Hartwood Care (4) Limited

Abbotswood Court

Inspection report

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection began on the 15 August 2017 and was unannounced. It continued on the 16 August 2017 and was announced.

The service is registered to provide accommodation and residential or nursing care for up to 60 people. The service does not provide nursing care. At the time of our inspection the service was providing residential care to 42 older people some of whom were living with a dementia. The home is over two floors and bedrooms have en-suites. People have access to a number of sitting and dining areas. The first floor is accessed via a lift. The ground floor provides access to a secure garden area.

The service has 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
People and their families told us they felt the service was safe. Staff had been trained to recognise any potential signs of abuse or poor practice and understood their role in reporting concerns. Risks to people were assessed, regularly reviewed and staff understood the actions needed to minimise risks of harm to people whilst supporting their right to freedom and choice. People had their medicines ordered, stored and administered safely and risk assessments were completed and reviewed regularly for people who chose to self-administer medicines.

Staff had been recruited safely and provided with an induction and ongoing training and support to enable them to carry out their roles effectively. There were enough staff with the right skills to support people's needs and choices.

Peoples eating and drinking needs were understood and met. This included allergies, likes and dislikes, textured diets and providing specialist crockery and cups to enable independence. People had a choice of hot and cold meal choices and snacks and drinks were always available throughout the home.

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. A complaints policy was in place and when people had used it they had been listened to and had outcomes explained to them.

People and their families described the staff as caring, kind and patient. Staff understood people's individual communication requirements and this had enabled them to support people in making decisions about their day to day lifes. People had their privacy and dignity respected and were enabled to be as independent as possible. When appropriate people had access to healthcare and were supported to appointments.

Pre admission assessments had been completed and the information had been used to create with people their care and support plans. These included peoples individual care needs, interests and friends and family important to them. People were encouraged to share skills and knowledge and maintain links and be involved with the wider community. A range of activities was available in groups or on an individual basis both inside and outside the home. Activities included people, their families and friends, the staff and their families and the wider community. Peoples skills, knowledge and experience were recognised and they were used to continue old or develop new links with the community. This meant people felt involved and valued.

People, their families and staff spoke positively about the leadership of the home and described the culture as open and inclusive. Staff spoke positively about teamwork, understood their roles and responsibilities and felt supported and appreciated. Methods of communication to the staff team were effective and this enabled staff to work together with common goals. Staff wholeheartedly supported the registered manager's ethos of people being involved in decisions about the service and being involved in their local community. They spoke proudly of examples were people had been able to share skills or enjoy links with the wider community.

Links had been established with clinical teams and provided opportunities for joint working and learning opportunities in falls management and infection control.

Quality assurance systems and processes were robust and effective in gathering information to support continually reviewing and improving service delivery and had been used to provide opportunities for staff learning.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had the skills and understood their role in identifying and reporting any potential concerns about abuse or poor practice.

People's risks were assessed regularly and actions put in place to minimise any risk of harm understood and implemented by the staff team.

People were supported by enough staff that had been recruited safely.

Medicines were ordered, stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff had an induction and on-going training, supervision and opportunities for professional development that gave them the skills to carry out their roles effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Peoples eating and drinking needs were understood and met.

People had access to healthcare when it was needed.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and patient and had a relaxed, friendly, professional relationship with people.

People were involved in decisions about their care and had access to advocacy services.

People's privacy, dignity and independence was respected.

Is the service responsive?

Outstanding ☆

The service was responsive.

Care was planned with people and reflected their individuality, interests, likes, dislikes and links with family, friends and the wider community.

Peoples individual skills, knowledge and experiences were recognised and valued.

A complaints process was in place and when used demonstrated that people were listened to and outcomes were shared with them. When actions had been identified they led to improvements in service delivery and staff learning.

Is the service well-led?

Good ●

The service was well led.

The culture was open and inclusive and positively supported people, their families and the staff team in decisions about the service.

Staff understood their roles and responsibilities and felt appreciated in their roles. Clear communication processes enabled team work to be effective in achieving good outcomes for people living in the home.

Links with clinical teams provided opportunities for service development and staff learning.

Quality assurance systems were effective in gathering feedback that enabled the service to continually develop service delivery.

Abbotswood Court

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.

The inspection began on the 15 August 2017 and was unannounced. It continued on the 16 August 2017 and was announced. This was the first inspection of the service. It was carried out by one 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 this type of care service. Their experience related to older people and people living with a dementia.

Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We spoke with the local authority to get information on their experience of the 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 received this in March 2017 and reviewed the information during our inspection.

