

Abbot Care Centre Limited

Abbot Care Home

Inspection report

Partridge Road
Harlow
Essex
CM18 6TD

Tel: 01279452990

Date of inspection visit:
29 August 2023
04 September 2023

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19 October 2023

Ratings

| | |
|---------------------------------|-------------------------------|
| Overall rating for this service | Requires Improvement ● |
| Is the service safe? | Requires Improvement ● |
| Is the service effective? | Requires Improvement ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

Abbot Care Home is a care home providing personal and nursing care to up to 117 people some of whom may be living with dementia. At the time of our inspection there were 102 people using the service. The service is set across 3 floors in 1 adapted building.

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

Our visit on the 29 August 2023 found poor infection prevention and control (IP&C) practices relating to the cleanliness of the premises and equipment which needed to improve. The provider took immediate action. Our follow up visit on the 4 September 2023 confirmed action had been taken to prevent the spread of infection and ensure the premises were clean, uncluttered and equipment removed.

Although the provider had taken immediate action to address the issues above, the governance systems were not always being used effectively to identify and drive the required improvements. The IP&C audit had not identified the issues we found during the inspection.

People received their medication on time by qualified nursing staff and were generally managed safely, however we did find the providers medication audit had not identified the issue we found, relating to some liquid medicines being past their date of expiry when opened.

Risk management was not always effective. Risks were identified, however controls in place were not always followed effectively and some people's information was consistent across their care plans. We have made a recommendation about the management of risk assessments.

The majority of people and their relatives felt there were not enough staff and staff did not have enough time to spend with them. People told us they felt safe. There were appropriate policies and systems in place to protect people from the risk of abuse. Safe recruitment systems were in place to ensure staff were suitable to work with people.

People generally enjoyed the meals provided; however, improvements were required to ensure the dining experience was a positive time for all.

Staff were positive about the new manager at the service. There was a complaints procedure in place and complaints were being responded to.

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.

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 11 December 2021).

Why we inspected

The inspection was prompted in part due to concerns received about the safe care and treatment of people using the service. A decision was made for us to inspect and examine those risks.

At our last inspection we recommended risk assessments for people should be more personalised, kept up to date and be more robust. At this inspection we found although the majority of risks assessments we reviewed had been updated we found the information was not always consistent across people's care plans. Further improvements were required to ensure people's information was current and triangulated throughout their care plans.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbot Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to staffing and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Abbot Care Home

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 3 inspectors, a specialist nurse advisor and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Abbot Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbot Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the registered manager had just transferred to another service and there was a new manager in post. The manager was in the process of changing their registered manager application to Abbot Care Home. We will assess this application in line with our usual processes.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 29 August 2023 and ended on 4 September 2023. We visited the location's service on 29 August 2023 and the 4 September 2023.

What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 20 people who used the service and 14 relatives about their experience of the care provided. We spoke with 19 members of staff including the manager, regional operations director, care managers, nurses, care, and agency staff. We spoke with 1 external healthcare professional who frequently visits the service for their feedback. We reviewed a range of records. This included 11 people's care records and multiple medicine records. We looked at 4 staff files in relation to recruitment and staff supervision, 5 agency files and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The majority of people and relatives we spoke to told us they felt staffing levels were insufficient. People and relatives referred to staff shortages and having to wait for assistance. Comments included, "I frequently see this day room unattended, and I end up keeping an eye on the residents", "They do have staff shortages at times, staff are not always very quick with answering the buzzer at times" and, "There are not enough staff at times, it is worse at busy times around 8am."
- The manager used a dependency assessment tool to review staffing numbers against the assessed needs of people using the service and told us this was reviewed regularly to ensure enough staff were employed with the right mix of skills, competence, and experience. However the manager did inform us during our feedback they were in the process of reviewing staff rotas and current deployment of staff within the home.
- Staff acknowledged there had been difficulties with staffing but confirmed numbers had improved. One member of staff told us, "Pretty much enough staff, there are some days we are extra busy but most days we are ok."
- Staff missed opportunities to engage with people whilst carrying out day to day tasks. We observed a senior member of staff walk into a lounge, past people who were sitting in their armchairs, go to their desk, picked up a mobile phone to make a call and walk back out. Another care worker walked in straight after them and again walked back out. No acknowledgement to people was given on either occasion. One person told us, "I don't seem to have a relationship with some of the carers here, they don't seem to interact with me."

