



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Abbeyfield

**120 Moss Lane
Bramhall
Stockport
Cheshire
SK7 1EE**

Lead Inspector
Mrs Fiona Bryan

Unannounced Inspection
3rd April 2007 09:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Abbeyfield
Address	120 Moss Lane Bramhall Stockport Cheshire SK7 1EE
Telephone number	0161-439 0046
Fax number	0161 439 0047
Email address	
Provider Web address	m.derbie@abbeyfield.com
Name of registered provider(s)/company (if applicable)	Abbeyfield UK
Name of registered manager (if applicable)	Mrs Kay Bowyer
Type of registration	Care Home
No. of places registered (if applicable)	15
Category(ies) of registration, with number of places	Old age, not falling within any other category (15)

SERVICE INFORMATION

Conditions of registration:

1. Service users to include up to 15 OP.

Date of last inspection 16th January 2006

Brief Description of the Service:

Abbeyfield is situated on a main road, approximately one mile from Bramhall village. Public transport is available for those wanting to go out locally.

Abbeyfield is situated on two floors, accessed by a passenger lift. There are 15 single bedrooms, 12 of which have en-suite toilet facilities. Two bathrooms with toilets and a shower are also available. There are an additional two separate toilets. The lounge and dining room are situated on the ground floor. The home has a conservatory that leads to the gardens, which are well kept and provide people the opportunity to sit outside in the warmer weather.

People living at Abbeyfield normally provide all the furniture and furnishings for their bedrooms, in agreement and in accordance with fire and safety regulations. Where this is not possible, the home will provide suitable furniture after discussion with the individual. Bedroom furniture is provided for people staying at the home for short stays.

Fees for accommodation and care at the home are £430.58 per week. A service user guide is given on request to anyone thinking about coming to live at the home.

SUMMARY

This is an overview of what the inspector found during the inspection.

This key unannounced inspection, which included a site visit, took place on Tuesday, 3rd April 2007. The home was not told beforehand of the inspection visit.

All key inspection standards were assessed at the site visit and information was taken from various sources which included observing care practices and talking with people who live at the home, the manager and other members of the staff team.

Three people were looked at in detail, looking at their experience of the home from their admission to the present day.

A partial tour of the building was conducted and a selection of staff and care records was examined, including medication records, employment and training records and staff duty rotas.

Before the site visit, comments cards were sent to GP's who visit people living at the home. Three GP's returned the comments cards and all gave positive feedback about their views of the home. One commented, "this is a well run care home" and another wrote "It has always seemed a well run home with individual care to their clients".

What the service does well:

Abbeyfield is a friendly, homely place and the people who lived there seemed happy and relaxed. The manager and staff know everyone well and treat everyone as individuals with different preferences and needs.

The internal and external appearance of the home provides a clean, pleasant, comfortable environment for people to live in. Everyone spoken to liked their rooms and many people also commented on the garden which was beautifully maintained and a tranquil spot for people to sit out in and enjoy.

Great thought had been put into the menu and the meals the home offered were nutritious, varied and tempting. Observation of the lunchtime routine showed that the home considered mealtimes to be "an occasion" to be enjoyed and care was taken to present the meals in an appealing and appetising way.

Well over 50% of care staff are trained to at least NVQ level 2, which means that staff have the skills and knowledge to deliver a high standard of care.

Staff all felt the manager was supportive and they worked well as a team and this had a good effect on the overall atmosphere of the home.

Comments from people who lived at the home included, "I feel very lucky to have found an Abbeyfield so near", "staff are very nice to me", "they (staff) look after me very well – I've no complaints", "the staff are understanding", "they (staff) look after us very well", "it's wonderful", "it's ever so good, the staff are excellent – they have their eye on everything" and "I wouldn't like to go anywhere else".

What has improved since the last inspection?

Since the last inspection all staff at the home have undertaken training in safeguarding adults to make sure that they understand and can recognise abuse and are aware of the procedures to follow in the event that they have any concerns about the treatment or care of people living at the home.

Volunteers at the home have had police checks for the protection and security of people who live at the home.