During our inspection we spoke with 16 people who used the service and four relatives. We spoke with the registered manager, deputy manager and the dementia care manager. We also spoke with the receptionist, maintenance person, kitchen assistant, activity co-ordinator, four care assistants and the home admissions advisor. We reviewed six peoples care files with them and care workers to check they were up to date and correct. We checked three staff files, care records and medication records, management audits, staff and resident meeting records and the complaints log. We walked around the building observing the safety and suitability of the environment and observing staff practice.

Good

Is the service safe?

Our findings

People and their families described the service as safe. One person told us "I feel safe and well looked after". A relative explained "We feel (relative) is very safe here. We have total confidence in the staff and especially in the management". Staff had received training that provided them with the knowledge to recognise signs of potential abuse and were able to explain the actions they needed to take if abuse was suspected. Whenever a potential safeguarding had been identified records showed us that the service were transparent and had discussed with any appropriate agencies and families. A relative told us "On one occasion there was an error with (relatives) medicine and we were told immediately; it fosters greater confidence".

People had their individual risks assessed and regularly reviewed. When a risk had been highlighted actions had been put into place to reduce the risk of harm. We looked at records for two people who had been losing weight. Interventions had included a review by the community mental health team of the person's medicines and the introduction of high calorie drink supplements. The actions in both cases had led to weight beginning to increase. When people had an identified risk of falling additional checks by care staff had been put in place. Also an alarm alert mat had been placed in their bedrooms so that care staff were alerted to the person mobilising and were able to respond speedily to ensure they were safe. Staff were able to explain to us the actions they were taking to reduce the risk of harm to people. One care worker told us about a person had a high risk of skin damage. The care worker described how they ensured the person regularly had their position in bed changed, creams were applied to keep their skin moisturised and checked the pressure relieving mattress was working correctly.

Accidents and incidents had been recorded and reported appropriately. Each record had been reviewed by a manager and any necessary actions needed to minimise further harm had been identified. We read one accident form where it had been identified that the person's footwear had contributed to a fall and had led to new footwear being provided. Other actions had included a person's risk assessment being reviewed and referrals to the persons GP. People had personal emergency evacuation plans (PEEPs) which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

Records showed us that equipment such as lifts, boilers, electrical appliances and hoists were regularly checked and serviced to ensure they were safe.

People were supported by enough staff that had been recruited safely. Relevant checks were undertaken before people started work. For example references were obtained and checks were made with the Disclosure and Baring Service to ensure that staff were safe to work with vulnerable adults. We observed people being supported in a timely way. A care worker told us "I feel there is enough staff. I have never had an issue of there not being enough staff". Another said "Work is shared out. There is usually enough staff but it can be busy if somebody is off sick". We looked at staff rotas and saw that the service had bank care workers who were available to cover holiday and staff absences. The registered manager explained how they had over recruited in preparation for more beds becoming available and this had meant that people were always supported by care workers who knew them.

People had their medicines ordered, stored and administered safely by staff who had received training and regularly had their competencies checked. Each floor of the home had a treatment room where medicines were stored. Some medicines are temperature sensitive and daily checks had been carried out to ensure the treatment room and medicine fridge were within safe temperature parameters. Some people had been prescribed controlled drugs which are medicines that required additional storage and administration safeguards than other medicines. These had been stored, recorded and administered in line with these additional safeguards. People felt confident in how their medicines were being managed. One person told us "I feel safe; (Staff) give me my meds and write it all up". When medicines had a short life such as eye drops the date the medicine had been opened had been recorded to ensure the medicine was not used after it was fully effective.

There was guidance for staff on when to administer as required medicine (PRN). Some people had been prescribed PRN pain management. Some people living with dementia were unable to tell staff if they were experiencing pain, the guidance included how to assess for signs the person could be in pain. This meant people received pain relief when they needed it. Another person had been described PRN medicine for at times when they became anxious. The guidance included a range of other interactions to take before administering the medicine such as taking the person to a calm area and reassuring them. This meant that people were at a reduced risk of having medicines inappropriately.

People were supported to self-administer their medicines safely. Where people were managing their own medicines they were stored in a locked drawer in their room and audited each week. Risk assessments had been completed and were reviewed six monthly or more frequently if there were changes in a person's health or wellbeing. This meant that people were involved in decisions and had their freedom and choices respected.

Staff were able to explain the actions they would take if they identified a medicine error which included reporting to the manager, seeking medical advice if needed and making the person or their family aware. We spoke with the deputy manager who had completed a 'Medication Error' training course. They explained "The course was fantastic. It made you realise that errors happen often because of the environment. As an example when you're giving medicines it needs to be a protected time; minimal interruptions".

