Care Quality Commission

Abbeyfield Newcastle Upon Tyne Society Limited(The)

Abbeyfield Residential Care Home - Castle Farm

Inspection report

Castle Farm Road
Newcastle Upon Tyne
Tyne and Wear
NE3 1RF

Tel: 01912841344

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09 February 2017

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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

This inspection took place on 8 and 9 February 2017 and the first day was unannounced. This means the provider did not know we were coming.

Abbeyfield Residential Care Home- Castle Farm is a purpose built care home for older people, some of whom have a dementia-related condition. It does not provide nursing care. It has 24 bedrooms and 23 people were living there at the time of this inspection.

At the last inspection, the service was rated good. At this inspection we found the service remained good.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to protect people from avoidable harm. Staff received safeguarding training and were knowledgeable about their roles and responsibilities for ensuring people's safety. Risks to people, staff and visitors were assessed and monitored. The service took action to minimise risks where appropriate in order to keep people safe from harm.

Robust recruitment processes were in place to ensure staff members were suitable to work with vulnerable people. Staffing levels were based on the dependency levels of people living at the home and were reviewed on a regular basis. Our observations during the inspection and from feedback we received were that staffing levels were appropriate to safely meet people's needs.

Appropriate systems were in place for the management of people's medicines. People were encouraged to maintain their independence, for example through retaining responsibility for managing their own medicines.

Staff were supported through the provision of role specific training, supervision sessions and annual appraisals. Although appraisals for some staff had lapsed at the time of the inspection, the registered manager had taken action to address this. Staff confirmed they felt well supported in their roles and spoke positively about the registered manager and their leadership and management of the home.

The service worked within the principles of the Mental Capacity Act 2005. People's capacity to make decisions about their care and treatment was assessed and where appropriate, "best interest" decisions were made on people's behalf. These involved relevant healthcare professionals as well as people's friends and family members.

People were very complimentary about the kind and caring nature of the staff team. The majority of staff

had worked at the home for a significant period of time. They had developed strong, caring relationships with the people they supported and were very knowledgeable about the individual needs, likes and dislikes.

People's needs were assessed prior to them joining the service. Detailed, person-centred care plans were produced which guided staff on how to care for people. These included details of any preferences people may have. People and their representatives were actively involved in their care planning and were also encouraged to voice their opinions about the service in general.

People's needs were reviewed on an on-going basis and action taken to obtain the input of other healthcare professionals where appropriate. Systems were in place to ensure people had sufficient to eat and drink and to access other healthcare professionals in order to maintain good health.

A range of systems were in place to monitor and review the quality and effectiveness of the service. Action was taken to address areas for improvement identified. Complaints were taken seriously and records maintained of the action taken by the service in response to any form of dissatisfaction.

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 remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**Good**

Care Quality Commission

Abbeyfield Residential Care Home - Castle Farm

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 was planned to check 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 inspection took place on 8 and 9 February 2017 and was unannounced. This inspection was undertaken by one adult social care inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We reviewed the information we held about the home, including notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries, which the provider is legally obliged to send us within required timescales. We contacted other agencies such as local authorities and Healthwatch to gain their experiences of the service.

During the inspection we toured the building and talked with 11 people who lived in the home and one visitor. We also spoke with staff including the registered manager, two senior care workers, two care workers and two members of ancillary staff. We reviewed a sample of four people's care records, four staff personnel files and other records relating to the management of the service. We also undertook general observations in communal areas and during mealtimes.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us "I feel very safe because of the lovely environment, the staff are very good here and really careful who gets in. There is an alarm system and I can also pull my cord in the room if I need any help." Other comments included; "I feel very safe here it's a lovely place. I've no reason to feel unsafe", "I am very safe as there are always people around if I need them" and "Oh yes indeed very much so. I feel safe because of the surroundings, there is CCTV here, the staff are so good and always around". The relative we spoke with also felt people were safe at the home and told us "I feel my family members are really safe here and it's nice to know that people are here all of the time, it's a huge reassurance to me and the rest of the family".

