Abbeyfield Newcastle Upon Tyne Society Limited(The)

Abbeyfield Residential Care Home - The Grove

Inspection report

40A The Grove
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Newcastle Upon Tyne
Tyne and Wear
NE3 1NH

Tel: 01912852211

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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

Abbeyfield Residential Care Home -The Grove is registered to provide accommodation for personal and nursing care to a maximum of 32 people. At the time of inspection 32 people were living at the home. Care is provided to older people, including some people who live with dementia. Nursing care is not provided.

At the last inspection in June 2015 we had rated the service as 'Good'. At this inspection we found the service remained 'Good' and met each of the fundamental standards we inspected.

People said they were safe and staff were kind and approachable. There were sufficient staff to provide safe and individual care to people. People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. Systems were in place for people to receive their medicines in a safe way.

Appropriate training was provided and staff were supervised and supported. People were able to make choices about aspects of their daily lives. People received a varied and balanced diet to meet their nutritional needs.

The staff team knew people well and provided support discreetly and with compassion. People's privacy was respected and relatives and friends were encouraged to visit regularly. People's preferences in relation to their end of life care had been discussed and the service aimed to provide people with a home for the rest of their lives.

People were involved in decisions about their daily care requirements. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Staff knew the needs of the people they supported to provide individual care. Care was provided with kindness and people's privacy and dignity were respected. Records were in place that reflected the care that staff provided.

A variety of activities were available within the home provided by staff, volunteers and local community groups. People were empowered to make meaningful decisions about how they lived their lives. People were encouraged or supported to go out and actively engage with the local community and maintain relationships that were important to them.

A complaints procedure was available. People told us they would feel confident to speak to staff about any concerns if they needed to. The provider undertook a range of audits to check on the quality of care provided.

People had the opportunity to give their views about the service. There was regular consultation with people and/ or family members and their views were used to improve the service. People had access to an advocate if required. Staff and relatives said the management team were approachable. Communication was effective to ensure staff and relatives were kept up to date about any changes in people's care and support needs and the running of the service.

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**

Abbeyfield Residential Care Home - The Grove

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 comprehensive inspection took place on 30 June 2017 and was unannounced.

It was carried out by an 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 a service for older people.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care.

We carried out general observations in communal areas of the home and at the lunch time meal.

During the inspection we spoke with 18 people who lived at Abbeyfield-The Grove, five relatives, the registered manager, six support workers including one senior support worker, one maintenance person and one member of catering staff. We looked around the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for five people, recruitment, training and induction records for five staff, five people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and relatives, the maintenance book, maintenance contracts and quality assurance audits that the registered manager had completed.

Good

Is the service safe?

Our findings

People who used the service and relatives all spoke highly of the staff and expressed the view that they and their relatives were safe at the home. One person commented, "I am not a nervous person, but I know I am in a very safe place here." Another person said, "Yes, I definitely feel safe living here." A third person commented, "When I am in my room, the staff call in all the time to see I am alright." One relative told us, "When [Name] needs attention or help they get it." Another relative commented, "I'm so relieved [Name] is now safe and looked after properly."

We considered there were sufficient staff to meet people's needs. During the inspection staff were not rushed and responded promptly and patiently to people's requests for support. One person told us, "I have everything I want, I just call if I want help and someone comes." Another person said, "Last night I was up twice and each time the carer came up when I pressed the buzzer." A relative commented, "If the buzzer sounds, it is attended to straight away." There were 32 people who were living at the home. Staffing rosters and observations showed during the day they were supported by five support workers including one senior support worker. These numbers did not include the registered manager or deputy manager who were also on duty during the day and operated an on-call arrangement to staff overnight. Overnight staffing levels included four support workers including one senior support worker.

Staff were able to explain the services available in relation to the safeguarding of adults. They told us they had completed training and would know how to take the appropriate action to protect the individual and other people who could be at risk. One staff member told us, "I'd report it straightaway to the manager, or person in charge."

Risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records. The documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. For example from falls or pressure area care. Where an accident or incident did take place these were reviewed by the registered manager or another senior staff member to ensure that any learning was carried forward.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced. An up to date fire risk assessment was in place for the building. All lifting equipment within the home was in good condition and had been regularly tested and serviced. All electrical equipment had been tested to ensure its effective operation. Arrangements were in place for the on-going maintenance of the building and a maintenance person was employed.

Medicines were given as prescribed. We observed part of a medicines round. We saw staff who were responsible for administering medicines checked people's medicines on the medicine administration records (MARs) and medicine labels to ensure people were receiving the correct medicine. They explained to people what medicine they were taking and why. People were offered a drink to take with their tablets and the staff remained with the person to ensure they had swallowed their medicines. All medicines were

appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. Staff confirmed that checks had been carried out before they began to work with people.

Good

Is the service effective?

Our findings

People were assisted by skilled, knowledgeable and suitably supported staff. People we spoke with and their relatives praised the staff team. Staff told us they were trained to carry out their role. One staff member told us, "My training is up to date." Another staff member told us, "We do some in house training and its face-to-face training."

