Four Seasons Health Care (England) Limited

Abbeymoor Neurodisability Centre

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?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection which took place over two days on 9 and 10 November 2015. The service was last inspected in February 2014 and was compliant with the regulations in force at that time.

Abbeymoor Neurodisability Centre provides cares for up to forty people with complex neurological conditions. There are a number of people living there who have Huntingdon's disease. It provides accommodation for persons who require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury. There were 38 people living at the home at the time of inspection.

There was a registered manager who had been in post five years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 told us they felt safe living at the service and that staff knew how to act to keep them safe from harm. The building had some areas which were in need of repair and these were resolved during our inspection or actions agreed.

There were enough staff to meet people's often complex needs and the staff were trained, supervised and supported to meet their needs. Staff we spoke with felt supported by the registered manager and senior staff team.

Medicines were mostly managed well by the staff and people received the help they needed to take them safely. Some records of the medicine storage areas needed to be improved. Where people's needs changed the staff sought medical advice and encouraged people to maintain their well-being and independence.

People were supported by staff who knew their needs well and how best to support them. They were aware of individual's choices and preferences and knew how to support those people who no longer had the capacity to make decisions for themselves. Families felt the service was effective and offered them reassurance that their relatives were being cared for.

People were supported to maintain a suitable food and fluid intake. Staff responded flexibly to ensure that people maintained their physical well-being and worked with people as individuals. Where decisions had to be made about people's care, families and external professionals were involved and consulted as part of the process.

Staff were caring and valued the people they worked with. Staff showed kindness and empathy in dealing with people's needs. Families felt their relatives were cared for by a staff team who valued them and would keep them safe.

People's privacy and dignity were carefully considered by the staff team, who ensured that their choices and previous wishes and lifestyles were respected. The service was willing to challenge where they felt a person's best interests were being overlooked or ignored by others.

People who were receiving end of life care had their needs appropriately assessed and met by effective multi-agency collaboration, co-ordinated by the service. Professional advice was sought where needed to promote advanced care planning if required.

The service responded to people's needs as they changed over time, sometimes responding to emergencies. The service supported people to access appropriate support so the staff could keep them safe and well.

The registered manager led by example, supporting staff to consider the best ways to meet people's needs and develop the service. The registered manager regularly consulted people, families and staff and looked for ways to improve the service through audits and regular reviews of care delivery.

Summary of findings

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 knew how to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service, and these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

The environment was in need of updating and immediate action was taken by the registered manager during the inspection.

Staffing was organised to ensure people received adequate support to meet their needs throughout the day and night. Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines safely.

Is the service effective?

Good

The service was effective. Staff received support from seniors to ensure they carried out their roles effectively. Formal supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs. Staff attended the provider's training, as well as accessing external resources as required.

People could make choices about their food and drinks and alternatives were offered if requested. People were given support to eat and drink where this was needed.

Arrangements were in place to request health and social care services to help keep people well. External professionals' advice was sought when needed and incorporated into care plans.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity. Where people were deprived of their liberty this was in their best interests and was reflected in their care plans.

Is the service caring?

Good

The service was caring. Staff provided care with kindness and humanity. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's rights to privacy and choices. The service supported people to access advocacy support where appropriate.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individualised care.

Summary of findings

Is the service responsive?

Good

The service was responsive. People had their needs assessed and staff knew how to support people according to their preferences. Care records showed that changes were made in response to requests from people using the service and external professionals.

The service supported people to be part of the life of the home and encouraged activity.

People could raise any concerns and felt confident these would be addressed promptly.

Is the service well-led?

Good

The service was well-led. The home had a registered manager who was visible and well known to people living there. There were systems in place to make sure the service learnt from events such as accidents and incidents, complaints and investigations. This helped to reduce the risks to people who used the service and helped the service to continually improve.

The provider had notified us of any incidents that occurred as required.

People were able to comment on the service provided to influence service delivery and felt able to raise any issues.

People, relatives and staff spoken with all felt the manager was knowledgeable, caring and responsive. The manager had put in place processes to gain staff input into the service's development.

Abbeymoor Neurodisability Centre

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 10 November 2015 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector and a specialist advisor. The specialist advisor was from a qualified nursing background.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from the local authority safeguarding adult's team and commissioners of care was also reviewed. They had no concerns about the service.

During the visit we spoke with nine staff including the registered manager, four people who used the service and seven relatives or visitors. Observations were carried out during the day and a medicines round was observed. We also spoke with an external professional who regularly visited the service.

