

Abacus Quality Care Ltd

Abacus Quality Care Ltd T/A Abacus Care Home

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

About the service

Abacus Care Home is a residential care home registered to provide accommodation and personal care to up to 27 people. At the time of the inspection 25 people were in residence. The provider offered a service for older people and people living with dementia.

Abacus House is located on two floors. Bedrooms, communal areas and bathrooms/shower rooms were situated on both floors which were accessed via stairs or a passenger lift. People had access to a secure garden equipped with seating. The home was decorated in a way to assist people living with dementia.

People's experience of using this service and what we found

People were protected from the risk of potential abuse because staff were aware of signs of abuse and how to safeguard them. Risk management was effective to reduce the risk of harm to people. Staff were recruited safely and were provided in sufficient numbers to ensure people's care and support needs were met. People were supported by skilled staff to take their prescribed medicines. Medicines were recorded and stored appropriately. People lived in a clean environment and staff's practices helped to reduce the risk of cross infections. Lessons were learned when this went wrong to avoid it happening again.

The undertaking of a care assessment ensured people received a service specific to their preference. Staff were skilled and had access to supervision sessions. New staff were provided with an induction to ensure they had the skills to care for people. People were supported by staff to eat and drink sufficient amounts to promote their health. Staff were aware of suitable meals for the individual with regards to their health condition and swallowing difficulties. The registered manager worked with other agencies to ensure people received a safe and effective service. People had access to relevant healthcare services when needed. The environment was dementia friendly. Assisted baths and grab rails were in place to assist people with reduced mobility. People had access to a secure garden.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who were kind and compassionate. People were involved in decisions about their care and support needs. Staff had access to detailed care plans to support their understanding about people's care needs. People's right to privacy and dignity was respected by staff.

People were involved in their pre-admission assessment to ensure the service they received was specific to their needs. Equality, diversity and human rights were explored during people's assessment to ensure people were not discriminated due to their culture, religion, sexuality or protected characteristics. People could be confident their concerns would be listened to, taken seriously and acted on. At the time of the inspection no one was receiving end of life care.

There was a clear management structure and people and staff were aware of who was running the home. The provider's governance was effective to ensure people received good service. Meetings were carried out with people who used the service and their relatives to ensure they were actively involved in running the home. The registered manager worked with other organisations to ensure people received a seamless service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 18 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Abacus Care Home 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care

provided. We spoke with five care staff, one staff member who supported people to engage in social activities, the registered manager and the registered provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training records and quality audits and the provider's policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential abuse because staff knew how to recognise this and how to safeguard them.
- All the staff we spoke with said they had received safeguarding training and demonstrated a good understanding of various forms of abuse.
- People told us they felt safe living in the home. One person said, "I am prone to having falls, but I feel really safe here because there are always staff on duty."
- The registered manager told us they routinely asked people if they had any concerns to ensure they felt safe living in the home.

Assessing risk, safety monitoring and management

- Staff had access to risk assessments to support their understanding about how to care and support people safely.
- One person told us, "The staff are very observant and see when I am bit unsteady and they come and help me."
- Another person said, "I like walking around the home and they (staff) have made it very safe for me to go up and down the corridors and into the garden."
- People were involved in decisions about managing risks. For example, one person said, "I would like to go up the road, but they (staff) have assessed the risk and because the road is very busy I wouldn't be safe."
- A relative told us, "Staff are not only conscious of physical safety, they notice changes in people's mental and emotional health and will support them as required."

Staffing and recruitment

- People told us they did not have to wait a long time for support when needed.
- We observed that staff were prompt in responding to the nurse call alarm.
- A relative told us, "There always seems to be enough staff on duty, and although busy they never leave people waiting for too long."
- Staff told us there were always enough staff on duty to meet people's care and support needs.
- The registered manager told us that staffing levels were determined by the level of support each person required.
- We observed that staff were always nearby to support people when needed.
- People were cared for by staff who had been recruited safely to ensure their suitability to work in the home.

Using medicines safely

- People were supported by skilled staff to take their prescribed medicines.

- Staff who were responsible for the management of medicines had received training and competency assessments were routinely carried out to ensure their medicine practices were safe.
- We observed that medicines were recorded and stored safely.
- Staff had access to written protocols to support their understanding about how to manage 'when required' medicines. When required medicines are prescribed to be given only when needed. For example, for the treatment of pain.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.
- We observed staff using PPE appropriately to reduce the risk of cross infection.
- Hand wash areas and hand sanitizing gels were located throughout the home to promote regular hand washing.
- The laundry had a dirty and clean zone to reduce the risk of cross contamination of linen.
- The registered manager told us that the staff had received infection, prevention and control training and the staff we spoke with confirmed this.
- We observed that all areas of the home were clean and tidy.

