

Central Bedfordshire Council

# Abbotsbury Residential Home

## Inspection report

Mead End  
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### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

### About the service

Abbotsbury Residential Home is a residential care home providing personal care to 32 people at the time of the inspection. The service can support up to 32 people. The building was designed to give easy access over one floor to all areas including outdoor space. People could move around freely accessing activities of their choosing. The service had several communal spaces as well as one ensuite bathroom.

### People's experience of using this service and what we found

People told us staff were, "Amazing and treated them very well" and were, "Very kind, caring and funny." Staff interacted with people at their pace, unrushed and joked and laughed with each other. Staff in all roles were empowered to sit and chat to people and developed relationships that helped people feel confident to speak up. Relatives told us the service was, "Fantastic." And "The best home ever." People and their relatives were supported in a variety of ways to speak up and have a say in how the service was run. Many people, relatives and staff used the word 'family' when describing the service.

People told us of many examples of where staff had altered activities and care approaches to support individual preferences. Staff were creative in how they engaged people and prevented people feeling isolated. People and their relatives were supported with end of life care in a sensitive and individual way. People who wanted to be, were supported to have roles in the care home which they were very proud of and boosted their sense of self-worth.

People and their relatives experienced a positive and inclusive approach to care and conducted some audits to give their feedback to help improve the service. The staff worked with outside professionals and communities to improve people's health and social wellbeing. The registered manager and staff team all had a very good understanding of their roles and were empowered to make suggestions to keep improving the care.

People told us they felt safe and secure and well cared for. People were safe because the service had good systems for monitoring risk and staff had a good understanding of people's needs and how to keep them safe. People told us there was enough staff on duty to meet their needs and they did not need to wait when they called for support. People were supported to take their medicines safely.

People told us the food was lovely and they had plenty of choice. They told us they and their relatives were involved in planning their care and assessing their needs. People told us they could choose the décor and personalise their rooms. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last

The last rating for this service was Good (17 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# Abbotsbury Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector, one inspection manager and one assistant inspector carried out this inspection.

#### Service and service type

Abbotsbury Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and four relatives about their experience of the care provided. We spoke with 10 members of staff including the operations manager, registered manager, deputy manager, senior care workers, care workers, activity co-ordinator, the chef and catering staff. We also spoke with one visiting health professional.

We reviewed a range of records. These included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We reviewed further information about positive achievements sent to us by the registered manager. We looked at training data and quality assurance records. We sought and received feedback from one further health and social care professional.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were safe because the provider had detailed policies and procedures which staff were following. The registered manager ensured suitable risk assessments had taken place which considered people's preferences and where needed, equipment or more staff training was put into place.
- Staff knew how to keep people safe and had a very good knowledge about how to identify risks and report concerns and incidents. People and their relatives also felt confident to report concerns about safety.

Staffing and recruitment

- People, relatives and staff all told us there were enough staff on duty to meet their needs. We saw staff had enough time to sit and talk to people and ensure their emotional and social needs were also being met. The registered manager had ensured all staff received criminal record and other recruitment checks prior to starting work.
- The registered manager ensured all staff received the same training so that staff in different roles, including catering and housekeeping staff, could safely support and chat to people. This created a calm, relaxed and welcoming atmosphere, increased staff knowledge of people's conditions and led to a more person centred and team approach to care.

Using medicines safely

- Staff administered and managed medicines safely. Staff used an electronic system when they administered people's medicines. This system enabled medicines bar codes to be scanned and the system alerted staff if the medicine was incorrect or if there had not been enough time between doses to be safe. Staff explained people's medicine to them, asked for consent to administer and showed patience by giving people time to take their medicines in the way they preferred.

Preventing and controlling infection

- Staff protected people from the risk of infection by following guidance and good practice. Staff had a good knowledge of this and told us they had access to enough colour coded products such as cleaning materials and disposable gloves and aprons to prevent cross contamination and spreading infection. The environment looked and smelt clean and fresh and staff supported people to keep the home tidy.

Learning lessons when things go wrong

- The registered manager shared learning outcomes from any incidents or accidents with staff and relevant others to reduce risks of reoccurrence. Staff told us they also shared information of incidents in the news at team meetings and have regular conversations about how they can improve.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs and preferences with the person, their relative and various professionals prior to them moving into the service. They used this information to create person centred care plans through an electronic care planning system.
- All staff had a hand-held device to read and update people's information at the time of working with each person. This resulted in people's information always being current and correct. Staff told us this practice freed up time to enable them to spend more quality time with people instead of completing paperwork.

