

Abbeyfield Society (The)

Abbeyfield - Richard Cusden

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Abbeyfield - Richard Cusden is a care home providing residential care without nursing for up to 22 older people, including those who may have dementia. At the time of the inspection there were 20 people using the service.

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

People and their relatives were happy with the care they received from staff and felt their needs were being met.

However, we found that the service was not always safe. This was because records relating to the management of risk were not always up to date. This was identified as an area of improvement at the last inspection and we were not assured that the provider had taken sufficient action to fix these concerns.

People and their relatives told us they felt safe and well cared for. Recruitment procedures were robust and there were enough staff employed to meet people's needs safely. The provider monitored any incidents and accidents to try and identify any underlying themes. People were protected from the risk of poor infection control as appropriate measures had been taken in this area.

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. Appropriate referrals were made to healthcare professionals and the provider worked collaboratively with other services to ensure people's needs were met. People's nutritional needs were met by the provider.

People and their relatives told us that the staff were caring and friendly. There was a homely environment at the service and we observed examples of care that demonstrated empathy towards people. People's independence and dignity were respected.

Care plans were reviewed on a monthly basis which helped to ensure their needs were being met. Discussions around end of life care needs were held and referrals made to the palliative care team where required. No formal complaints had been received which was reflected in the feedback that we received from people and relatives.

The registered manager was due to leave and a new manager had been recruited. People and their relatives were satisfied with the leadership of the service. The provider took steps to engage with people, relatives and staff through regular meetings and surveys. There was a culture of learning and improvement, this was seen through a service improvement plan that was based on quality assurance visits that had been completed.

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 April 2017).

Enforcement

At this inspection we identified breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe care and treatment. Details of action we have asked the provider to take can be found at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Abbeyfield - Richard Cusden

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

This inspection was conducted by one inspector on the first day and one inspector and an Expert by Experience on the second day. 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

Abbeyfield - Richard Cusden is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced on the first day. The provider knew we would be returning on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service about their experience of the care provided and three relatives. We spoke with nine members of staff including the registered manager, the head of care, activities co-ordinator, the lead for training and development, the chef and care workers.

We reviewed a range of records. This included three people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection

We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

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 has deteriorated 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.

Assessing risk, safety monitoring and management

- At the previous inspection, we made a recommendation about effective risk management guidelines to support people deemed to be at risk to ensure that people were effectively protected from avoidable harm. At this inspection, we found that concerns remained.
- Some aspects of the care plans were not always updated with relevant or recent information. For example, one person's fire risk assessment, their moving and handling assessment and Personal Emergency Evacuation Plan (PEEP) had not been updated since their mobility needs had changed. A PEEP is a bespoke 'escape plan' for people who may not be able to reach an ultimate place of safety unaided and includes method of assistance, equipment needed and a personalised evacuation procedure.
- Another person at high risk of developing pressure sores did not have a plan in place to reduce the risk.
- An audit completed in May 2019 identified care plans were not always updated with changing needs and had marked this as an area of improvement.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

The above identified issues are a breach of Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014.

- We saw inspection certificates for the electrical and gas installations. There was a warning notice issued for boilers or heat exchangers to be replaced due to their age and condition. We saw confirmation that the boilers were due to be replaced in September 2019. We have asked the provide to tell us when this work has been completed and we will check this at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. Comments included, "I am glad to be here" and "I feel safe here as my room is not interfered with." One relative said, "[Family member] is fine in here, they have looked after her." Another said, "[Family member] said she feels safe here."
- Staff were familiar with safeguarding procedures and notifications received showed that the registered manager understood what action to take if concerns were raised to keep people safe from harm. A staff member said, "Safeguarding is protecting vulnerable people from abuse. I would report any concerns to the manager and also speak to the senior."

Staffing and recruitment

- There were enough staff employed to meet people's needs. People told us, "There are plenty of people around to help me" and "When you ask for help, they come." There was a senior care worker and three care workers during the day, in addition to the head of care and the registered manager. At night, there were three waking care workers. We reviewed staff rotas for the week of the inspections and saw they were as described.
- The registered manager told us they used regular bank staff to cover for any absences and never used any unfamiliar agency staff.
- Staff records indicated that recruitment procedures were robust. They included evidence of application forms, signed contracts and all necessary pre-employment checks such as evidence of ID, right to work and Disclosure and Barring service (DBS) checks for staff. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.

Using medicines safely

- Medicines procedures were safe. We observed a care worker during a medicines round which was completed in a safe manner. They checked the medicines against the medicines records and obtained consent from people before giving them their medicines. One person said, "Nurse will give me my medicine."
- People had medicines records that included their photo, any allergies and a list of their current medicines. Medicines administration record (MAR) charts were completed by the care worker in a timely manner.
- Medicines were stored appropriately at the correct temperature. Medicines with a limited shelf-life were labelled with the date they had been opened.