The service still had appropriate systems in place to protect people from harm. The provider had a safeguarding adult's policy and procedure which informed staff of the actions to take should they have any concerns about anyone living at the home. Staff received safeguarding training which was refreshed on a three yearly basis. Safeguarding was regularly discussed with people using the service and staff members. Staff were aware of their roles and responsibilities for protecting people from harm. There had not been any recorded safeguarding incidents at the home in over 12 months.

Risks to people, staff and visitors continued to be assessed and action taken to manage identified risks. Risks assessments were kept under review and updated where necessary.

Staffing levels were based on the dependency levels of people living in the home and were reviewed on a monthly basis to ensure they remained appropriate. During the inspection we observed staff were not rushed in their interactions with people and call bells were answered promptly. People we spoke with felt there were sufficient staff to safely meet their needs.

We reviewed the services recruitment process. Overall we found the service had robust recruitment processes. Potential staff members completed an application form providing details of their skills and experience. References were sought to verify this information and checks performed with the Disclosure and Barring Service to ensure staff members were suitable to work with vulnerable people. Although we found the service's application form did not clearly request a full employment history, when we highlighted this to the registered manager, they assured us this would be resolved following the inspection.

We looked at how medicines were managed. We found appropriate systems were still in place for the ordering, recording; storage and administration of medicines. The service actively supported people to retain their independence by managing their own medicines where possible. Where people were not able or did not wish to do this, people received their medicines from staff.

The service had a dedicated treatment room for the safe storage of medicines. Daily temperature checks were performed to ensure the temperature of this room and the medicine storage fridge remained within safe ranges. Staff responsible for administering medicines had received training for this which was refreshed on a three yearly basis. The registered manager also performed annual competency checks to ensure these

staff members were able to perform this role safely.

Domestic staff were employed to keep the home clean and tidy. Cleaning schedules were in place to make sure all areas of the home were cleaned by staff. There was a plentiful supply of personal protective equipment such as aprons for care staff to use. The home also had contracts in place for the servicing and maintenance of the premises and equipment to ensure these remained safe.

Good

Is the service effective?

Our findings

People we spoke with told us the service was effective at meeting their needs. People felt staff were appropriately trained in order to support them. For example one person commented; "Staff are very pleasant and well trained, which all starts at the top with the Manager".

The service had continued to provide staff with training relevant to their roles. Staff received an initial induction when they first started working at the home, which included a period of time during which they shadowed an experienced staff member. After this, staff were supported in their roles through the provision of regular training, supervision sessions and annual appraisals. Staff we spoke with felt well supported and told us they were offered the opportunity to complete additional training and could always approach a member of senior staff for advice or guidance. Although we found staff were regularly receiving supervisions sessions, we found not all staff had received an annual appraisal. We discussed this with the registered manager who acknowledged these had lapsed for some staff members. They showed us a copy of their supervision and appraisal schedule for 2017. This showed these staff members were scheduled to receive an appraisal during the first couple of months of the year. The registered manager also told us they would consider whether other members of senior staff could assist them with the completion of annual appraisals in order to ensure staff received these in a timely manner.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA. Only two people living in the home were subject of DoLS. Following a change in one person's care, a DoLS assessor had been asked to attend the home to conduct a review.

People's capacity to make decisions about their care and treatment was assessed and where appropriate "best interest" decisions were made on people's behalf. Records showed these decisions involved relevant professionals as well as the person's representatives. Formal consent to care and treatment was also captured in people's records. Staff we spoke with aware of the need to gain people's consent and explained they would respect people's wishes where they declined support.

On admission to the service people were asked about their nutritional and hydration needs. This included any special dietary requirements as well as people's preferences. Overall people were complimentary about the food they received. Although some people felt improvements were needed in some areas, such as the inclusion of more green vegetables, they told us this was something the service was already aware of and taking action about.

People we spoke with were very complimentary about the food they received. Comments included; "The food is excellent, not a single complaint from me. If I don't like something the Chef is very accommodating and will make me something else", "Food is fabulous, I cannot fault it" and "You get plenty to eat and you get a choice, I enjoy my food".