Staff support: induction, training, skills and experience

- Staff told us they received a detailed induction including the opportunity to shadow more experienced staff and be observed themselves to check their competency. The registered manager had planned a competency-based training programme for all staff about to start which focused on understanding the person centred and practical aspect of the role.
- Staff said they received regular supervisions and annual appraisals with the senior team enabling them to reflect on their practice and receive support and professional development.

Supporting people to eat and drink enough to maintain a balanced diet;

- People told us the food was "lovely" and they always had plenty of choice. People said they could have whatever they wanted at any time of day or night and staff would support them.
- Meals were unrushed, the atmosphere calm and the environment welcoming, people were smiling, chatting and laughing. Staff placed table cloths, flowers, a choice of drinks (including alcohol for those who wished it), condiments and gravy boats on tables.
- The catering staff clearly knew people and their preferences well and understood the risks and needs of people who required specialist diets. When seeing pudding one person said, "Oh look at that, beautiful,"

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We saw one person assessed by health professionals for swallowing risks and dietary needs. Following the assessment, a senior staff member took the recommendations agreed during the assessment and wrote this up and shared it immediately with the staff team.
- The registered manager explained how they also worked with the district nurses and the falls team to analyse infections and the relationship to falls and other illnesses. This collaborative way of working had resulted in a decrease in both infections and falls which continued to be monitored monthly. One health professional told us how the provider had trained falls champions who still participated in the programme

to help reduce falls at the service. A relative told us, "The staff are very good, we are really pleased with the care. My family member has been ill recently and they made sure the same staff member supported them to every appointment."

Adapting service, design, decoration to meet people's needs

- The provider had an on-going environmental improvement plan. A lot of the work had already been completed. People told us how impressed they were the flooring had been installed with minimal disruption. People also told us how they were going to be choosing the new curtains. The registered manager confirmed curtain samples were already ordered for people to choose what they preferred for the communal areas. The provider encouraged family involvement in maintaining the premises.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and relatives confirmed they were involved with decisions about their care and staff always asked for consent. Staff had a good understanding of the MCA and DoLS and how to support people to have as much control as possible in decision making. Staff understood that people could have mental capacity in one area if they did not in another.

- For some people who did not have capacity their relatives were appointed Power of Attorney and copies of these documents were on their care records. For other people the registered manager had ensured DoLS process was followed so that decisions were agreed in the persons best interest.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they thought the staff were "excellent". Relatives told us how they thought the care and the management were excellent. One relative told us, "It [the care home], is fantastic. Staff are so open, welcoming and approachable." They went on to say, "It is not a home, it is my family member's home." One relative had written a compliment thanking staff for the, 'Love and passion they provided.' They went on to say, 'The work staff did was amazing'.
- The registered manager had developed a truly person-centred ethos within the service. Staff in all roles had an excellent knowledge of people's likes, dislikes and history. This enabled staff to develop relationships with people that were respectful, empathetic and caring. Staff used gentle touch and good eye contact when interacting with people. Speaking about the impact the relationships and treatment of people have created, one relative said, "I feel like I have my [family member] back." This was due to one person growing from doing nothing to getting involved in things they used to love again. This person had started to talk again and no longer spent their days in bed.
- Staff treated people with exceptional kindness and compassion and gave time to each person to meet their needs or simply to have a chat. One person told us, "The staff are very funny, very pleasant, we have a laugh." A relative told us, "I can't speak highly enough of them, staff are always very nice and will phone us to let us know anything we need to." The registered manager gave an example of how a staff member had driven a relative to the care home on Christmas day to enable them to spend the day with their family member. This would not have been possible otherwise and had a huge positive impact for those involved in terms of their emotional well-being.
- On the day of the inspection relatives were helping to make improvements to the courtyard in preparation for their family member's birthday party that weekend. Relatives told us how important being welcomed and involved in this way meant to them. They said staff made it feel like their home too and because of this spent more time with their family member as they were actively encouraged to be there. They went on to say they could visit without restriction and there were plenty of spaces to meet privately with their family member if they chose to.

Supporting people to express their views and be involved in making decisions about their care

- People, their relatives and health professionals told us they were fully involved in decisions about people's care. Regular reviews were held as well as daily conversations with people as care was being provided. One social care professional left a compliment following one person's review saying, 'the care plans were the best they had ever seen'. Another social care professional told us how the electronic system had enabled the provider to ensure all care plans and the approach to delivery of care were truly person centred.