Effective arrangements were not in place to ensure there were enough staff available to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they have recently recruited more staff to help reduce the number of agency staff needed day to day to help provide more consistency and continuity of care. Regular agency care staff wherever possible were being provided for people requiring 1:1 support.
- The recruitment and selection process ensured staff recruited were suitable to work with people who used the service. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Our visit on the 29 August 2023 identified concerns relating to the cleanliness of the service and infection

control concerns in relation to some of the equipment.

- Bins in people's en-suites had missing lids and, toilet brushes in shared toilets and en-suites were found to be unclean. We found in 1 person's bedroom their table and carpet had dried food debris which had not been cleaned. In another person's bedroom we found a ripped mattress stored in their en-suite shower room. Several people's bed bumpers were torn, impeding effective cleaning.
- One of the kitchenette areas required cleaning. The kitchen sink had food waste in it and, we found underwear in a bowl in one of the cupboards. We were told this kitchenette was not in use, however we saw fresh bread rolls had been stored on the worktop for use.
- Shared bathrooms on each floor were cluttered, they contained hoist equipment, clean linen, there was a laundry bag in each bathroom filled with all different sized incontinence aids. We were advised these were not in use and used for storage only and occasional staff use, however the doors were not kept locked. We found only signage on 1 bathroom to state it was being used as a storage area.
- On the 2nd day of our inspection the manager provided us with an audit they had undertaken of environmental issues we identified and actions they had taken. However, these had not been identified on the last infection control audit which had been reviewed and signed off by the manager on the 24 August 2023.

Assessing risk, safety monitoring and management

- People who were communicating their needs through distress or agitation had care plans in place describing how they expressed themselves, the potential triggers which may cause them distress and how staff could further support people to diffuse certain situations.
- However, we found further training for staff was required to equip staff with the appropriate skills to follow the guidance provided. For example, 1 [persons] risk assessment stated, [Person] does not like to be told what to do' and gave an example of what staff could do to reduce the person's level of anxiety. Yet some of the incidents documented how staff had told [person] to do something or stop doing something. Staff were not following the guidance on the person's care plan regarding what techniques could be used to help reduce [person's] agitation.
- We spoke to a visiting health care professional who told us, "I think staff have improved in their approach; they do try to tailor approaches to each individual. I will be talking to staff about how to support [person]. Staff do try to support people and they do listen to our advice."
- Although the majority of risks assessments we reviewed had been updated we found the information was not always consistent across people's care plans. For example. A person's falls, bedrails and sensor mat risk assessments had not been updated since their return from hospital where they were no longer mobile although their mobility care plan had been updated. This meant the risk of possible harm to people was not fully mitigated as staff did not have all the information, they needed to support the person safely.

We recommend the provider seek advice and guidance from a reputable source, about the management and updating of people's risk assessments, to ensure information is triangulated throughout people's care plans.

- Systems were in place to ensure the premises and equipment were safe to use and well maintained. These included checks of equipment, such as fire systems, hoists, and adjustable beds to ensure they met statutory safety requirements and support people to stay safe.
- Daily dashboard meetings were held at 11am for the heads of departments and senior team where updates were shared regarding each of the units, potential risks to people, referrals and also maintenance issues. This was again followed up at 4pm to discuss actions taken and outcomes.

Using medicines safely

- Medicines were administered by nursing staff. Medicine stock we checked corresponded with the electronic records. The medicine rooms were clean and medicine cupboards and trolleys were locked.
- Some people were prescribed medicated creams. However, in some people's records there were gaps which demonstrated this had not been applied as prescribed. We raised this with the manager who took action to ensure staff were applying creams and ensuring this was recorded accurately.
- Medicine audits had not identified that some medicine stock had expired. Whilst the risk to people was low as this medicine had not been administered, this had not been identified or actioned prior to our inspection. The manager took immediate action following our inspection.
- Staff accessed the system via handheld devices which linked to electronic medication administration records (eMAR) replacing paper charts. The system alerted staff when medicines were due, and if they have not been administered, reducing the risk of errors being made.
- Staff had received medicines training and had their competency assessed to ensure they administer these safely and completed medicine records correctly.

Visiting in care homes

People's relatives were observed visiting their family members throughout the day. Relatives told us they were able to visit when they wanted. Visitors were encouraged to book in and sign out using a touch screen pad which included health screening questions to minimise the risk of spreading infection in the service

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. Comments included, "Yes I do feel safe here and I am looked after very well", "I do feel very safe here, because there are people around. The staff are kind to me" and "We do feel [person] is safe now and our minds are at rest in this area."
- Staff confirmed they had received training in how to safeguard people from abuse and knew how to report concerns. A staff member told us, "I would inform a nurse or unit manager. If I was not satisfied, I would report to the local authority or CQC."
- The manager was aware of their responsibilities to report concerns to the local authority safeguarding team. They worked with the local authority and investigations into incidents had been used as an opportunity to learn lessons and help drive improvement.

