

Abbeyfield Haddenham Society Limited (The) Abbeyfield Haddenham Society Limited

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 ●

Summary of findings

Overall summary

This inspection took place on 3 January 2019. It was an unannounced visit to the service.

Abbeyfield Haddenham Society Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is registered to provide support up to 11 older people. At the time of our inspection 11 people lived at the home. The care home is in a rural village in Buckinghamshire. Accommodation was over two floors. Each room was en-suite with a level access shower room. People had hot drink making facilities and a fridge in their room. People had access to a dining room and a lounge. The home benefited from well-maintained gardens which could be accessed from some of the ground floor bedrooms.

At our last inspection carried out on 28 and 29 April 2016 we rated the service good. However, we made a recommendation about ensuring people's current needs were reflected in care plans. At this inspection we found improvements had been made and the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People, their relatives and external community professionals were all happy with the service provided. We received lots of positive comments. "I love it," "As soon as I walked in through the door I knew I would be happy," "It really is a good place to live" and "Every time I visit, I feel there is always an open and friendly atmosphere at the home."

People were protected from abuse and avoidable harm. Staff had received training and were confident to raise any concerns they had.

People were supported to live as independently as they could. Staff respected each person and people told us staff promoted their dignity. One relative told us "The staff thrive to provide a stress-free environment so that the residents can continue to retain their freedom of choice and individuality."

People were supported by staff who had got to know their needs and wants. People told us they had a good relationship with staff and we saw this to be the case. We observed many people smiling. When people returned to the home from visiting the local community they were warmly welcomed.

Staff received training to ensure they were kept up to date with their skills and knowledge.

People and relatives described Abbeyfield Haddenham Society Limited as homely. Comments included "It is

all you need and want," "I have a very good life" and "Every time I visit, I feel staff are kind, pleasant and friendly and are respectful of the resident's choices and opinions."

People had opportunities to engage in meaningful activities. People told us there were opportunities to meet with people within the home and the local community.

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.

People were supported by a well-established team of care staff, many of whom had worked at the service a long time. There was a long-serving management team in place. People's relatives and external parties described the management and care staff as "A lovely balance of professionalism with human touch."

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service has improved to Good.

Is the service well-led?

Good ●

The service remains Good.

Abbeyfield Haddenham Society Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 3 January 2019 and was unannounced.

The inspection was carried out by one inspector.

Prior to the inspection, we requested and received back a completed Provider Information Return (PIR). We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Throughout the inspection, we offered the registered manager and staff opportunities to share with us what they did well. We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

When at the care home, we looked at three people's care records and three staff recruitment and training records. We observed medicine administration, checked records and storage of medicines. We observed a lunchtime meal. We spoke with five people. We spoke with the registered manager, deputy manager and three staff. Following the visit to the home, we sought feedback from staff and relatives. We contacted health and social care professionals who had experience of working with the home. We also contacted other professional and community bodies who regularly visited the home.

Is the service safe?

Our findings

People and their relatives told us care and support at Abbeyfield Haddenham Society Limited continued to be good. Comments from people included "I absolutely feel safe here," "I am pleased I came here, I thought I would not adjust, but I know I am safe here, I couldn't cope at home" and "They [staff] are always here on hand should I need them." A relative told us "We feel happy that she is safe, warm and well cared for."

People were supported with their medicines. The staff who supported them had received appropriate training. The registered manager assessed staff competency following the training, to ensure they were safe to administer medicines. We observed medicines being administered to two people at lunchtime. We checked storage and written records involving medicine management. Medicines were stored correctly and securely. We noted there was an overstock of medicine. Medicine stock numbers were not always carried over to the next period. This meant the service was not always aware of how many tablets were in stock. We noted some medicine administration records had been handwritten. It is widespread good practice for two staff to sign handwritten records to ensure they are accurate. Staff told us this had occurred when short notice changes to medicines had been made. We discussed these issues with the registered manager. They informed us they were working closely with the local pharmacist and GP. Following the inspection, we received assurance from the registered manager that improvements would be implemented. The registered manager had spoken with the GP, who agreed to support the service especially when they made changes to medicine doses. A pharmacist from the clinical commissioning group was due to carry out an audit at the home. People told us they received the right amount of support with their medicines. A relative told us "Staff are very prompt in administering drugs on time."

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff were able to tell us about what would alert them to a safeguarding concern and what action they would take. One member of staff told us "If I were to ever be told of somebody being abused or to witness this, I would immediately raise my concerns with management." Another member of staff told us "I would write down what they were saying and inform them that I would have to report to my manager, where action would then be taken."