Learning lessons when things go wrong

- All incidents and accidents were logged on the providers reporting system from where they could be analysed and trends identified.
- All major incidents were overseen by a member of the senior team. We saw evidence that the quality and safety manager carried out monthly reviews of any reported incidents/accidents.
- The registered manager explained how they worked with the community occupational therapist to reduce hospitalisation due to falls by looking at trend data of falls and identifying possible causes.

Preventing and controlling infection

- Although the environment was dated in some areas, it was clean and free from malodours. One person said, "Staff come and tidy my room up for me."
- There was a monthly infection control audit that took place which covered different areas each month which helped to ensure the premises were safe from poor infection control practice.
- Kitchen hygiene was closely monitored. Fridge, freezer and food monitoring charts were in place which helped to ensure food was stored and cooked to the appropriate temperature. Food was labelled with the date it had been opened or prepared so that staff knew it was safe to eat.
- There were separate hand washing facilities, colour coded food preparation boards and a dining room cleaning record kept.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The learning and development manager spoke about the new induction process that had been launched and rolled out. Induction training included online and practical sessions. It was based on the Care Certificate and new staff were given three months to complete it along with the required mandatory training in order to pass their probation. The provider used a self-assessment form for people with previous experience and to identify areas of training. All induction training was signed off by the registered manager and then sent to the learning and development team for final approval.
- A virtual dementia tour was given to all staff so they could experience aspects of what it was like to live with dementia.
- There were two aspects to medicines training, medicines management and medicines administration followed by competency assessments to ensure staff were suitably trained.
- Records showed and staff told us they received supervision. They said this gave them an opportunity to discuss their work and their training needs.

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

- Pre-admission assessments were completed before people came to live in the home. This looked at a number of areas such as health and physical wellbeing, personal care needs and mobility and any risks. This helped the provider to make a judgement if placements were appropriate and if people's needs could be met.
- When people first came to the service, short-term care plans were put in place and were reviewed at six weeks with people, their relatives and their social worker if appropriate. Once an agreement had been reached, a full care plan was put in place. We saw one pre-admission assessment that had been completed with input from the person's power of attorney.
- Support plans were reviewed on a regular basis which helped to ensure people were receiving the most appropriate level of support.

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

- Food was prepared by the chef on site and there were options available for people to choose from. For lunch, there was a meat option and a vegetarian option. There were drinks, fruit and sweets put out for people to help themselves to whenever they wanted something extra to eat.
- We observed staff encouraging people to sit at tables independently and they served them with a choice of drinks. Food was served individually to each person based on their personal preference. Some people preferred to have their meals in their room or on a table in the lounge and staff respected their wishes.
- The chef told us there was a four weekly menu in place which they helped to put together with people's

input. They told us the main meal of the day was lunch, supper was usually a lighter affair typically consisting of soups, sandwiches or other similar foods. There was a smaller kitchenette available for staff to prepare food for people at times outside of the main meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services through effective referrals. People conformed that if they were ill then they could ask to see doctor in the home if they felt unwell.
- The registered manager told us they worked closely with the Advanced Nurse Practitioner who was a regular visitor to the service. They provided guidance and support for any clinical or nursing needs that people had.
- Details of community services and the Care Home In-Reach team were available in the manager's office if staff ever needed to contact any specialist healthcare service practitioners.
- The provider arranged for visits from the dentist and opticians.

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.

- We observed care workers asking people for consent before supporting them with medicines and their lunch.
- The provider had applied for DoLS authorisations where there were restrictions on people's liberty and they were not free to leave. The registered manager maintained a folder of the status of all the DoLS applications that had been submitted and authorised and those that were awaiting approval.
- Although the front door was coded, the code was given to people who had capacity and were free to leave. If people forgot, they were not stopped from leaving. We saw people leaving and returning home, either independently or with visitors. One relative said, "I've just taken [my family member] out."
- Staff were aware of the principles of the MCA. One care worker said, "The MCA is how you would ensure people who don't have the capacity to consent are looked after. You would check with their family and have a best interests meeting to ensure their needs are met."

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

- Although some areas of the home were dated, the service met people's needs. There were two lounges for people to socialise in. One was mainly used to run activities.
- There was a large dining area with enough seats for people and tables were arranged in a way that encouraged conversation.

- There was a large, well maintained garden that was used by people and their relatives.
- People lived in individual bedrooms, some of which were en-suite whilst the others had a wash basin. Bedrooms were furnished with their personal effects.
- A relative told us, "The place is fine. The room is big, [Person] is able to walk around. They have a wonderful garden. It is quite homely, it isn't sterile like a hospital."

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

- People were complimentary about the staff. They said, "Casual and friendly atmosphere", "Friendly staff and good food" and "All nice to you." Relatives were equally positive, telling us, "The staff seem very kind whenever I have visited", "Some of the care staff are very nice and cheerful" and "Nice people, its lovely."
- The staff knew all the people by their first names and we saw them treating people with kindness and compassion. We observed one care worker sitting in the garden reassuring a person by prompting and reassuring them in a gentle tone of voice.
- Good care was reflected in how people were sat in chairs with pressure cushions and pillows behind their backs to make them as comfortable as possible. Care workers provided caring support by helping people promptly when they requested, for example to go back to their room to rest after lunch.