Five care records were reviewed as were seven medicines records and the staff training matrix. Other records reviewed included safeguarding records and deprivation of liberty safeguards applications. We also reviewed complaints records, five staff recruitment/training and supervision files and staff meeting minutes. Other records reviewed also included people's weight monitoring, internal audits and the maintenance records for the home. We reviewed the registered manager's action planning and improvement programme.

The internal and external communal areas were viewed as were the kitchen and the dining areas on floors, offices, storage and laundry areas and, when invited, some people's bedrooms.

Good

Is the service safe?

Our findings

People told us they felt the service kept them safe. One person told us, "I can keep my room locked, and I know the building is safe as well." Another person's family member told us they had come from another home where there had been issues about other people's behaviour. The relative told us the staff in this other home had not intervened to protect their family member. They told us that the staff at Abbeymoor were aware of these issues and had shown they appreciated their concerns. They felt happier when they went home after visiting that their relative would be kept safe by the staff team. One relative told us, "I had a lot of anxiety about moving (relative) here. But I know this is the best place for them."

Staff showed an awareness of what constituted a safeguarding adults alert and records of all possible alerts were logged and shared with the local authority. A recent incident had been reported externally to the local authority and investigated by the provider and they had taken appropriate action. The registered manager told us that safeguarding alerts were not a sign of issues, but a sign of openness about possible issues. Staff we spoke with also reflected this value.

The service supported people with complex mental health needs and acquired brain injuries. Some people presented with behaviour that challenged, which included verbal and physically challenging behaviours. There was evidence of learning and review of these incidents with behaviour support specialists and other external professionals such as GP's and neuro psychology. An example being where a person was being supported to spend more time outside their bedroom mixing with other people. This had been noted to have a positive effect and staff continued to encourage this further. We saw that these issues had been risk assessed and were reviewed regularly.

The premises were secure and had a secure garden area. The doors to cupboards and rooms not in use were locked and all objects that may have posed a risk were stored safely. We noted some minor repair issues in the building and brought these to the attention of the registered manager. By the end of the inspection these had either been resolved or had been reported to the appropriate provider staff for further action. The home was well furnished, rooms were personalised and communal areas were decorated to a good standard. People told us they could make choices about their rooms, what furniture they liked and how the room was laid out.

We reviewed the services records which showed that various health and safety checks were carried out regularly. These included personal evacuation plans along with legionella checks, lift safety checks and hot water temperature checks. There were risk assessments for profiling beds, bed rails and bumpers, where these were used. Additional checks were undertaken on wheelchairs, hoists, slings and bath chairs. Fire safety and emergency lighting checks were carried out regularly. Where issues arose in these audits they were dealt with promptly.

There was sufficient staffing with a staffing assessment tool used by the provider. People told us there were always staff available when they needed them. The service was run in a very flexible way with high staff numbers to respond to the complex needs of people. New staff were supported through induction and training. Staff recruitment and personnel files showed an appropriate recruitment procedure had been followed. We saw evidence of an application being made, references taken up, one of which was from the previous employer, and Disclosure and Barring Service (DBS) checks. Staff confirmed they had been subject to a proper application and interview process before starting work at the home. This confirmed the provider had appropriate recruitment and vetting processes.

We looked at the way medicines were managed. Systems were in place to ensure that the medicines had been ordered, stored and administered appropriately. Staff checked people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines.

Medicines were given from the container they were supplied in and we saw staff explain to people what medicine they were taking and why. Staff also supported people to take their medicines and provided them with drinks, as appropriate, to ensure they were comfortable in taking their medicines. The staff member remained with each person to ensure they had swallowed their medicines. The MARs showed that staff recorded when people received their medicines and entries had been initialled by staff to show that they had been administered.

Good

Is the service safe?

We were told that one person self-administered their medicines and this had been risk assessed. We were told that two people received their medicines covertly (without their knowledge). We looked at both their records; we saw that a best interest meeting had taken place with the General Practitioner (GP) and next of kin. For one person this had not been reviewed recently and we brought this to the deputy manager's attention who agreed to review this.

We saw written guidance kept with the MAR charts, for the use of 'when required' medicines, and when and how these medicines should be administered to people who needed them, such as for pain relief. This meant that staff were able to take a consistent approach to the administration of this type of medicine.