Learning lessons when things go wrong

- The registered manager kept themselves informed of accidents and incidents that had occurred in other care sectors and acted on this to mitigate the risk in the home.
- Accidents were recorded and reviewed to identify trends and risk assessments were reviewed to avoid a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection we found that staff were unaware of how many people had a DoLS in place. This meant they were unable to demonstrate which people had their liberty deprived due to their lack of mental capacity.
- The registered manager told us two people had an authorised DoLS in place. These people were living with dementia and lacked capacity to make decisions about their care and treatment.
- The registered manager had submitted a further 11 applications to deprive people of their liberty because of their lack of mental capacity.
- Mental capacity assessments were carried out to ensure the application to deprive a person of their liberty was appropriate.
- People told us they were able to make their own decisions and their choice was respected by staff.
- We spoke with four staff members who demonstrated a good understanding of MCA and DoLS.
- Discussions with staff showed that the least restrictive measures were taken when depriving people of their liberty.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were actively involved in their pre-admission assessment before they moved into the home. Where appropriate their family were also involved.
- Information obtained from the pre-admission assessment was used to develop the care plan.
- One person had been admitted to the home the day before our inspection. Their assessment was detailed

and all the staff we spoke with were aware of the person's care and support needs.

- Care records contained information about people's history of which staff were aware of. We heard staff discussing past home and work life with people.

Staff support: induction, training, skills and experience

- People were cared for by skilled staff. Staff told us they had access to regular training.
- A staff member told us the registered manager would ask them questions about skills learned and how they would put this into practice to ensure people received an effective service.
- One person who used the service told us, "All the staff seem extremely competent."
- Staff had access to one to one supervision sessions. During these sessions their training needs were identified, and their work performance reviewed.
- New staff were provided with an induction. Staff told us this gave them the opportunity to obtain training, read the provider's policies and procedures and get to know people's care and support needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to eat and drink sufficient amounts.
- One person told us, "The food is very nice and always hot."
- Another person said, "The food is extremely tasty, and we get plenty."
- People told us they always had a choice of meals had access to drinks throughout the day and night.
- We heard two people ask for a cup tea and this was provided to them straight away.
- Staff were aware of people who required a special diet due to their likes, dislikes, health condition or swallowing difficulties.
- One person told us about difficulties they had swallowing and said, "The staff always manage to find something soft for me."
- Staff told us that the catering staff and the registered manager informed them about suitable meals for the individual.
- People had access to special cutlery and crockery to assist them to eat and drink independently such as rimmed plates and beakers.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies to ensure people received a seamless service.
- People had access to social workers, community psychiatric nurses and an advocacy service.

Adapting service, design, decoration to meet people's needs

- The environment was designed to assist people living with dementia. For example, signage on doors helped people find their way around the home.
- A photograph of the person was placed on their door to help them find their bedroom. However, the registered manager told us that due to some people's dementia they did not recognise themselves and the photograph made them stressful, so not everyone had a photograph on their door.
- A small butterfly was discreetly situated on bedroom doors to remind staff that the person was living with dementia but not to make it obvious to anyone else.
- Random wall art such as a life size post box assisted people to locate communal areas. For example, one person was looking for the dining room and the registered manager told them to walk pass the post box and then they would find the dining room.
- A relative told us, "I think the attention to making the home dementia friendly is very impressive and it makes it a much safer place where people are less confused."
- People had access to a well-maintained garden equipped with seating areas. One person said, "I really enjoy going in the garden."
- Assisted baths/showers and raised toilet seats were in place to assist people with reduced mobility. Grab

rails were situated throughout the home and nurse call alarms were fitted in all bedrooms.

Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to healthcare services when needed.
- One person told us that staff were very quick to request a GP home visit when they are unwell.
- People were supported by staff to attend medical appointments.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During the pre-admission assessment people's culture, religion, sexuality and protected characteristics were explored and incorporated in their care plan.
- One person told us when their relative was admitted to the home, they had a welcome card from all the staff in their bedroom and a bag of chocolate. They said it had, "made their day."
- One person told us, "The staff are great and are always so polite and helpful." Another person said, "I have a really nice relationship with the staff."
- A different person told us, "You couldn't ask for nicer staff. They are always really cheerful and very kind."
- A relative told us, "We chose this home because of the staff. They are excellent and actually look happy to work here."
- We observed staff engaging with people in a kind and compassionate manner.
- Staff demonstrated a good understanding of people's care needs.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and where appropriate their relatives were also involved.
- People were routinely asked if they were happy with the care and support they received, and people's care plans were frequently reviewed to reflect their changing needs.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to be as independent as possible. One person told us, "I wasn't safe at home because I couldn't do things. The staff will let me do what I can for myself but will help me when I get stuck."
- Another person told us, "I like to look after myself as much as possible, but it's nice to have the staff around if I need help."
- A relative told us, "Staff respect people's dignity and privacy and always seek their consent before supporting them."
- We observed staff knocking on doors before entering people's bedrooms and addressing people in a courteous manner.
- All the staff we spoke with demonstrated a good understanding of the importance of respecting people's right to privacy and dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and staff were unaware of AIS. However, efforts had been made to ensure people understood information provided to them. For example, staff often read to people and an electronic tablet was used to assist people to understand.
- The registered manager assured us that AIS would be explored further to ensure the necessary equipment and staff's skills were in place, so everyone had access to information in a format suitable to them.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We looked at two care plans which provided detailed information about people's history regarding their physical and mental health needs. Their current care and support needs and essential equipment required to promote their independence safely were recorded.
- Staff told us they had access to care plans to support their understanding about how to meet people's care needs.
- A relative told us, "Before (person's name) was admitted, the registered manager visited them and carried out an assessment of their needs. The registered manager was excellent and really reassured them."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives were able to visit at any time with restrictions imposed at meal times to ensure people were not distracted when eating.
- Some people had their own computer and mobile phone to enable them to maintain contact with their family.
- Staff used an electronic tablet to support people to maintain contact with family and friends.
- The provider had appointed a staff member to engage people in social activities to ensure they were not socially isolated.
- People were involved in organising and planning events such as Armed Forces Day, Victorian school day and the summer fete. This gave people a sense of purpose and worth.
- One person said, "There is always something to look forward to and staff try really hard to keep us entertained."
- People told us they had access to a variety of social activities which included, pub nights and horse racing.