People were protected from avoidable harm. Risks posed to people were minimised. Where a person was identified at high risk of falling, a risk assessment had been completed. The assessment ensured staff managed the risk. Where people needed assistance to move, a risk assessment was completed. One person required to use a four-wheeled mobility walker to support them. We saw this was detailed in their risk assessment and we observed they used it when walking around the home.

People were protected from unsafe premises. The required checks were completed to ensure water and electricity was safe to use. Equipment used to help people move, for instance, a through-floor lift and mobile hoist, were serviced regularly to ensure they were safe. A member of the management committee [registered provider] carried out a quarterly maintenance check to ensure any concerns would be dealt with.

People told us there were enough staff to support them. Comments included "They [staff] are so quick to

come when you call [press call bell]," "I press it [call bell] and they [staff] are here within minutes, very prompt." The registered manager monitored staffing levels. They advised us some consultation had been made with the night staff to ensure there was enough staff on duty overnight. The registered manager reviewed people's dependency level every month.

The care home had an established staff team, however, when new staff were employed this was done so safely. The registered manager was aware of the requirements and procedures for recruiting staff with the appropriate experience and character to work with people. Pre-employment checks were completed for staff. These included employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

People were supported to live in a home which was well-maintained and kept clean. People told us they felt the home was clean and tidy. A relative told us "The home is clean and well-cared for." A healthcare professional told us "I always find the home to be clean, tidy and organised, when entering patient's rooms, they are always very tidy."

Staff had access to personal protective equipment (PPE), like gloves and aprons. Staff who helped prepare food had received appropriate food safety training.

The registered manager received national safety alerts and cascaded this information to staff. The service looked at ways it could learn from safety alerts, accidents, incidents and staff feedback. One example where changes had been made as a result of feedback was the purchase of a lifting cushion for staff to use when people had fallen. Staff told us this was much more efficient than a mobile hoist to assist people up from the floor.

Is the service effective?

Our findings

People told us they continued to receive effective care. Comments included, "I have been here a few years now, and I can say I am content" and "I am very comfortable here." These views were supported by what relatives told us. One relative told us "Excellent home cooking, greatly praised and enjoyed. Mum put on half a stone in her first two months in Abbeyfield." We had spoken with the relative's family member who was staying at the home. They had recalled when they were at their own home they had no appetite and rarely "Had a proper meal" they also told us they were pleased they had put on weight.

Prior to people moving into the home either permanently or on a respite admission a full care needs assessment was undertaken by either the registered manager or deputy manager. The assessment gathered essential information for the service to decide if they could meet the person's needs. People's personal care needs, mobility, skin condition, hobbies, interests were noted, as examples. The initial assessment was added to once a person moved into the home. A detailed life history was obtained. This was shared with staff who were then able to develop a good working relationship with people.

People told us the staff were skilled in looking after them. One person told us "They [staff] are always saying 'We will do that'. Staff were supported to carry out training in topics the provider deemed mandatory. Staff new to the role as a care worker were encouraged to study the Care Certificate. The Care Certificate is a set of nationally-recognised standards all care staff need to meet. The standards include communication, privacy and dignity, equality and diversity and working in a person-centred way, as examples. There were systems in place to ensure staff received update training when required. The registered manager told us "Food Hygiene is coming up soon," A member of staff told us "We have so much training it is difficult to know what you did when, but I enjoy it."

People told us they enjoyed the food. One person told us "I get a card to fill in each week, to choose what I want, if I change my mind I will have something else." Another person told us "The food is very good." We saw feedback had been given to the cook about the meals as some people requested more green vegetables. The meal that was served on the day of inspection looked well balanced and nutritious.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had received training on the MCA. We observed staff sought consent from people prior to supporting them. Written consent had been obtained from people when they moved into the home. At the time of the inspection, all the residents who lived at the home had full mental capacity and had decided to live at Abbeyfield Haddenham Society Limited. No concerns had been raised about people's mental capacity in decision-making. Therefore, no mental capacity assessments had been carried out. However, the registered manager was fully aware of what concerns might trigger the need for an assessment.

The staff worked alongside each other and with external professionals to ensure people received effective care. A daily handover meeting between incoming and outgoing staff provided an opportunity for important information to be shared. Where people moved from the care home to another setting, for instance, a general hospital, staff ensured they kept in touch to ensure the person could return as soon as they were medically fit. A relative told us "During the period mum spent in hospital all of the staff showed genuine concern for her well-being, sending their best wishes for her recovery."

The service had access to a virtual medical resource. The home could support people to link to healthcare professionals based in a hub. The hub would discuss the person's symptoms and advise on the next course of action. The system gave people 24-hour access to medical advice.

The service worked closely with community healthcare professionals to ensure people's health and well-being was promoted. A healthcare professional told us "All patients we visit seem very happy, when we have finished visiting a patient the care staff always ask what we have done and if we are concerned at all. There always seems to be a manager present to ask if you have any queries regarding any patients."

The home had undergone a refurbishment in the last few years. All ground floor rooms were en-suite with a level access shower room. Each room had a fridge and the facility to make hot drinks. People gave us positive feedback about this. One person told us "I can make a drink when I want." All but three rooms on the ground floor had a door which opened to the garden. The gardens were well-maintained. People told us they liked to walk around the garden in the summer.

Is the service caring?

Our findings

People told us staff continued to be kind, caring and considerate. Comments included "Staff are friendly, they [staff] cannot do enough for you," "It is really lovely here, everyone without exception is kind and thoughtful" and "They [staff] are extremely good." Relatives agreed with people, comments included "My experience of Stonehill is a good one. There is a lovely balance of professionalism with human touch," "Every time I visit, I feel there is always an open and friendly atmosphere at the home" and "The carers are very friendly and interested in her as a person."

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background. One person told us "I have had so many friends visit me, at all different times, I thought they may have complained, but it has been no trouble, the staff always welcome my friends and offer them a cup of tea." A relative told us they were always made to feel welcome, "They make my sister and I feel very welcome and always keep us informed of upcoming appointments and mother's state of health." Another relative told us "I visited Mum one evening just before dinner time, so rather than expecting her to go and sit in the dining room they brought her food and cups of tea for both of us to have together. A very simple example, but it was offered kindly with no fuss."

People told us and we observed staff were respectful. We observed staff knocking on doors and addressing people by their preferred name. One person told us "They [staff] knock on your door every single time, so respectful." People told us they were always treated with dignity. A relative told us "Every time I visit, I feel staff are kind, pleasant and friendly and are respectful of the resident's choices and opinions."

People and their relatives commented on how 'homely' Abbeyfield Haddenham Society Limited was. One person told us "As soon as I walked in through the door I knew I would be happy, it really is a good place to live." Another person told us "I think it is homely because it is small, it has a good atmosphere, it is so friendly, I am very happy, very much so." A relative told us "I feel fortunate to have found such a great place for my mum to live." People's rooms were highly personalised. People took pride in their room and told us "I am comfortable."

People were encouraged to be independent, we observed people going out with support from friends. On returning to the home people were warmly welcomed by staff. A relative told us "Overall, I am very happy with the running of the home as the staff thrive to provide a stress-free environment so that the residents can continue to retain their freedom of choice and individuality."

People were supported to express their views and were actively involved in decisions about their care. The care staff met with people on a monthly basis. One member of staff told us "Communicating their wishes, we give them choices and ask what their preferences are, with the monthly meetings this works well, with suggestions being valued." Staff were able to advise people and their relatives about external support available. One person told us "I have a heat pad, [name of registered manager] got it for me, it has been very helpful." A relative told us "I also found [name of registered manager] to be a very useful source of

information with her knowledge of how the health system works, specifically regarding older people. I felt completely comfortable sharing my concerns and feelings with her knowing that she would provide good advice."

Is the service responsive?

Our findings

At the inspection carried out on 28 and 29 April 2016 we found care plans did not always reflect the current level of support provided to people. We received feedback at the time from the registered manager about people's needs and staff were able to tell us how they supported people. We made a recommendation about ensuring care records contained current information. At this inspection, we noted the registered manager had implemented a new form to record any changes in people's needs.

People who lived at the home received personalised care. This was because staff were aware of people's life histories, likes and dislikes and took these into account when they supported them. People were able to effectively converse with staff and share their experiences. We observed staff were attentive towards people and always asked them how they wished to be supported.

Each person had a keyworker, which was a named member of staff who supported the person to coordinate their care. Keyworkers were responsible for making changes to each person's care plan to ensure it was reflective of their needs.

Care plans contained information about people's cultural and religious beliefs. One person's care plan referred to which local church was their preference to attend. A visiting minister carried out a monthly communion within the home which people could attend. We observed people had ordered their daily newspaper. One person told us, "I don't know what I would have done if I didn't have this [referring to the newspaper]."

Staff were aware of how to communicate with people who may have experienced difficulties in expressing themselves. The registered manager told us flash cards were used with one person who used to live at the home. The home was aware of the need to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. One person who lived at the home was registered blind. They received support from a family member to manage their affairs and understand information provided. The home had audio and large print books delivered from the local library. Large print fire signs were available to show people what to do in the event of a fire. The service ensured people received the help they required with caring for their hearing aids.