Medicines which required cool storage were stored appropriately in a fridge which was within a locked room. Medicines with a short life once opened had the date of opening noted, this meant they remained safe and effective to use. However, we saw some gaps in daily recording of fridge and treatment room temperatures. When we brought this to the registered manager's attention they agreed to take action to ensure these were checked and recorded regularly.

The service had in place a regular cleaning schedule that staff followed. This had daily tasks, weekly and monthly routines that meant all areas of the home were subject to a regular deep clean. We saw that cleaning staff focussed on keeping communal area toilets clean and stocked with soap and paper towels. The home was free from odours.

Good

Is the service effective?

Our findings

People told us they felt the service was effective at meeting their needs. One person told us, "I think this place is okay. I have a nice room, lots of activities, and they know me well now." A relative told us how the staff had supported their family member with some very complex needs and had kept them in good health. All the relatives we spoke to felt the service was able to meet their family member's needs.

Staff we spoke with told us they felt the service was good at meeting some very complex needs. One staff member said, "We have the right skills and experience and a good manager to look after the folk we have here." All the staff we spoke with felt trained and supported to do their best.

Staff went through a planned induction that included shadowing experienced staff and attending role specific training. The registered manager showed us the computerised records which showed that staff training was up to date and any updates were flagged so they could be attended to promptly. Staff attended the provider's in-house training, much of which was face to face and staff were encouraged to access training through the local authority. Staff supervision records indicated staff were supervised every two months and detailed records taken of the discussion which included training needs. Staff had an annual appraisal which was detailed and looked at what training might be available for staff to attend, as well as reviewing their performance and any issues arising through their work. Staff felt the registered manager and deputy were approachable for discussions about their work. Nurse registration was checked regularly and the nurses we spoke with told us they shared training and experiences with one another. We saw evidence that staff who were underperforming were managed and supported effectively by supervisors to improve.

Each person's care records had a consent form and this was signed by the person or, if they were not able, by their relative or representative. We observed staff always asked people about their wishes before delivering any care to them. For example, they asked people if they wanted to go to their room or go to the lounge after a meal, or what they wanted to watch on television.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 saw from records that the registered manager had referred people for assessments for DoLS as necessary. This meant they were being protected against the risk of unlawful restriction of their liberty. Family members we spoke with about DoLS had been involved in the process and were aware of the process to appeal decisions.

Not all staff were up to date with training on the MCA and how best to assess people's capacity. We brought this to the registered manager's attention who agreed to take action to source materials for staff to support their understanding.

During mealtimes staff were able to tell us the food each person preferred and how they supported them to eat well. We saw people made choices about their food and staff responded promptly to a request for an alternative meal and where people needed prompting to complete the meal. The food was well presented and hot and cold drinks were available. People told us they enjoyed their meals and we observed a relaxed mealtime experience. Fresh fruit was also available.

We saw from people's records there was information recorded about nutritional needs and that nutritional assessments were reviewed regularly. This review helped staff identify people who were at risk of losing or gaining too much weight. Weights were monitored monthly or more frequently when an issue had been identified. We saw entries in the care records which showed staff sought advice or assistance from health care professionals such as

Good

Is the service effective?

the GP, dentist and dietician where concerns were identified. People's care plans showed the specific dietary needs they had, for example, if they were having regular dietary supplements or needed regular prompting to eat their meals. We spoke to kitchen staff who told us how they supported people with diabetes through low sugar alternatives, and people who needed fortified diets.

We saw that some people had PEG's fitted to support eating. Percutaneous endoscopic gastrostomy feeding is used where patients cannot maintain adequate nutrition with oral intake. These people had detailed plans about the best way to support them with dietary and medication intake. External healthcare professional's advice was sought by staff to support people's well-being after a PEG was fitted.

There was evidence of good collaboration between the service and the local GP's and community health professionals. Records showed this input was used to consult and advise about people's changing health needs and care plans were regularly changed following this advice. From records we saw that psychiatric advice was sought for people as their needs changed and advice about how to manage people's changing behaviour was incorporated into care plans. Staff told us how they used this advice to adapt their approach to working with some people. A local GP told us "They are a great bunch of staff, extremely caring."

People's care plans included hospital passports which gave NHS staff advice and information about a person's care needs. These could be taken with a person if they needed to be admitted to hospital in an emergency. The registered manager advised us people would normally be escorted by a staff member who would take further care plans with them.

Good

Is the service caring?

Our findings

People and their relatives told us they felt the staff were caring towards them. One person told us when talking about the staff, "Its 10 out of 10 from me, they care for me like family." A relative told us, "The carers are compassionate, even the cleaners."