New procedures have been implemented for cleaning the kitchen and a recent Environmental Health inspection confirmed that good standards of hygiene were being maintained.

What they could do better:

The home is generally well managed and this leads to good outcomes for the people living there.

Where people have medical conditions which need specific treatment and care, it should be made clear in their care plan how staff are to record the care that has been given and how this will be assessed to make sure that the care planned is being delivered and is effective.

A nutritional risk assessment should be undertaken when anyone new comes into the home to ensure that people at risk of poor nutrition are identified early and appropriate treatment is obtained.

The home could develop the key worker system already in place so that carers can work with individual people to expand and personalise the range of social activities on offer.

The manager needs to finish the Registered Manager's Award this year.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1 and 3. Standard 6 is not applicable.

Quality in this outcome area is **good**.

Detailed assessments are undertaken before people come into to the home and information is provided to people so they can feel confident that their needs can be met.

This judgement has been made using available evidence, including a visit to this service.

EVIDENCE:

The home has a statement of purpose and service user guide which are sent to people enquiring about the home and which are available on request to anyone living at the home.

People living at the home said that they had been given enough information about the home before they decided to move in and they confirmed that the information they received had been accurate.

Three people were case tracked. Assessments had been obtained for all of them and had been used to develop care plans to address their needs. Original assessments were kept separately to people's main care files but all the necessary information had been transferred to the everyday working records.

People living at the home felt that staff knew them well and understood what help they needed and what their preferred daily routines were. Staff were knowledgeable about the people they were caring for and it was reported that a handover report was given at every shift change so all staff were aware of any changes to people's condition.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10

Quality in this outcome area is **good**.

Physical and health care needs were well met with evidence of good multi-disciplinary working taking place on a regular basis.

Personal support in this home is offered in such a way as to promote and protect people's privacy and dignity.

This judgement has been made using available evidence, including a visit to this service.

EVIDENCE:

Three people were case tracked. All had care plans that, in the main, addressed their needs. Risk assessments had been undertaken for risk of pressure sores, risk of falling and other risks that were identified and specific to the individual person.

The home did not routinely undertake nutritional screens for people and this was discussed with the manager who agreed to speak with the district nurses visiting the home to determine a suitable format to be used.

Care plans and risk assessments had been reviewed and updated monthly.

Care plans, on some occasions, could be more detailed and give further information to the staff about how they are to monitor the effectiveness of the care they are giving. For example, it was identified that one person needed to be encouraged to drink plenty of fluids but the care plan did not state how much fluid this meant. A record was being kept of the person's diet and fluid intake but only recorded the drinks taken at meals and did not give any indication as to actual quantities.

Staff must also make sure that advice given by other health care professionals is added to care plans, as, in one case, the daily record said that the district nurse had advised that the person should not have a bath until a wound was better but as this was not on the actual care plan. It was unclear if this was old information or whether this was still current advice.

Records showed that people living at the home had been helped to access health care services, such as dentists, opticians and podiatrists. One person attended a hospital appointment on the morning of the site visit. Another person said they had recently been taken ill and the staff had been very prompt in getting medical attention and had looked after them well since their return from hospital.

All the people living at the home who were spoken to said that staff were polite and respectful. Comments included "staff are very nice to me", "they look after me very well – I've no complaints", "the staff are understanding", "they look after us very well", (staff are) "excellent – they have their eye on everything" and "staff are lovely".

Care appeared to be planned and given in a person-centred way, for example, one person was able to have a bath every night, as this was their preference.

Three comments cards were received from GP's who visit the home. All were positive about the home; one commenting, "this is a well run care home" and another writing "it has always seemed a well run home with individual care to their clients".

The procedures for managing medicines within the home were satisfactory. The records for several people were examined and had been completed properly. Medicines were stored correctly.

Interaction between staff and people living at the home was professional but also friendly and relaxed. People seemed happy, content and “at home”.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15

Quality in this outcome area is **good**.

Staff are aware of the need to provide opportunities for social stimulation and interaction for people living at the home and, in the main, meet these needs well.

Visitors are encouraged and welcomed into the home and routines are flexible to provide people with some choice about their daily routines.

Dietary needs are well catered for with a balanced and varied selection of food available that meets people's tastes and choices.

This judgement has been made using available evidence, including a visit to this service.

EVIDENCE:

People were satisfied with the activities and social events arranged by the home. The home has a weekly social evening on a Friday, when bingo and quizzes are held.

The Saturday before the site visit a number of people had been to the theatre. On the Sunday, some people had attended a service at the local church and enjoyed afternoon tea with members of the congregation. Recently, there had been a cheese and wine evening, which people had enjoyed, and the home celebrated the Chinese New Year with a Chinese meal and drinks.

People who wish to can attend a communion service held at the home once a month.

Many people living at the home also spend time in their own rooms, reading the papers or watching television but like to socialise at mealtimes.

A notice board in the reception area of the home provides lots of information about forthcoming events and local services, such as taxi firms and the Stockport Talking Newspapers Association.

People living at the home are able to come and go as they choose and a number go out with relatives and friends on a regular basis. The home has a lovely garden that many people seemed to enjoy and often spent time in.

Each person had their own pigeonhole for post and there was a post box for outgoing mail. This is good practice as it respects and maintains people's privacy and autonomy.

Some people were not sure who their key worker was and one person said as their key worker only worked part-time, they did not see them much. Consideration should be given as to how people living at the home are allocated key workers so that the carer most able to meet a person's needs can be selected. Also, further development of the care plans for people's social care needs may help staff to identify specific interests that could be pursued with individuals.

People living at the home said they liked the food and that there was a small choice on offer at each mealtime. A cooked breakfast is provided twice a week and people said biscuits and hot drinks were offered for supper.

Some people were served breakfast in their rooms as they preferred to get dressed after breakfast and then go to one of the lounges.

Lunch on the day of the site visit was home made broccoli soup, followed by turkey fricassee or beef salad and stewed apple and custard for dessert. Most people came into the dining room for lunch and the tables were attractively set with cloths and napkins.

Several people were heard to say the soup was very nice. Staff served people their main meal individually at the dining tables and then put dishes of vegetables (courgettes, cauliflower and new potatoes), on the table so people could serve themselves. Staff were on hand to assist where necessary. The atmosphere during lunch was peaceful and quiet and staff took the opportunity to remind people that there was a communion service arranged for that afternoon.

Examination of the four-week menu showed that a nutritious and varied diet was provided by the home. The manager said that people were able to choose the meals for the day when it was their birthday and a special Easter menu had been agreed with everyone for the holiday period.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18

Quality in this outcome area is **good**.

People feel that their views are listened to and acted upon.

Arrangements for protecting people from abuse are satisfactory.

This judgement has been made using available evidence, including a visit to this service.

EVIDENCE:

The home has a complaints procedure, which is given to people with their contracts when they come into the home. The complaints procedure did need amending to give details of the new address for the CSCI.

People said that if they had concerns they would speak with the manager and they were confident that she would deal with any issues properly. Staff were aware of the home's complaints procedure.

A record of complaints had been maintained, which showed that since the last inspection the home had received nine complaints of a fairly minor nature, which had all been dealt with and acted upon satisfactorily.

Since the last inspection all staff have undertaken training in safeguarding adults through Stockport local authority. The manager had also attended the managers' course in adult protection training. Staff were aware of the procedures to follow and people living at the home said they felt safe and secure there.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19, 20 and 26

Quality in this outcome area is **good**.

The standard of the environment within the home is good, providing people with an attractive and homely place to live in.

This judgement has been made using available evidence, including a visit to this service.

EVIDENCE:

A tour of the home was conducted. The home was very clean and tidy, whilst people's individual rooms were homely and personalised with ornaments, furniture and mementos.

People all said they liked their rooms and were satisfied with the cleanliness of the home. One person also commented that the standard of laundry was very good with people's clothing being regularly washed and returned promptly.

The manager said that she had discussed with the regional manager what areas of the home needed refurbishment and plans had been made to redecorate all the bathrooms, hallways and communal rooms this year.

At the last inspection it had been reported that the home was looking into getting a flat screen television for the conservatory. This has not yet been provided and would be an asset for people to watch.

The external grounds of the home were well maintained and many people said how much they enjoyed going into the garden in good weather.

An Environmental Health inspection was carried out at the home on 27th March 2007 and the report indicated that a good standard of hygiene was being maintained and Safer Food Better Business procedures were operating well.

All maintenance certificates for the building and equipment were up to date.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30

Quality in this outcome area is **good**.

Staffing levels meet the needs of people living at the home.

The home exceeds the standard for the percentage of care staff who have completed NVQ training and an ongoing training programme is in place, which ensures staff have the skills and knowledge to provide people with a good standard of care.

Robust recruitment procedures ensure that only staff who are suitable to work with older people are employed.

This judgement has been made using available evidence, including a visit to this service.

EVIDENCE:

Most people said that there were usually enough staff working at the home, although one person said that they wished staff had more time to stop and chat with them. Staff said there were enough staff and, where agency staff are used, efforts are made to ensure continuity of care by using the same staff where possible.

Examination of the staff duty rotas showed that numbers of staff were satisfactory to meet the needs of the people living at the home.

Two staff personnel files were examined. Both contained all the information and documents needed to ensure that the necessary checks had been made before they started work at the home. Files also contained records of staff supervision and training and individual training plans had been developed for both staff members.

Since the last inspection CRB's had been obtained for all volunteers who have contact with the home.

60% of staff at the home have a NVQ level 2 or above.

Staff said that they had undertaken training in a range of topics, including food hygiene, infection control, moving and handling and other health and safety topics. A number of staff had completed a distance-learning course in equality and diversity and several staff had undertaken training in dementia care. Certificates of training attended were available in individual staff files.

The induction package for new employees meets Skills For Care specifications and the manager also provides the home's own induction programme that covers specifics to Abbeyfield.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 35 and 38

Quality in this outcome area is **good**.

The manager has the skills and knowledge to properly manage the home and systems in place create an open and consultative atmosphere, promoting active involvement from staff and people living at the home to build a positive home for people to live in.

This judgement has been made using available evidence, including a visit to this service.

EVIDENCE:

The manager is in the process of completing the Registered Manager's Award and has attended training over the past year to ensure her skills and knowledge remain up to date.

People living at the home and staff all agreed that the manager was approachable and supportive. It was reported that the manager was frequently out and about around the home and operated an open door policy.

Staff meetings are held regularly and minutes are taken and circulated.

Meetings are also held with the people living at the home, to gain their views and suggestions about how the home is running. Minutes of these meetings showed that people had made suggestions about food they would like to see on the menu and where they would like to go on day trips out of the home. One person said that the meetings were "an opportunity to grumble" and that suggestions made were met as far as possible.

The head office had recently sent satisfaction surveys to people living at the home and the manager was planning to distribute her own questionnaire as well, to gain views about different aspects of the service provided.

Since the last inspection the regional manager has developed a format to plan business development and the manager was in the process of completing it. It was reported that the regional manager visits the home approximately every two weeks and a record had been made of Regulation 26 visits.

The home does not handle the finances for any of the people living at the home, as they are all independent in this or are assisted by their families.

Staff were observed to be working using safe working practices and health and safety training was being arranged for this year.

Weekly checks had been made of the building and equipment in respect of fire prevention and health and safety. Since the last inspection, new cleaning routines have been adopted in the kitchen, which were satisfactory at a recent Environmental Health inspection.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	4
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	4

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	3
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	4
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP7	The registered person should ensure that care plans where indicated, explain to staff how they are to monitor and record the care they need to provide. Care plans should also be further developed to identify people's specific social care needs.
2	OP8	The registered person should ensure that a nutritional screen is undertaken for each person when they come into the home.
3	OP12	The registered person should consider the development of the key worker system to increase the opportunities to meet the social needs of people living at the home.
4	OP20	The registered person should ensure that a flat screen television is provided, as discussed with people living at the home.
5	OP31	The registered manager should ensure that she has completed her Registered Manager's Award by 30 th September 2007 to meet the guidance issued by the CSCI.

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