People had access to a wide range of meaningful activities within the home and the local community. The home was visited weekly by a PAT (Pets as Therapy) dog. An external person visited the home to take an exercise class. One person we spoke with demonstrated a few of the arm movements whilst smiling and recalling the last session they had attended. The home was visited prior to Christmas by the Haddenham Mummers who performed a traditional folk village play. Music students had visited the home along with other musicians and had provided live music to people. We saw photographs of the events and it was clear people had enjoyed the sessions.

The home had access to two local services which provided transport, a local charity private car service and a

community vehicle could be booked. One member of staff told us, "It is good that we can access the vehicle as it can take a wheelchair." People told us they had visited a garden centre and more recently had been to the Christmas Tree display at the local church.

The home had good links with the local school. Children visited the home to read stories to people and spend time with them. The head teacher of the school told us "The children have always enjoyed going there and we have found the residents to be treated with care, dignity and respect." The home had support from people studying their Duke of Edinburgh award or completing volunteer work prior to going to university. Some of the students had written to the home following the time spent. It was clear from the comments we read all, without exception, felt the home was warm, friendly and provided good care to people.

The service had systems in place on how to respond to concerns or complaints. We reviewed how previous complaints received had been dealt with. They had all been resolved and no themes in concerns were evident. People were encouraged to provide feedback about their experience of the home.

At the time of the inspection the home was not supporting anyone with end of life care needs. However, where people were happy to share their last wishes, this had been communicated with staff. One person had a funeral plan in place which described what type of service they would like to have and what music they would like to be played.

Is the service well-led?

Our findings

People were supported by a service that continued to be well-led. The registered manager and the chairperson of the management committee [registered provider] had been in post for over 30 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 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. The registered manager was supported by an experienced deputy and established workforce of care workers.

There was a clear management structure in place, which delivered a clear message about the values of Abbeyfield Haddenham Society Limited. Staff told us they liked working within the home and many had been in post for over five years.

Staff told us they felt valued by the management team. One member of staff told us "I feel I am a valued team member to Abbeyfield and feel appreciated by residents and management. Praise is given and fully supported with our own wishes. Having been a carer for over 30 years I have worked in a number of different homes and environments, this is by far the loveliest home." Other staff told us the registered manager's door was always open.

The registered manager was aware of their responsibilities to report important events to us. The registered manager and deputy manager kept up to date with regulatory changes. They attended a local quarterly registered manager forum and The Abbeyfield Society regional meetings. Staff meetings were used to cascade information to staff on any changes. The registered manager and deputy manager attended the monthly management committee [registered provider] meetings to ensure the provider was kept up to date with any changes in the service.

People were invited to residents' meetings, these were opportunities for people to be informed of any changes within the home and contribute to improvements. We noted people had provided good ideas about how the home could engage with the local community. One person belonged to the University of the Third Age (U3A) and they had suggested at a residents' meeting that maybe some of the U3A's meetings could take place at the care home.

The registered manager monitored the quality of the service provided. After a person had been at the home for two months, they were asked to complete a short satisfaction questionnaire. Any preferred changes to the care delivered could then be made. This was followed by an annual quality assurance document. The registered manager used feedback from both to drive improvement within the service. In addition, the registered manager carried out a health and safety checklist, an infection control and medicine audit.

The home was an integral part of the local community. The care home hosted events which local residents could attend and the care home had a presence at community events. The home had hosted a coffee morning for the Air Ambulance service. Local residents were invited. In the following weeks the home hosted

the Air Ambulance service, who provided residents and guests with a talk on the work they do. The care home manned a raffle stall at a local community fair, a resident of the home displayed their artwork at the event.

The service had been invited to join a project run by the Music Mind Spirit Trust (MMST) who had been granted an Arts Council England Award to deliver six music sessions in a care home. The sessions were led by the Young Artist Musical Ambassadors (from the Royal Academy of Music and the University of Oxford). This led to the care home being offered an opportunity to develop a bespoke music playlist. The member of the MMST was involved in technology which could predict the affect music had on people. The home had been working with the MMST to find out people's music likes which would then be imputed into the technology. The registered manager was really keen to see the results of the project. People we spoke with had thoroughly enjoyed the six sessions. We saw a video of the session, it was clear people had engaged with the music. One of the co-ordinators from the MMST told us "The musical sessions were always well-attended and residents returned every week enthusiastically. They became increasingly engaged and shared their songs and stories with more and more freedom and passion. Our musicians already miss sharing their time with them. It was not uncommon to see the residents become more enlivened and joyous as they joined into the music-making. One particularly elderly resident, playing a percussion instrument, suddenly broke out in a huge smile and exclaimed, 'I feel like a young girl again, this is like being at a party!'."

The service worked in partnership with local business. The home had links with the local radio station, GP practice, used local business for food purchases and had regular visits from school children and the Girl Guiding Brownie pack.