When we spoke with staff they talked about people with kindness and terms of affection in any discussions. Staff told us they liked to care for people as if they were relatives or how they would like to be cared for themselves. Staff were knowledgeable about people's pasts, their families and how best to support them.

Staff were able to tell us about some people's history of self-neglecting behaviours. They told us how they recognised that people had the continuing right to make lifestyle choices which they may not agree with, but they accepted that they had the right to make adult choices. Staff were also able to tell us about sometimes having to stand up for people's rights and choices when family or friends wanted staff to act in a way that may not be to a person's liking. Staff showed they could respect diversity and people's choices, offering them options and alternatives, such as how to improve their diet and well-being. The registered manager was clear about the role the service had in advocating for people's choices and rights, and to refer to external advocacy support when required.

We observed throughout the inspection that staff spent time with people engaging with them, responding quickly to people's needs, always communicating and offering choice. Staff and people commented that the service was consistent in its' approach and that staff knew the people and their relatives well, always speaking of them in a positive manner.

During the inspection we observed that staff acted in a professional and friendly manner, treating people with dignity and respect. They gave us examples of how they delivered care to achieve this aim. For example, making sure people were asked about what they wanted to wear, ensuring doors were closed when helping with personal care, keeping people covered when assisting them with personal care and respecting people's rights and choices. Staff told us they promoted people's independence by allowing them to do things for themselves if they were able.

We were told that there were regular resident and relatives meetings where problems could be raised and changes discussed. People's families were invited to attend these meetings and to have an input. The relatives we met felt the staff and registered manager were receptive to their ideas and suggestions. People and relatives told us they could raise any issue with the registered manager or staff and felt it would be resolved.

Some relatives told us how the staff had supported them after their family member first moved into the service. One told us how the staff had supported them, helping them adjust to their relative moving into the service. They told us how staff made sure they were fully involved in their relative's care and kept them updated with how they were. They told us this had eventually led to them feeling able to take their first holiday in a number of years, knowing they were well cared for.

We saw people had information recorded about their preferences for care at the end of their lives. Staff told us they were experienced in providing end of life care and this was supported by training records. Staff said they linked in with local GP's/NHS nurses to administer medical support such as pain relief and making advanced decisions care plans. They also told us they worked closely with people and their families to ensure end of life wishes were met.

Good

Is the service responsive?

Our findings

Those people who could communicate with us told us they had been involved in their care plans and relatives told us staff actively sought out their input into their relative's care. One relative told us how staff had responded quickly to their relative's changing needs when their ability to swallow deteriorated. They told us staff had put in place a modified diet until specialist assessment had been completed and the decisions made for a PEG to be fitted. Another relative told us they were invited in every six months for a more formal review of their relative's care. They told us they felt the staff now knew how to care for their relative better than they did, but they felt their suggestions were included by the staff in the reviewed care plans.

We looked at people's care records, including care plans about their care needs and choices. The quality of recording was consistent and provided clear information about each person. The care plans were normally reviewed monthly and any changes made were then communicated to staff. We found a small number of monthly reviews had not taken place; we brought these to the deputy manager's attention who agreed to take immediate action.

Records confirmed that pre-admission assessments were carried out to assess people's needs before they moved into the home. This ensured that staff could meet people's needs and that the home had the necessary equipment and skills to ensure their safety and comfort.

The care plans gave staff specific information about how the person's care needs were to be met. Plans gave instructions for the frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. They also detailed what the person was able to do to take part in their care and to maintain some independence and control. People therefore had individual and specific care plans to ensure consistent care and support was provided. The care plans were regularly reviewed to ensure people's needs were met and relevant changes added to individual care plans. Overall, care plans were detailed and provided us with evidence that people received skilled, empathetic care, to enhance their well-being.

Records showed that people and relatives had been involved in care planning on a 6-12 monthly basis, and the care plan documentation was signed by the person or family member. This meant that people were consulted about their care, and the quality and continuity of care was maintained.

The staff we spoke with were well informed and respectful of people's individual needs, abilities and preferred daily lifestyles. For example, a staff member described in detail how one person was supported with their personal care. It was evident the staff member was aware of the person's likes and dislikes, such as always having a shower rather than a bath and the use of certain toiletries.

We saw information about planned activities and photo boards of recent events in the home. Staff told us they went out to local shops with people. We spoke with one person who was waiting for a taxi to go shopping. They told us how they were supported with regular trips out of the home, as well as attending some group activities in the home. Some entertainers were booked monthly and the local school came in to visit. People attended external activities such as drama and art groups. There was a sensory room upstairs which was used by some people and had equipment designed to relax or stimulate people. People were helping to decorate this room during the inspection. Everyone we spoke with told us about the activities co-ordinator and the wide range of activities they had to offer. One relative talked about the "Infectious passion" they brought to their work and felt they provided meaningful and pleasurable activities for the people using the service.

We looked at the systems for recording and dealing with complaints. People were supplied with information about how to make a complaint when they came to live at the home and during the review process. Records showed that complaints had been fully investigated and outcomes achieved within agreed timescales. The manager told us they welcomed comments and complaints as it was an opportunity to review practices and make improvements. Some people who had complained remained unhappy with the outcome, but had been given full information by the registered manager and were advised how to contact the appropriate external agencies if they wished to progress this further. The registered manager was clear how they met the 'duty of candour' registration requirements by being open and transparent with the complainant. Relatives told us they felt able to raise any concerns or issues, either with staff, the registered manager or at relatives meetings and all felt they would be resolved.

Good

Is the service well-led?

Our findings

People, who were able to, told us that in their experience the home was well- led and they knew the registered manager and deputy manager well. All relatives were positive about the care and provision of service and said they were made to feel welcome and the atmosphere was always friendly and upbeat. One person told us, "(Name) is a good manager; I see them all the time." One relative told us "(Name) is an approachable, caring person", when talking about the registered manager.

The staff we spoke with all held the same value base about caring for people the way they would like someone to look after them or their family. Staff told us the registered manager had the same approach and encouraged staff to think about the way they supported people and how they would like someone to care for their family. Staff felt valued by the registered manager who they described as, "Caring", "Knows when to lead and when to delegate", "Their door's always open", "A strong manager", and, "Knows everything, everyone and is visible in the service".

The registered manager held regular meetings with the heads of key areas such as care, kitchen, domestic, and nursing staff. This allowed for improved co-operation between the teams and sharing of good practice and information. It also ensured staff were able to deal with any issues and use all the resources and information in the service to effect change.

Monthly checks and audits were carried out by the registered manager or their deputy. For example, these looked at people who had significant weight loss, the use of medicines, care plan reviews, and the accident and incident log. We saw this information was then used in people's care plans to tackle any areas of concern such as weight loss and highlight this with relevant health professionals. We could see on the registered manager's computerised action plan that issues were resolved and that learning and change had occurred following some previous incidents. For example, where a medicines error had occurred, following human error, steps had been taken to ensure this was unlikely to happen again.

The registered manager also encouraged staff input into the service's development via a series of 'Conversation into Action' meetings (CIA). These CIA meetings encouraged staff to reflect on areas for improvement in the service, and then come up with solutions. They encouraged staff to take increased ownership and pride in their service. All the staff we discussed these meetings with felt they helped all staff feel they could effect change in the service. For example, areas for future training were picked up, as was hoist storage in the home and uniforms. The registered manager was able to show us their action plan following these conversations and that all agreed actions had been completed or were in progress. They had future meeting dates booked in for 2016 to continue this process of reflection and learning.

Some of the registered manager's ideas about supporting staff had now been adopted by the provider and been rolled out to other services. For example, the staff appreciation awards, where staff were individually recognised and rewarded for outstanding work. Staff were also recognised for long service. When we spoke with the registered manager their passion for supporting and developing the staff and the service was clear and they recognised the value this inclusive way of working brought to the service.

The service had links with local colleges, offering activity for people. The service had also made contacts with a local supermarket; their staff now supported people to shop with support so they could continue to be independent as well as visible in the community.

The service had links with Headway, a local brain injury association. Headway gave the home Headway accreditation/ approval.

The registered manager was clear in their responsibilities as a registered person, sending in required notifications to the Care Quality Commission and reporting issues to the local authority and commissioners. They also at times sought advice when dealing with complex issues within the home.

The registered manager told us about the residents' surveys they carried out, and how they sought feedback from families and visitors. The findings were fed into their action plan to further improve areas highlighted. Feedback was given to people and relatives at the residents and relatives meetings.

The regional manager, who supervised the registered manager, told us that they had confidence in the service,

Good

Is the service well-led?

the staff and manager. They told us, "Dedication and commitment to continue to make changes and act on the feedback which is received, is also a strength which (the registered manager) possesses."