- Staff in all roles were trained equally so were aware of people's conditions and assessed needs. This meant people who were more comfortable speaking to staff in non-care and non-support roles, such as housekeeping or catering, could do so. The information was still updated into people's care records for all staff to review. This had given people who chose not to talk previously the confidence to speak up and tell staff how they preferred to be supported, making an enormous difference to the quality of their lives. People were also able to access advocates if needed to support them to make decisions about their care.
- The staff had spent time speaking with people about their experiences at the service and what they did that was important to them. Staff added people's comments to a 'dream catcher' which was displayed. Some quotes displayed on the dreamcatcher included, 'playing my music whenever I wish', 'being part of the outside community', 'seeing friends and family', 'being secure knowing there is always someone at hand'. These comments were used as the bases for developing the values and culture within the service as well supporting people to keep achieving. People told us how important it was to them to be in control of what they did and how they were treated.

#### Respecting and promoting people's privacy, dignity and independence

- The registered manager told us about one person who loved to play the organ. The manager gave the job of resident organist to the person who now takes great pride in playing for people, their relatives and staff and encourages sing-a-longs on request. This had increased the person's confidence and social circle as they now interacted with everyone living in and visiting the home. Another person had the job of writing out the meal menus each day as this was something that they enjoyed and gave them a sense of pride which increased their self-esteem and sense of worth. Another person delivered everyone's daily newspapers to their rooms as a means of incorporating more exercise into their daily routine as they wanted to get healthier. This along with support to choose healthy food options had meant they were fitter and maintained their mobility.
- Staff told us how they understood when people wanted more staff time and when they wanted to be alone due to knowing people's body language and gestures so well. Staff explained how they treated people the same way they would treat their own family members and felt this helped to create a homely environment and a sense of family. People, relatives and staff all used the term 'family' repeatedly when describing the service to emphasise the standard of care and positive interaction and network of support people had at the service.
- One staff member explained how they supported people to maintain their dignity and gave one example of a person who they continued to apply make-up for, the way the person liked, even once they were no longer able to ask for help as staff knew how much being well groomed meant to the person. This helped the person to feel good about themselves still and remained willing to engage with the world around them.
- The registered manager spoke about how they encouraged people to become more mobile to increase their independence. This had resulted in a few people becoming more independent around the home and doing more for themselves. For one person who was staying as part of a recovery programme the staff were able to support them to develop enough mobility again to return to their own home which the person was delighted about. Another example of promoting independence was trialling specialist plates that supported people who shook a lot to be able to eat independently while maintaining their dignity. People clearly felt good about supporting themselves to eat in this way as much as they were able as they smiled and laughed while doing so.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us staff supported them to maintain friendships from before they moved in and their friends come to the home and ask if they can move in too. One person told us how they dog sat at the home for friends and family, which was really important to them.
- The registered manager told us about one couple who were missing each other terribly when one of them moved into the care home. They arranged for their partner to move into the same room on Valentine day, so they could continue to live together. Another example of preventing isolation was to use special 'cream teas' for people and their relatives to get together and celebrate special events.
- There was a selection of activities that people could choose to access or not. People told us staff spent time with them in their rooms if they do not want to join in. One person told us, "We all get on well. It worried me when I first moved in if I would like people and they like me. I wasn't sure about joining in activities but the staff showed me and once I started I was away."
- People told us how the activities co-ordinator had taken the persons stuffed animal on holiday to travel around the world. Once postcards and photos were received of the animal, everyone was involved in having a cultural night from that country including making the meal, listening to the music and discussing the culture. For example, a night of paella and sangria from Spain.
- One person told us how they were currently 'travelling around the country' by taking one county at a time and making the official dish and again discussing differences and facts about that county. For example, they had made Devonshire scones and Bedfordshire clangers and were planning a shopping trip to a new shopping centre to buy the ingredients to make treacle tart from Norfolk.
- Another person told us how they now run the local quiz at the day centre after staff became aware they loved quizzes. Other people told us how much they looked forward to seeing the babies and children who come to 'rascals that rhyme'. This enabled local children including relatives of some people to mix and sing with people in the home. One person told us how much it meant to them to be able to hold a baby again.
- The registered manager told us about the annual pantomime they hold where people, staff, relatives have roles as a surprise to the family members. One person was very proud that their relative played the baby Jesus.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People used mainly speech, large print and some photos to communicate. Some staff had also learnt some Italian, so they could greet one person in their native language. The person responded in Italian with a big smile and reached out their hand to the staff each time.

Improving care quality in response to complaints or concerns

- People, relatives and staff all told us they did not have any complaints but knew how to complain and felt they could speak with anyone and would be heard. They all had confidence the registered manager would take quick action to resolve them.

