff which enabled them to share good practice and keep up to date with any changes or developments within the company.

Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits as well as a provider audit. These helped to highlight areas where the service was performing well and the areas which required development. Annual satisfaction questionnaires were completed by people who used the service and their relatives if people consented to this. Feedback from a relative included "I am very pleased [my relative] is at Abington View, the staff are wonderful and I wouldn't change a thing."

Systems were in place to encourage people, visitors and staff to provide feedback about the home and the quality of care people received. In addition to the monthly meetings people had about their care, there was also a 'resident's forum' which was facilitated by an independent advocate. It was clear from reading the minutes of the meetings people felt fully involved in their care and support and any actions points from the meetings had been addressed promptly.

Records relating to the day-to-day management of the home were up-to-date and accurate. There were policies and procedures in place which covered all aspects relevant to operating the home which included safeguarding, whistleblowing and recruitment procedures. Staff had access to the policies and procedures whenever they were required and were expected to read and understand them as part of their role.

The service had achieved the recognition of being an accredited Headway provider. The accreditation

ensures that services can demonstrate their provision of appropriate specialist care for those with complex, physical and/or cognitive impairment due to acquired brain injury.