Learning lessons when things go wrong

- Accident and incidents were logged and monitored to identify potential trends and themes.
- The provider had systems in place to learn from incidents where things had gone wrong. Learning from incidents was shared with staff to raise awareness and prevent similar incidents happening again. Information was shared in daily dashboard meetings for 7 days.



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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We found people's mealtime experiences differed across the home. On Eider and Teal wing at lunchtime there was very little staff presence after the main meal had been served as staff appeared to be out supporting people to eat in their bedrooms. This meant the people seated in the dining room had to wait a while for their desserts which we noted to be different from the menu choice for the day.
- On Moorhen wing staff were assisting people at the dining table in a relaxed way, however very little communication was observed. It was evident people in their bedrooms required more support as we found 1 person struggling to eat as their head was leaning against their bedrails. A care worker told us [person] tells us to go away when we try to support them. We found although drinks were placed in people's bedrooms some were left untouched or left to go cold.
- However, we observed positive interactions between people and staff on Mallard and Kingfisher 1 wings. People were supported to choose where and what they wanted to eat. People were shown a visual choice of the meal to choose from and had a choice of drinks available. The atmosphere felt calm and relaxed, people were being supported to eat where required.
- People and their relatives were mixed in the feedback about the quality and choice of meals. Comments included, "The food is nice, my main meal is at lunch time but we still get chips and hot stuff in the evening too," "I like the food they give us here it's very good In fact it's brilliant here," "I am not over keen on the food here, I am a veggie and there is not much choice for me", and, "Food wise there is a good variety."
- The manager told us the care managers for each floor were now conducting regular mealtime observations to capture people's mealtime experiences. These will help to drive improvement and create more positive social engagement for people at these times.
- Where people required a specialised diet, for example soft or pureed foods these appeared to be presented well so visually they still looked appetising. The kitchen manager told us, "We prepare puréed food for those who need it and try to present and cook it so it still looks and taste good, so it's as close as we can make it look to a whole meal."

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

- The service was purpose built and suitable to meet people's needs. The premises were decorated to a good standard in part, and we were told people had a choice on how they could decorate their rooms. Although, we did observe several occupied bedrooms void of any personal effects which looking bare and unwelcoming. This was an area the manager wanted to improve on and involve people and relatives where possible.
- Most areas of the service were accessible to people. The surrounding gardens were kept beautifully, and

we met with a person living at the service who spent most days outside tending to the flower beds. They told us, "I am outside at 7.30am to feed and water the plants. I do it for my love of gardening and it gets me outside."

- We saw the home had several areas for people to go and sit and relax such as a library room and a sensory room all lit with sensory lights with soft music playing, however these areas of the home were not utilised, nor did we observe staff encourage or support people to these areas of the home.
- We observed many people in their bedrooms and the lounges had only a handful of people at any one time. The manager told us this is something they have identified and although there will be people who receive their care in bed and are unable to come out of their rooms, they will be working with the care managers and care staff to encourage people out of their rooms to use the facilities available to them if they wish to.
- A member of staff we spoke to said, "We have quite a lot of facilities here, a hairdressing salon, cinema room, which is well used, a tearoom and a family room. Today we've had musical movements in chairs and ball catching in this lounge (top floor) and mobile wheelchair exercises. I do 1 to 1 visits in the mornings to see people who are in their rooms and do something with them."

Assessing people's needs and choices, delivering care in line with standards, guidance, and the law;
Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior to moving to the service. Assessments identified the care and support required and expected outcomes for the person.
- People had access to healthcare services when they needed them. People, their relatives and records confirmed this. Comments included, "If I am unwell, they do call the GP quickly", "I'm a bit deaf and am waiting for a hearing test to get some aids, which is happening soon," and, "They [staff] do notice things with [person] and sort them out quite a lot. [Person] bruises easily because of their condition and they monitor it well."
- Care plans recorded when information was shared with healthcare professionals. For example, staff had made referrals to the speech and language therapy team (SALT) or dieticians when needed and worked with other healthcare professionals to achieve positive outcomes for people.
- The service made appropriate and timely referrals to other relevant professionals and services. For example, where weight loss had recently been identified for a person, we saw a dietician referral had been made, fortified foods to be offered and a discussion with the person's GP for blood and urine tests to be carried out to rule out any infection.
- Weekly and monthly clinical risk meetings were held to examine any trends and any action to be taken, whilst daily dashboard meetings were held for all heads of departments and senior staff to discuss any concerns related to people's needs.