Good

Is the service effective?

Our findings

People had their eating and drinking needs met. Information had been collected about people's likes and dislikes, special dietary needs and any allergy information and this had been shared with the catering staff. The kitchen had a process where they transferred key dietary information onto a white board which they used for quick reference. We checked the whiteboard and found that one person's allergy details had not been transferred. Care staff had told us about the person's allergy and knew the foods they needed to avoid. We spoke with the chef who had not been aware as they relied on information on the whiteboard. We discussed this with the registered manager who immediately removed the whiteboard and asked the catering staff to use information from the written assessments in order to reduce the risk of people not receiving a diet appropriate for them.

People were involved in decisions about their mealtime experience. We read meeting minutes where one person had requested more gluten free sponge puddings and the following minutes recorded how delighted they were this had happened. People had been consulted and agreed to have their main meal time changed from lunch to five o 'clock. People and staff told us how this was working really well. They told us the benefit had been that people were generally less tired in the afternoons and therefore more involved in activities. A relative told us "When we first came (relative) had a meal at lunchtime. Having the meal changed has been great as it means (relative) more awake in the afternoon". Some people expressed that it felt a long time from their evening meal until breakfast the next day. Although people told us they were aware they could ask for snacks they weren't offered any with late evening drinks. We discussed this with the registered manager who told us they would ensure snacks were offered late evening.
We observed the lunch time experience and the atmosphere was chatty and relaxed. People were able to choose from a range of hot and cold nutritious options, have a glass of wine and share the experience with family. Where people had some communication difficulties then a sample plated meal was shown them to aid them to make a choice. We saw that snacks were available in lounges and communal areas for people to help themselves to and included fresh fruit, crisps and chocolate. People who required support with eating had biscuits, cakes or soft textured foods such as yogurts offered with mid-morning and mid-afternoon drinks. Some people had specialist crockery which enabled them to eat independently. When people did need support with their eating and drinking it was provided at the persons pace with staff ensuring people's dignity.

People were supported by staff that had received and induction and on-going training that enabled them to carry out their roles effectively. A care worker described their induction telling us "They (service) provided me with everything you need to know. Policies, handbook and shadow shifts". Induction included staff completing the Care Certificate. The Care Certificate is a national induction for people working in health and social care who do not already have relevant training. Training had also been completed that was specific to people's needs. Records showed that staff had completed the organisations mandatory training which included health and safety, infection control and fire safety. Staff had completed a dementia training course and described how it had impacted their practice. One care worker told us "The training taught me a lot about taking people back in their life's, talking about their pasts. Also about how to calm or distract people; get them away from a situation; that's been very helpful".

Staff felt supported in their roles and received regular supervision and an annual appraisal. A care worker told us "Supervision happens bi-monthly and it gives me an opportunity to get things off my chest. I feel very supported; I can't fault that". Staff described a positive culture of training, were enthusiastic about the training being provided and described opportunities for professional development. We spoke with care workers who were undertaking both level 2 and level 3 diplomas in health and social care. One care worker had undertaken the infection control lead as part of their further professional development.

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. The application procedures for this in care homes and hospitals are 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 were being met.

We found that the service was working within the principles of the act. Mental capacity assessments had been completed for people and DoLs applications had been submitted to the local authority. We saw that best interest decisions had been taken for people and had included input from staff, families and health professionals. Examples included personal care and medicine administration. Staff had a good understanding of the legislation and how to put it into practice when supporting people. One care worker told us "Everybody is able to communicate their needs in some way. I explain to people what task I'm going to do and ask for their consent. Offer a choice perhaps of a male or female carer. Perhaps show them a choice of clothes and ask them to point at which one they would like". Files contained copies of power of attorney (POA) legal arrangements for people and staff understood the scope of decisions the POA could make on a persons' behalf.

People had access to healthcare. Records showed us this included GP's, specialist health teams, chiropody, opticians and dentists. One person told us "They would take me out for medical treatments". Another said "I don't need any healthcare but they have called me a doctor in the past".

Good

Is the service caring?

Our findings

People and their families described the staff as caring. One person told us "The staff here are very caring and helpful; I do feel happy here. I know if I want something I only need to ask and I will get what I want. They are all so kind". Another said "The staff have a lot of patience and tolerance". A relative told us "They understand (relative) and they understand me. Their empathy is what makes the difference".

People had call bells in their rooms if they needed to call for staff to help them. We observed staff popping in and out of rooms throughout the day of our inspection checking whether people needed anything. Staff had a good understanding of people's interests, likes and dislikes. This meant that staff could have conversations with people about things that were important and of interest to them. We observed a housekeeper engaging with a person whilst folding away their clothes and enquiring how their legs were as they'd been sore the previous day. Another person was anxious and approached a care worker looking for their room. They gently took the persons hand and walked together. The care worker chatted about the person's family, walked slowly at the persons pace and the person's expression became visibly more relaxed.

Staff used appropriate non-verbal communication to demonstrate listening and to check people understood them. For example talking with people at eye level and using hand gestures and facial expressions. A white wipe board had been used to write messages on for one person to aid their memory.

People and their families told us they felt involved in decisions about their care. One person told us "We are always included in any decisions and can put across our points of view at the regular meetings". Another said "I've nothing to worry about at all. I choose my clothes and I'm also involved in decisions". A relative explained "We go to relatives meetings and recruitment is discussed with residents every two months. We feel a part of everything here. They include us in all decisions about (relative); the staff are exceptional". People who needed an independent representative to speak on their behalf had access to an advocacy service.

People told us that staff respected their privacy, dignity and independence. One person told us "They (staff) always knock on the door and are very polite, they treat me with respect". Another said "Staff always knock and if I'm on the phone they come back". Another explained "Staff ask me what I want to wear and encourage me to be independent. I find getting up from the chair difficult but they wait for me to do it in my own time and don't rush me". Another told us "(staff) respect my privacy and encourage me to do things for myself; they are very patient". We spoke to a care worker who told us "Independence is very important; if people can do it themselves then we try and encourage it".

Outstanding ☆

Is the service responsive?

Our findings

People received person centred care which considered their assessed care needs, past and new interests, family and friends important to them and helped people maintain old and new links within their wider community.

Assessments had been completed before a person moved into the service and this information had been used to form their care and support plan. The plans contained clear information about people's assessed needs and the actions staff needed to take to support people. Staff told us they had time to read care plans and that they felt kept up to date with changes through daily handovers. Staff had a good knowledge of people and were able to describe to us their role in meeting peoples assessed care needs. One care worker described how they supported a person who experienced agitation due to a mental health condition. They explained "I try and calm (name) down and listen instead of reasoning with (name) as this would get (name) more frustrated. Mostly it works; perhaps ask (name) about their son which often distracts their thoughts. Listening to music will calm (name) down as well". Reviews took place at least monthly. A senior care worker told us how recent training had helped them carry out person centred reviews. They told us "Rather than writing 'no changes' the reviews are now more person centred. Residents are involved in decisions about their care plan and we get them involved. We sit and talk with people; we do encourage involvement". They went on to tell us how they sit with people to discuss their end of life care plans. Records of reviews reflected the training. One person had described how they were clearer thinking in the mornings. This had been included in their care plan so that staff could use this information when supporting the person to make decisions. Care and support plans included agreed outcomes. We read one that said 'To remain independent with my medicines' and a plan had been agreed with the person that included built in safety checks.

The culture of the service encouraged people to continue with past interests and share their skills and knowledge. Staff had talked with people and their families and gathered details of people's lives, including events that had been important to them, careers and hobbies. One person had been involved in a local Society that met to talk about architecture. They invited the Society to come along and talk to residents about Abbotswood estate which was where the home had been built. Another person had been a founder of an Arts Society and invited an arts teacher to hold art classes with them in the home and people from the local community had been invited to join the classes. Another person had a long history of involvement with a local theatre and the home had become part of the regularly invited audience. Another person enjoyed table decorating and went with their family each week to buy flowers and then made table decorations for the home. A relative told us "They (staff) understand (relative) is not a group person. They are good with (relative) and involved her in 1-1 cake decorating or just sitting with family photos. It's not a one size fits all; it's really individual". One person's family had shared that their relative had been a collector and renovated classic cars. The home had contacted the classic car club who brought a car along. We saw photographs of the person enjoying going out for a spin and were told the club have continued contact with the home. Links had also been made with places people had worked to arrange visits. This meant that activities were meaningful to people and recognised their individual skills and talents.

The home actively encouraged people to continue to be involved in community initiatives. One example had been people representing the home at the local 'Neighbourhood Watch' meetings which had started being held at the home. One person had a health condition and had been introduced to a community support group. A nearby local community centre had closed and the registered manager after talking to people living at the home had sent invitations to older people living on their own in the community to join in with a weekly coffee morning. The registered manager told us that the community centre had since reopened but that six or seven people from the local community still regularly attended as friendships had developed with people living at Abbotswood. People also used 'Abbotswood postcards' to write a name of whom they would like to join them and invitations were then sent for coffee mornings. The registered manager explained that they felt it important that people could invite friends and families to events just as they may have done before living at Abbotswood.

Local schools, children's nurseries and scout groups visited. A care worker told us a local nursery that had visited and met a group of residents and played games and then the children had sang to residents. They said "The residents always love it when children visit; it's always fun".

Some people were living with a dementia and memory boxes had been created with the help of families. They included memories of a person's career, hobbies and photographs. A care worker told us "We often get it out with (name); every few days. (Name's) face lights up". Photo memories were on some people's doors to help them recognise their room. One corner had a washing line with socks pegged along it. Staff told us one person enjoys pegging the socks out and collecting them back in. Another person had always been a keen walker and with the support of a care worker were now participating in locally organised health walks. Another person had always enjoyed knitting. They had been supported to continue their hobby by knitting scarfs that had then been donated to the homeless. A ladies lunch group had been set up. A care worker told us "We set up the hobby room as it's a quieter environment. The ladies get an official paper invite in the morning and we keep discussing it to build up the anticipation. It really makes it feel like a special occasion". A projector like piece of equipment had been installed in a quiet lounge. It created images that could be touched and stimulated movement. An example was flowers that when you touched them got larger or butterflies that you could catch. Families and staff spoke positively about how much fun and laughter it had generated. One care worker said "The first time I saw residents using it I felt quite emotional; it's fantastic".

People told us their families were always welcomed and this was important to them. We observed families and friends joining people for a meal and being part of a word game. 'Family Days' had regularly been arranged that included people, their families and staff with their families. An example had been a Christmas party. A care worker told us "We had a grotto and Father Christmas. All the kids got a pressie. Residents joined in with singing and pressies. It was talked about for days". Wine and cheese evenings had taken place with a pianist each month and families told us they were well attended and something to look forward to. A 'Forget-me-Not' café had been introduced and once a month family carers were invited along. The dementia care manager told us "It gives family carers an opportunity to air their views and chat about supporting those living with a dementia".

A complaints policy was in place and records showed us that any complaints received had been investigated and outcomes shared with people. Some complaints had been about the quality of food and menu choice. In response meetings had been held with people to discuss menu options and feedback. The involvement of people had been on-going and included a group preparing a sample menu to taste for potential new chefs to prepare as part of their interview process. This meant peoples skills and experience had been recognised and valued.

Good

Is the service well-led?

Our findings

People, their families and staff spoke positively about the home and the leadership. One person told us "I know the manager would soon sort out any problems she is very approachable". A relative said "We have total confidence in the staff and especially in the management". Staff spoke enthusiastically about the home and felt proud of achievements in creating a relaxed family atmosphere. They felt involved and were engaged and supportive of new initiatives. One care worker told us "We are very well managed, work well as a team and you really feel we're all in this together". Another said "Their (registered manager) door is always open; your never turned away". Staff rotas had been arranged to ensure that a manager was working in the home every day.

Staff described communication amongst the team as very good. Each day a staff member from each department met for a structured 10 minute meeting. The meeting shared key pieces of information which included risks to people, new admissions, menu, activities and events. Staff felt this benefitted communication as it ensured all the teams could work together to make things happen. We read staff meeting minutes were the kitchen team had raised they were not always getting dietary requirement sheets for new people at the home. An outcome had been that dietary requirement sheets for a new admission were part of the 10 minute daily meeting. A schedule for meetings was in place which included senior staff meetings, general staff meetings and meetings with the night team. Meetings were also held with residents and relatives. Meetings were well attended, minuted and had clear actions and outcomes. We read that people had requested a post box and saw that it was in place.

Staff told us they felt appreciated in their roles. One care worker told us "In my appraisal they have told me how well I have done in my role. We have an employee of the month, everybody including residents can put a nomination in and there is a prize of £100".

The registered manager demonstrated a positive pro-active approach in involving people in decisions about the service and encouraged the home to be an active part of their community. One person told us about how they had been involved in meeting prospective new care workers and had been asked to be part of the interview team. The registered manager explained how they had promoted links with a neighbourhood watch group, the local Women's Institute and local community centre. The staff we spoke with supported this ethos and spoke proudly of the culture of the home and successful outcomes this had led to for people.

Links had been established with local clinical health teams which had led to learning opportunities and joint working in falls management and infection control. The Manager had a good understanding of her responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

Systems and processes were in place to gather feedback about the quality of the service and this

information had been used to support improvements when needed and provide learning opportunities for the staff team. An example was that people had asked for meal choices to be visually shown to people to aid people who had impaired communication skills and we observed that this had been introduced. A residents survey carried out in August 2017 found that 95% of people who took part in the survey would recommend the home to a friend.