Records showed that staff received induction, supervision and appraisal. This allowed new staff to be supported into their role, as well as for existing staff to continually develop their skills. Staff we spoke with told us they could access day to day as well as formal supervision and advice and were encouraged to maintain and develop their skills.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We found as a result, that two people were currently subject to such restrictions.

People were supported to maintain their healthcare needs. People's care records showed they had regular input from a range of health professionals. For example the GP and district nurses. People also had access to dental treatment, chiropody and optical services. One person told us, "I have been a little poorly, they (staff) called the doctor and he's coming back again in a few weeks." Another person commented, "I have a chest infection and I'm waiting for the doctor." Relatives told us they were kept informed about their family member's health and the care they received. One relative commented, "They (staff) let me know by telephone or greet me as soon as I come in about how [Name] is, or what they've been doing."

People were supported to ensure they received sufficient nutritious food. Our observations around the kitchen showed people enjoyed home baking and a well-balanced daily diet of protein, fibre and fresh fruit and vegetables. The chef was aware of people's different nutritional needs and special diets were catered for. People were complimentary about the food. One person told us, "The food is good." Another person commented, "The food is excellent, it's like proper home cooked food." A third person said, "The food is okay, it's plain and simple which suits me." People's food and fluid intake was monitored and people at risk of poor nutrition were supported to maintain their nutritional needs.

Good

Is the service caring?

Our findings

People and staff were happy in the home. We witnessed numerous examples of staff providing support with compassion and kindness. Everyone we spoke with complimented and praised the staff who supported them. One person commented, "Staff are kind, very considerate." Another person said, "I don't think I could have chosen a better care home." A third person told us, "We're spoilt rotten." Other peoples' comments included, "I am very well looked after here", The staff are very attentive, I enjoy living here", "It's very nice here. The staff are nice, they are so caring" and "Everything about this place is good." One relative told us, "It's not just about the care but the relationships staff have with the people." A third relative said, "The carers seem to have a pride in working here." Other relatives' comments included, "It's reassuring to know people are being well-cared for", "It's excellent here", "It's really fabulous" and "This is [Name]'s home and I have never regretted bringing them here."

During the inspection there was a happy, relaxed and pleasant atmosphere in the home. People moved around the units as they wanted. Care was provided in a flexible way to meet people's individual preferences. People told us they made their own choices over their daily lifestyle. For instance, people had the opportunity to have a lie-in. One person told us, "I get up for breakfast, that's served in my room, and then I go back to bed until 10:00am when I get up and have a cup of coffee." We heard staff ask people for permission before supporting them, for example with assisting them to mobilise.

Staff took time to listen and observe people's verbal communication. One care plan for anxiety described in detail how the person communicated and when they may show signs of distress, so staff were able to provide appropriate support and guidance to the person to reassure them. We discussed with the registered manager the need to ensure guidance was available in other people's care plans which documented how people communicated, when they may no longer be able to express their wishes and needs verbally. For example, how they may show they were in pain if they were unable to tell staff verbally that they were in pain or distressed. The registered manager told us that this would be addressed.

Staff treated people with dignity and respect. We observed good practice throughout the inspection. Staff members addressed and referred to people by their full title, rather than the person's first name as a sign of respect. They always knocked before entering people's rooms, including when doors were open. They were discreet when speaking to people about their care and treatment. One relative told us, "Staff care about people's dignity." We observed that people looked clean, tidy and well presented. A relative commented, "The home is always clean and tidy whenever I visit and [Name] is always looking smart and clean." Care plans documented people's preferences for personal care. For example, one personal hygiene care plan stated, '[Name] prefers a male carer for showers.' Records were held securely and staff were aware of the need to handle information confidentially.

People were encouraged to make some choices about their food. However. we considered some improvements were needed. We were told people ordered their meal choices the day before. We discussed with the registered manager that people may not always recall or want the meal choice they had made the previous day. One person told us, "I never remember what I ordered." A list, for staff was available showing

what people had ordered but menus were not available on dining tables or in an accessible place to remind people what was available to eat each day. The registered manager told us that this would be addressed and menus would be made available. Arrangements would also be made so people could order on the same day or sufficient food of each choice would be available so that people could choose at the meal time.

We observed the lunch time meal in the different dining rooms of the home. The atmosphere was calm and staff tried to ensure people received a pleasurable dining experience. People sat at tables that were set with tablecloths and napkins. There were condiments and sauces on the table for people to help themselves. The three course meal looked appetising and well presented and portion sizes were good. People were offered juice and tea and coffee.

There was information displayed in the home about advocacy services and how to contact them. The registered manager told us people had the involvement of an advocate, where there was no relative involvement. Advocates can represent the views for people who are not able to express their wishes.