One person told us, "The last pub night was a real hit, we all enjoyed the horse racing."

- We spoke with a different person who said, "I do enjoy singing and we frequently have someone encouraging us to exercise."
- Another person said, "It's pleasant here because I can choose if I join in with others when I want company or there is plenty of space if I want to be alone."
- People were supported to keep informed about world affairs. The daily newspaper was read to people and discussions were held about what was going on around the world.
- People told us there was always something for them to get involved in if they wished.
- A relative told us, "A real effort is made to ensure people do not get bored, there is always something going on."
- The registered manager involved the local school and had a pen pal writing scheme in place. This enabled people to have contact with local children and in turn helped children to improve their writing skills. The child and the older person would eventually meet.
- There was a 'wall of fame' located in the home where people's efforts and special events were recognised. For example, where one person had been awarded a Member of the Order of the British Empire (MBE), for their voluntary work. Another recognition was the celebration of a person's 100th Birthday.
- Small prints of kittens were placed on walls and woodwork around the home. The registered manager said this was often used to distract people when they became unsettled and anxious. For example, staff would say, "Let's see how many kittens we can find."
- Located in the garden was a memorial plaque for people who had passed away.

Improving care quality in response to complaints or concerns

- Complaints were listened to, taken seriously and acted on.
- People told us they would be confident to share any concerns with the staff or the registered manager.
- A record was maintained of complaints and showed what action had been taken to resolve them and where necessary actions taken to improve the service.
- One person told us, "I have never had cause to complain. I am happy here." Another person said, "I am sure they would be very receptive if I said I wasn't happy."

End of life care and support

- At the time of our inspection visit no one was receiving end of life care. However, information was recorded in the care record about people's wishes at the end of their life.
- The registered manager told us they were in the process of arranging end of life training for staff, people who use the service and their relatives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff described the home as warm and friendly. Staff told us they would be happy to live in the home if and when they needed care.
- The registered manager had a positive attitude to continuously improve the service and the culture of the home. They told us, "There are so many positives in what we do so we often involve the local newspapers." They told us, "People don't come here to die but come here to live."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and was active in reviewing the service provided to people to mitigate any potential risks.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People who used the service and staff were aware of who was running the home and knew the provider who visited the home to review and monitor the quality of service provided.
- We observed the registered manager engage with people in kind and professional manner and provided support to staff when needed.
- Staff told us, "The registered manager is fantastic and has totally turned the home around. They are the best manager we have ever had."
- One staff member said, "I really enjoy working here and feel very supported and rewarded."
- A staff member said, "The management support is absolutely amazing. They are always trying to make things better for people."
- Relatives told us that the home was very well organised and managed.
- The registered manager told us, "I print off CQC reports of other care services and share information with the staff team about how to provide an effective service for people and achieve a good rating."
- The provider's rating was displayed in the home and on their website.
- The registered manager demonstrated a good understanding of when to notify the Commission of events that had occurred in the home which they are required to do by law.
- The provider's governance was effective in assessing, monitoring and to review the quality of service people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had access to monthly newsletters that informed them of forthcoming events or changes to the home.
- Meetings were carried out with people who used the service and their relatives. Minutes of meetings were emailed to relatives and made available to people who used the service.
- A staff member told us, "We have lots of meetings and the registered manager listens to our concerns and suggestions."

Continuous learning and improving care

- The registered manager had aspiration to continue to improve the service through staff training and to provide an environment and culture conducive to providing a safe and effective service.

Working in partnership with others

- The registered manager worked with healthcare professionals, social workers, local places of worship, schools, local hospice and the pharmacist to provide a good service for people.