People were supported to access other healthcare services in order to maintain good health. The external healthcare professionals we spoke with confirmed the service made appropriate referrals, staff acted on advice given and that people were well cared for.

Good

Is the service caring?

Our findings

Without exception, all of the people we spoke with were very complimentary about the kind and caring nature of the staff team. One person said; "Staff are most helpful, really kind and caring. For example, I need a bath four times a week because of my skin. Even though they (staff) are very busy they always make sure someone is available to help bath me four times a week which is great". Other comments included; "Staff are fabulous they have good manners and are always kind", "The staff here are kind and attentive, they are all lovely" and "The staff here are just excellent, they really are. There is continuity, long may it last".

One of the external healthcare professionals we spoke with was very complimentary about the home. They told us they had no concerns about the way people were cared for and that they would be more than happy to live somewhere like Castle Farm.

Throughout the inspection we observed a very relaxed atmosphere in the home. People were free to come and go as they pleased and to spend their time as they wished. Staff were very knowledgeable about people's daily routines as well as their likes and dislikes and any particular preferences they had. For example staff were able to tell us what time people preferred to get up on a morning and we observed people's wishes were respected. One of the ancillary staff members we spoke with told us how they provided personal care to one person in order to meet their individual preferences.

People were able to personalise their bedrooms to their own taste and we saw many people had their own furniture and possessions in their bedrooms. At the time of the inspection the home had made some adaptations to the set-up of a number of bedrooms in order to cater for some of the people who were living at the home.

People's friends or family members were free to visit throughout the day. Telephone and other services were made available to people to assist them to stay in contact with people who were important to them. Staff were knowledgeable about people's support networks and welcomed visitors into the home.

The majority of the staff team had been employed at the home for a significant period of time. As a result, they had developed strong, positive, caring relationships with people. Staff explained the importance of taking time initially to get to know people and were able to tell us how they would do this. For example through speaking to the person, their friends and family members and reading their care plans.

Care plans provided detailed information to staff about the care and support people required. We saw where intervention was required the preference was that this was kept to a minimal wherever possible and that people were encouraged to maintain their independence. For example one person using the service had a risk assessment in place to enable them to bathe unsupervised.

People were asked about their wishes in relation to end of life care. This included details of any advance decisions people may have made such as in relation to being resuscitated. Staff had received training to enable them to support people with this area of their care and treatment. One of the external healthcare

professionals we spoke with was very complimentary about the end of life care provided by the service to people and their relatives.

People were encouraged to be involved in the running of the home. Regular residents meetings were held to obtain feedback from people and to keep them updated about changes within the service. In addition to this, members of the provider's committee attended the home on a regular basis to complete quality assurance visits. As part of this process they also spoke to people in order to obtain feedback and identify any areas for improvement.

Staff treat people with dignity and respect. They provided examples of how they would do this, for example by covering people over when providing personal care. We observed good practice throughout the inspection. Staff members always knocked before entering people's rooms and were discreet when speaking to people about their care and treatment. Records were held securely and staff were aware of the need to handle information confidentially.

Good

Is the service responsive?

Our findings

All of the people we spoke with told us they did not currently have any complaints but that if they did, they would feel comfortable and have no problem addressing this with staff or the registered manager. Comments included; "I have no complaints here, but I would see to something if I wasn't happy", "I am happy here, no complaints at all" and "I have no complaints or problems at the minute. I would feel comfortable speaking to the manager if I did; she's a very approachable lady". People also felt the service was responsive to their needs and that they were encouraged to be involved in the running of the home. We received positive comments about the regular residents meetings; "We get to discuss anything we wish at the meeting and the manager does listen to us" and "I always go to the monthly meetings. I feel we were listened to and they keep us updated if there is anything we need to know or any changes as well".

People interested in living at the home were asked to complete an application form to provide the service with basic information about them and their requirements. A pre-admission assessment was then conducted by a member of staff to determine whether the service would be able to safely meet people's needs. Information gathered during this process was then used to develop person-centred care plans outlining the individual care and support people required. These detailed areas where people were independent and outlined their goals and wishes. Where people had any specific preferences in relation to their care and treatment, for example in relation to the gender of staff providing personal care, this was detailed in their records and respected.

In the months after a person's admission to the service, staff spent time getting to know the person as an individual and understanding how they liked to be cared for. This information was incorporated into people's care plans to assist staff in supporting people in the way they preferred. People were actively encouraged to maintain their independence. For example a number of people living in the home at the time of the inspection managed their own medication. Others regularly accessed the local community on their own.

People's care records were kept under review. Monthly evaluations were undertaken by care staff and where appropriate recommendations made for care plans to be amended or rewritten, for example following a change in a person's needs. Formal reviews of people's care planning took place on at least an annual basis. People and their representatives were involved in this process.

Although the service did not have a dedicated activities co-ordinator arrangements were in place to prevent people from becoming socially isolated. Care staff offered regular activities for people to partake in. Trips outside of the home were also provided on a regular basis and entertainers and speakers also visited the home.

People and their relatives were encouraged to be involved in the running of the home. Residents meetings were generally held on a monthly basis. Annual quality assurance questionnaires were issued to people and relatives meetings were also held. In addition to this, provider committee members attended the home on a regular basis to obtain feedback from people. Information gathered through all of these methods was used

to improve the quality of the service for people living there.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. Complaints records showed any form of dissatisfaction was taken seriously. Investigations were completed and responses provided to complainants of the action taken by the service in response to concerns.

The service aimed to provide a smooth transition for people when they moved to another service, for example another care home or hospital. Care records contained a 'transfer to hospital checklist' which advised staff of the information to be sent with the person for assist the next service in providing them with appropriate care and treatment.

Good

Is the service well-led?

Our findings

All of the people we spoke with felt the service was well led. People's comments included; "This place would not be the same without the manager here, she's the reason this place works", "The manager is nice and very capable, I think we would be lost without her here to be honest" and "The manager is great, she certainly does what she can and is very well liked here by all including staff". People also told us the registered manager was very hands on in the service. For example one person told us; "The Manager comes in herself when they are short staffed for example, when the Chef was ill they came in to cover and help". Staff members we spoke with also told us the registered manager was very "hands on" and would cover shifts and provide assistance where required. The relative we spoke with was equally complimentary about the registered manager and the home in general. They told us; "I am happy with the staff here and the manager. I feel my family members are in a great place and that they are well looked after. I feel they do a great job running things here. I feel the service is very well led and managed".

A registered manager was in post and had been employed at the service for more than 10 years. They were supported in their role by a well-established staff team. The registered manager had delegated responsibility for the completion of a number of tasks to other members of the staff team to assist in the smooth running of the service.

Staff were exceptionally complimentary about the registered manager and their management of the service. All of the staff we spoke with told us the registered manager was approachable and supportive. Comments included; "She's the best manager I've ever had", "She wouldn't expect you to do anything she wouldn't do herself", "I've hit really lucky, I'm very happy here. The manager is really nice, she's approachable, she listens and she will help you with anything" and "The manager is heavily involved, she's very supportive and is always there to help you when you need it, even when she's not at work, you can always ring her and she'll explain things".

Systems were still in place to monitor and review the quality and effectiveness of the service. These included the completion of regular audits and checks of areas such as medicine administration and care plans as well as the attainment of feedback from people and their representatives. Where areas for improvement were identified, action was taken to improve the service. For example improvements had recently been made to the general environment within the home through the replacement of flooring in some of the communal areas.

We were informed the registered manager had an 'open door' policy and was a visible presence within the home. They held regular staff meetings to keep staff informed of changes within the service and to provide them with the opportunity to raise and discuss concerns. Daily handovers were used to keep staff informed of the health and well-being of people using the service. Staff also told us they could always approach the registered manager for advice and guidance, including outside of their normal working hours and they were always supportive.