Records showed the relevant people were involved in decisions about a person's end of life care choices when they could no longer make the decision for themselves. People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people. The registered manager told us the GP clinic, that was held weekly at the home, was working with people, relatives and staff to ensure this information was available for all people living there. This was to ensure up to date healthcare information was available to inform staff of the person's wishes at this important time to ensure their final wishes could be met.

Good

Is the service responsive?

Our findings

People confirmed they had a choice about getting involved in activities. One person told us, "We get a programme of activities and I just choose what I want to do." Another person said, "I'm going to go to the Trinity Centre, on the High Street." A third person commented, "We have a drink of sherry or wine on Sunday morning and we have a wine and cheese evening every month." Other peoples' comments included, "[Name] (resident) runs a music appreciation club but I'm not keen on classical music", "We help in the garden", "There's a poetry club", "There's a cinema club, but I didn't go last week," "I like playing Scrabble" and "We have entertainment every Friday afternoon and chair aerobics."

The registered manager told us there were good links with the local community. Volunteers from neighbouring schools visited the home to spend time with people. We observed and were told several people went out independently into the local community. They visited local cafes, restaurants, pubs and shops. We observed measures were in place to maintain people's independence for as long as possible and at the same time keep them safe. For example, one person who did not know the local area well and could become disorientated still had the opportunity to go out on their own and had a pendant telephone, supplied by their family, to enable them to call for assistance if they got lost and other strategies were put in place by the home to help ensure they returned home safely.

People were supported to continue or revive their previous hobbies and interests. For example, painting, tapestry, knitting, gardening and scrabble playing. There were opportunities to go out on trips and these included activities such as visiting Beamish Museum, garden centres and to the coast and countryside. The hairdresser visited weekly and a local member of the clergy visited regularly. The registered manager told us some people also went to church themselves each week or with their family.

Before people used the service an initial assessment was completed to ensure the service could meet the person's needs. A relative of one person told us, "Prior to [Name] coming here, the deputy manager visited and discussed and assessed [Name]'s needs before accepting them as a resident." They also said, "They (staff) showed me all over the home, there was nothing they didn't want to show me or talk about."

Care plans were developed that outlined how the person's needs were to be met. They were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One relative told us, "They (staff) always make sure [Name] has their cushion to sit on." We observed the person, due to the cushion increasing their height, managed with staff encouragement, to rise up from the chair on their own.

People's care records were kept under review. Monthly evaluations were undertaken by staff and care plans were updated following any change in a person's needs. Formal reviews of people's care planning took place. Family members told us they were invited to any meetings to discuss their relative's care. One relative told us, "We have meetings about [Name]'s care." Another relative commented, "We have meetings every six

months or whenever necessary."

People using the service and their relatives told us they knew who to complain to if they needed to and expressed confidence that issues would be resolved. They said they would speak to the registered manager or a senior member of staff if they had any concerns. A copy of the complaints procedure was clearly available in the hallway and information was given to each person about how they could complain. A record of complaints was maintained and three complaints had been received and resolved since the last inspection.

People and their relatives were kept involved and consulted about the running of the service. A monthly meeting took place with people who used the service and we saw menus, activities, entertainment and outings were discussed. One person told us, "I complained about the brand of teabag and the tea was changed." A suggestions box was also available to receive comments from people about the running of the home. Six monthly meetings took place with relatives on the relative's committee chaired by a member of the group. Minutes were available of meetings for people who were unable to attend and an electronic newsletter, 'e-letter' was also produced and sent out to relatives to keep them up to date with the running of the home.

Good

Is the service well-led?

Our findings

A registered manager was in place who had been registered with the Care Quality Commission and predecessor organisations. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had displayed the Care Quality Commission's (CQC) rating of the service, including on their website, as required, following the publication of the last inspection report.

The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. The staff team was very stable with a number or staff having worked in the home for several years. The registered manager had worked in the home for over 30 years. Staff told us they were a team and supported each other. One staff member commented, "We (staff) work as a team alongside what resident's need."

The registered manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager was able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The registered manager was enthusiastic and had introduced ideas to promote the well-being of people who used the service. Staff and people we spoke with were positive about the management team and had respect for them. They told us the service was well led. They said they could speak to the registered manager, or would speak to a member of staff if they had any issues or concerns. Staff and relatives said the registered manager was supportive and accessible to them. One staff member told us, "[Name} is very approachable and supportive."

The registered manager was supported by a management team in the home that was experienced, knowledgeable and familiar with the needs of the people the service supported. They told us they were well supported by the provider's management team. They had regular contact with head office, ensuring there was on-going communication about the running of the home. Regular meetings were held where the management were appraised of and discussed the operation and development of the home.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who lived in the home. The audits consisted of a wide range of weekly, monthly, quarterly and annual checks. They included the environment, medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation. Audits identified actions that needed to be taken. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The registered manager told us that the provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out annually to people who used the service and staff. Comments from the last survey in January 2017 were mostly positive. We saw that any comments which required action had been responded to. For example, with regard to the introduction of chair aerobics sessions, improvements to the laundry and menus.