Staff support: induction, training, skills, and experience

- Staff told us, and records confirmed they had received training which gave them the skills and knowledge to carry out their roles. Staff told us, "Training, we do all different, on-line training, face to face manual handling, first aid, fire. We repeat this every year. It helps to refresh our knowledge," and "We have eLearning, mandatory training, and classroom training, I have also undertaken recently pressure ulcers, wound care, and syringe driver training as part of my continuing professional development."
- Staff confirmed they received regular supervision where they were able to discuss their role, support needed and professional development. One staff member told us, "I have my supervision with the home manager, they help identify our strengths and provide support."
- New staff had or were in the process of completing their induction in line with the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in

the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care records showed where people lacked capacity to make certain decisions, these had been made in their best interest with input from family members or other professionals.
- Staff had up to date training in MCA and DoLS to understand the relevant consent and decision-making requirements of legislation and guidance. A staff member told us, "I respect people's decisions. If someone has dementia/impairment of the brain an MCA would be completed to act in their best interests and the least restrictive option to be used."
- Routine DoLS applications had been made where needed to deprive a person of their liberty for their own safety.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; 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 provider had a range of systems in place to monitor the quality and safety of the service. However, we found these had not always been used effectively to identify risks to people's welfare and safety.
- Quality audits undertaken had failed to identify some concerns we found during our inspection. This included infection control.
- Some audits had been signed off by the manager, as they were completed by another member of staff. However, we found those audits not to be an accurate reflection of areas of people's care.
- There was a lack of oversight regarding the safe use of medicines, staffing deployment and mealtimes. Processes in place had not identified these areas as needing improvement. This placed people at risk of harm or receiving a poor quality of care.

We found no evidence that people had been harmed however, systems to monitor and improve the quality of the service were not effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was in the process of working with the 3 care managers to be more visible in the service. This was to strengthen oversight on each floor to enable the manager to coach and support the care staff and be present to respond to people and relatives' queries or concerns.
- The manager held 'Dashboard' meetings at 11am every day with the registered nurses, team leaders and heads of departments to share information, discuss issues and priorities, and action needed to address them.
- Staff told us they felt supported, they received supervisions and attended staff meetings. Comments included, "I can always ask if I have questions. I do not have any problems. I feel they [senior team] support me and listen to what I have to say," "The new manager seems okay, only been here a short while, he listens" and "I am happy now, we can all be on the floor more and see what's going on."
- The manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- Feedback was sought from people and their relatives through meetings, informal discussions and surveys. However, people and relative's comments relating to communication varied. They told us, "If I am unwell, they [staff] do call the GP quickly", "I had asked the home to make a referral for [person], after a month of hearing nothing I chased it up, there isn't any follow through." And, "I do think communications are poor here like sometimes my leg creaming is not done."
- The manager told us, "Surveys for 2023 are in the process of being sent out and we conduct 'my day' reviews. All relatives and residents have been sent a letter informing them and inviting them to a review of their care which takes place on the same day each month. These reviews will be attended by all heads of departments and management teams."
- People and relatives, we spoke to told us they felt able to and knew who to raise any complaints or concerns to. Comments included "I have not met the new manager yet, but if I needed to complain I would know how to," and "I have met the new manager [name], and [name] the unit manager, If I ever have a problem I don't hold back."
- Staff meetings at all levels and roles were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.
- People told us staff interaction was poor and staff did not have time to spend with them. Comments included "They [staff] do not really talk because they have their lap tops nowadays", "Staff do not come in and have a chat with me" and, "Some staff are nice to you, but others do not talk to me much. I would love them to come in and have a chat."
- The manager told us, "I have an open-door policy and am available to team members, residents, and relatives throughout the day. I have also started 'how was your shift today' in which team members can complete a form where they give feedback on how their day was and this can be regularly reviewed by myself."

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with many external professionals such as the local authority, occupational therapists, physiotherapists, district nurses, speech, and language therapists (salt) and GP's. This was to ensure people received the right care, treatment, and support individual to them.
- The manager used lessons learned sessions with staff to discuss and safeguarding, accidents or incidents and complaints to support learning for staff and discuss how to avoid reoccurrences.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to evidence effective oversight of the service or ensure suitable arrangements were in place to assess and monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing Effective arrangements were not in place to ensure there were enough staff available to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |