

Review of compliance

The Abbeyfield Newcastle Upon Tyne Society
Limited
Abbeyfield Residential Care Home - Castle Farm

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| Region: | North East |
| Location address: | Castle Farm Road Newcastle-upon-Tyne Tyne and Wear NE3 1RF |
| Type of service: | Care home service without nursing |
| Date of Publication: | November 2012 |
| Overview of the service: | Abbeyfield Castle Farm is a residential care home. It provides accomodation and personal care for 24 older people. It does not provide nursing care. |

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

Our current overall judgement

Abbeyfield Residential Care Home - Castle Farm was meeting all the essential standards of quality and safety inspected.

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

Why we carried out this review

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

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People living in the home were uniformly positive in their views about the home. Comments included:

"Very good care – really caring"

"I would recommend it to anyone"

"Best place in the north of England!"

We spoke with visitors to the home, who were also very positive. Their comments included:

"Lovely home, absolutely fabulous. It rates well in all areas"

"A very good home. I've been in many homes over the years and this is one of the best"

"Very caring place".

What we found about the standards we reviewed and how well Abbeyfield Residential Care Home - Castle Farm was meeting them

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

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

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

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

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

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

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

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

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

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People told us they felt involved in decisions about their care. We were told, "We're given choice about our treatment, and plenty of choice about the food";

"To a large extent, I do as I want";

"The staff ask us if we want anything done differently"; and,

"Staff ask my views. We get a periodic questionnaire and we have monthly residents' meetings".

Other evidence

People who use the service were helped to understand, as far as they were able, the care and treatment choices available to them. They and their families were involved in choosing to come into the home, and in all areas of how they wished their care to be given. They were given detailed information in appropriate formats about the services provided by the home and their rights whilst in the home. They were asked to sign their consent to treatment and personal care, such as flu' vaccinations.

People expressed their views and were involved in making decisions about their care

and treatment. They told us that they had a review of their care every six months and were encouraged to give their views and suggest changes. People were clear that they directed their own care, and confirmed their involvement in the planning of how their needs were to be met. We saw that people had, in some cases, set down their wishes for 'end of life' care, including instructions about non-resuscitation.

People who use the service were given appropriate information and support regarding their care or treatment. A wide range of information was displayed on notice boards in the home. People were informed of their right to access their care records at any time.

People were supported in promoting their independence and community involvement. People were given their mail unopened and could make phone calls in private. They were free to come and go from the home and could live their daily lives as they wished, without unnecessary rules. The home placed no restrictions on people's visitors.

People's diversity, values and human rights were respected. They were free to practice any religion or none. People's privacy was respected by all staff. Independent advocacy services were advertised in the home, as were various helplines giving support and advice. People were supported to cast their votes in elections by arrangements for postal voting or by staff assisting with transport to polling stations. People were able to take responsibility for their own medicines, subject to a risk assessment.

Our judgement

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

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us they were very happy with their care. They said that the staff were very caring, and gave them lots of choice. One person told us, "It's the best place in the north of England!" Another person said they would recommend the home to anyone.

People also told us that they were given their care in the ways that they wished. Comments included: "We tell the staff how we want things done"; and, "We dictate the care plans. They are very definitely the way I want it".

Other evidence

We saw ample evidence that people's needs were fully assessed, using a wide range of appropriate and holistic assessment tools, covering physical and mental health, and social and emotional needs. People confirmed to us that they were fully involved in deciding how their care should be given, and told us that their care and treatment was delivered in line with their individual care plan. We saw that every person in the home was invited to take part in a formal review of their care every six months to confirm their satisfaction or otherwise with their care. The provider might wish to note that the stated goals of many care plans lacked clarity, making them difficult to evaluate: and that food and fluid intake charts, though completed, were not always properly analysed.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Appropriate risk assessments were in place to minimise threats to people's safety or well being. People confirmed that staff called for a doctor on request. We saw evidence of regular health checks being offered, and detailed records of visits to and

from other health professionals.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. The home's 'service user guide' stressed that all people resident in the home would be treated equally at all times and would have their rights as citizens preserved. People told us that this was the case. People had the right to make their own decisions unless a formal mental capacity assessment had demonstrated otherwise. This meant that their rights were being protected.

There were arrangements in place to deal with foreseeable emergencies. The home had an emergency evacuation plan in place.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People told us they felt safe and well looked after in the home. No-one told us they had any concerns about how the staff treated them. They said they felt confident that, if they raised any concerns with the staff, they would be listened to and appropriate actions would be taken.

One person told us, "I feel safe here. There's always someone around, you've only got to press the alarm call and staff would be there".

A visitor told us, "I've never seen anything of concern here, and I've been visiting for seventeen years".

Other evidence

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff confirmed they had all been given safeguarding training, and were able to describe the main elements of recognising and responding to suspicions of abuse. They also said that they were fully aware of the need to report any instances of bad practice they might see within the home. However, staff were adamant that they had never seen anything that needed to be reported.

We saw documentary evidence that the provider responded appropriately to any allegation of abuse. Four safeguarding alerts had been made to social services over the previous twelve months. None had subsequently been substantiated. Referrals had

been prompt and the home had co-operated fully with any investigations. The home was in the process of improving the way it recorded and stored information about safeguarding alerts.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. The home did not practice physical restraint. One person, only, had needed to have an application to restrict their liberty in the past year. This had been done following a proper assessment and a decision made as to their 'best interests' under the appropriate legislation.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We talked to people living in the home but their feedback did not relate to this standard.

Other evidence

Staff received appropriate professional development. They told us they received formal supervision of their work every two months and we saw from the records of these sessions that they were minuted in good detail. They also received an appraisal of their work every six months. This meant that people could be confident their care was being properly overseen by the provider.

Staff told us they were kept up to date with all areas of training required by legislation. We looked at staff training records that confirmed this. These records also showed that staff were regularly given additional training to meet the general and individual needs of the people living in the home. Staff were also encouraged to identify training opportunities to further their personal development.

Staff were able, from time to time, to obtain further relevant qualifications. All care staff held National Vocational Qualification (NVQ) level 2 in care; senior staff had achieved NVQ level 3.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us that staff were good listeners and genuinely wanted to know their views about their care and about the running of the home. Comments included, "We have residents' meetings: they are useful, sometimes"; "Staff listen to you"; "The manager's door is always open"; and, "Our suggestions are followed up".

Other evidence

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. They told us that residents' meetings were regular and well attended, and that the home manager acted upon the views of the meeting. Changes or improvements were noted in areas such as the environment, activities and menus.

Annual questionnaires were given people living in the home and to relatives and visitors, and the results collated and published. These surveys showed a high degree of satisfaction with the service, in excess of 90% in many areas. Where a suggestion for improvement was made, this was seen to be acted upon.

There was evidence that learning from incidents took place and appropriate changes were implemented. Incidents were well recorded and remedial actions were taken. We saw that representatives of the Abbeyfield committee visited the home on at least a weekly basis to monitor standards. Where any deficit was noted, action points were agreed and followed up.

A range of quality audit systems were in place, covering all areas of the service and demonstrating that the service took its responsibilities for maintaining high standards seriously.

Our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

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

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

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

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

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

Information for the reader

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| Document purpose | Review of compliance report |
| Author | Care Quality Commission |
| Audience | The general public |
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