End of life care and support

- We saw staff had created positive, respectful relationships with people. The registered manager explained because all staff were trained equally, a member of the housekeeping staff had been able to give one person a voice. The person had at first, only felt comfortable telling the housekeeping staff member their wishes for end of life care.
- The registered manager told us about one person who loved to have their hair plaited. Their relative requested this after the person had died and the staff member came in on their day off to plait the person's hair and ensured they looked in death as they did in life. This gave great comfort to their relatives. Another relative was supported with an extra bed, so they could stay with their family member during their final days.
- Staff supported people receiving end of life care to live to the fullest, for example, one person being supported with end of life care was supported to run their own stall at the home's fete. They raised money at the fete for various projects people had decided on such as new garden furniture.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and senior staff promoted an extremely open and positive culture within the service empowering people and staff to speak up and be involved in the planning and delivery of services. They set up a co-production group of people and their relatives who made decisions about the service such as the planning of the fete, choosing the dining room chairs and curtains and refurbishment. People were very proud of this and spoke with a real sense of ownership of their home. This type of engagement with people was a great example of how the registered manager has put valuing people at the core of service delivery.
- The provider made reasonable adjustments to support staff with disabilities to work within the service. This provided excellent insight and opportunity for staff to learn from each other about people's experiences in care and this might make them feel. These opportunities further developed a positive and person-centred culture in the service.
- Staff were very proud of the quality of care they had achieved and felt greatly empowered to suggest new ideas and changes to care approaches such as Zumba classes for people and spiritual support. There was a strong sense of respect towards everyone and staff told us teamwork was 'excellent'. All staff told us how much they loved working at the service and how 'fantastic' everything was. One staff told us, "I absolutely love it here, I like working with older people and all the staff are very nice. It is like one big family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager notified all regulatory bodies of any incidents and accidents when they occurred, reviewed risk and shared outcomes and lessons learnt with all involved and the staff team. They also ensured the ratings and information about the most recent inspection was clearly displayed for all to read.
- The registered manager told us how the new electronic system allowed (with the permission of their family member) relatives to access the daily notes to check from home what care and support their family member had received each day. They told us this has given a lot of comfort to relatives knowing they could check how their family member was if unable to visit in person. People were also very reassured with this system as they felt relaxed knowing their relatives would pick up anything they forgot to mention. This was another great example of collaborative and open service delivery.

Managers and staff being clear about their roles, and understanding quality performance, risks and

#### regulatory requirements

- The registered manager and staff team all had a very good understanding of their roles and the latest best practice. For example, guidelines on good oral healthcare and how to best promote hydration and nutrition. All audits undertaken had clear action plans for improvement with outcomes measured monthly using a structured system called STAR that helped the registered manager analyse baseline goals against outcomes.
- The whole staff team and people and their relatives were involved in assessing quality of the service and giving feedback on areas for improvement. For example, relatives conducted meal time experience audits to give a different perspective which led to improvements in dining support such as the new plates. Staff further and demonstrated through practice and approach how much they empathised with people and understood how service delivery impacted them. They understood the importance of empowerment and inclusive working and how to use that positivity to drive improvement and build peoples self-esteem which increased their engagement.

#### Continuous learning and improving care

- The registered manager was implementing a brilliant competence-based training programme to focus on continuously building person centred approaches and interactions with people. Staff were very excited about starting this and felt valued by the investment in them by the provider. Senior staff showed us how the new electronic system enabled them to monitor outcomes of care and interactions between staff and people in real time and act if needed to provide positive on the job coaching and development for staff.
- The registered manager supported people to be involved in the interview process for new staff. Their feedback was used to make the final judgements about who they wanted to care for them. People spoke repeatedly about how important it was for them to still have control over their lives in this way. As a result people were very happy with the staff support and built an excellent dynamic that gave people confidence to try new things and open up about how they felt.

#### Working in partnership with others

- One social care professional who had been working with the provider, told us, "The provider actively encourages all residents to engage with the community and maintain friendships. Where customers have expressed an interest in attending the day centre this has been fully supported by the provider." The staff told us how they worked with the local day centre to share resources and encourage people to experience new things as well as those they enjoyed, such as meeting exotic animals, baking, attend the local market and music events. This joint working has led to people developing new interests and building on current ones.
- The registered manager told us how they worked with health professionals to promote high quality healthcare and identify early signs of illness. One health and social care professional told us how the service had participated in a pilot scheme for remote monitoring of people's health concerns through technology. This has led to a reduction of hospital admissions due to early detection of concerns. When asking how responsive the staff team and registered manager are with health professionals, another health professional told us, "The home is beautiful, one of the best. When you request something to be done, they respond and do their best."