Respecting and promoting people's privacy, dignity and independence

- People had individual bedrooms, the majority were en-suite so any personal care support needed could be carried out in private.
- People's independence was encouraged. People were given choices about what time they woke up, what they wore and what they ate. We saw people coming into the manager's office and telling them they were going out for a while and they were not stopped from doing so.
- People told us they had family and friends who they liked to keep in touch with and staff supported them to do so. The home was busy on both days of the inspection with relatives coming to see their family members and taking them out into the community for a walk or shopping.
- Care workers treated people with dignity, allowing them to make choices about what they wanted to do such as whether or not they wanted to take part in activities.

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

- The service encouraged the input of people, their relatives and other people such as those holding Power of Attorney (POA) when planning their care. One relative said, "They do keep me informed."
- Residents meetings took place where people were supported to raise issues that were important to them as a group of people. People also had monthly keyworker meetings where they were able to raise any issues in confidence with their key worker.
- We observed people making everyday decisions about their support, such as what they wanted for lunch. A care worker said, "In terms of personal care we always let them choose what they want to wear, I give them a choice or take them to the cupboard and let them choose what they want."

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 has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were evaluated monthly and covered 10 areas of care and support, including health and physical wellbeing, personal care, mobility, nutritional health, psychological and mental health amongst others.
- People's care was delivered according to their care plans which were written in a person-centred way.
- At the time of the inspection, some people were under the care of palliative care team.
- Records called 'preferred priorities for care' were in place, these were care plans to prepare for the future and to record and preferences people had regarding care at the end of their life.

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.

- Although care workers we spoke with communicated with people effectively and were also aware of the communication needs of people who were partially sighted or hard of hearing, there were no care plans in place with regards to people's communication needs.
- We spoke to the registered manager about recording people's communication needs more clearly.

We recommend the provider reviews care plans to ensure people's communication needs are captured appropriately. We will follow this up at the next planned inspection.

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

- We observed a music and dance activity taking place. People engaged well with the activities co-ordinator who encouraged people to get involved and led the activity with enthusiasm. The activities co-ordinator organised flower arranging in the afternoon for people which was also well attended.
- There was a lot of activities clutter and books scattered around in the second lounge close to the dining room such as arts and crafts and board games.
- The activities co-ordinator had recently started a pen pal system for people, a project launched by the provider to encourage people to correspond with people in other Abbeyfield services.
- An inter-generational project with local schools was also in place where school children visited the service and people went to schools to see their plays.

Improving care quality in response to complaints or concerns

- People and their relatives told us they did not have concerns or complaints. One person said, "No complaints here." A relative said, "We are quite happy, we have no complaints."
- There was a complaints/compliments log kept near the front entrance and dining room for people to provide feedback.
- There had been no formal complaints received either from people, relatives or professionals.
- Every person had a key worker responsible for their wellbeing and who acted upon any minor concerns received. Residents meetings were also held which provided a further opportunity for people to raise any concerns.

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 has deteriorated 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; Continuous learning and improving care

- Although quality assurance systems were in place, the provider had failed to act on the recommendations made during the last inspection and had not picked up the issues we found during the inspection with respect to risk management plans.
- We were informed during the first day of the inspection that the current registered manager was due to leave imminently. Another manager had been recruited to replace her and we met them on the second day of the inspection.
- The provider carried out a quality audit tool that was based on the CQC inspection methodology. There was a service improvement plan which was put in place following this audit to ensure that any areas of improvement found would be acted upon with timescales for completion. This showed the provider was committed to continuous improvement.
- Other audits completed included a medicines audit carried out by the pharmacy. This was comprehensive, looking at storage, administration records and staff practice. There were some minor comments for improvements which had been actioned.
- There was project plan in place to create a dementia friendly environment. As part of this, three staff who were dementia champions had undertaken an in-depth dementia coaching course. Part of the plan was to look at the colours/tones of the home, initially making small changes to make it more comfortable.

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 display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments. The service's latest CQC inspection report and ratings were displayed on a noticeboard near the front door and were also available to view on the providers website.
- The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The registered manager was aware of her responsibilities under the Duty of Candour. Notifications received indicated that the service was transparent and contacted the relevant authorities and sought guidance when incidents or accidents occurred.
- There was an open culture at the service. The manager's office was busy with a steady stream of people and relatives coming in to talk with her during the inspection. She was also a visible presence on the floor, engaging with people in the lounge. She knew all the people by name and was fully aware of their support

needs. One relative said, "[Registered manager] will call me, she is very good." Another said, "[Registered manager] is lovely, she rings us at home. We can ring her straight away." Staff said, "Yes, it's a very good place to work", "[registered manager] is okay, we can speak with her."

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

- Staff told us the registered manager was supportive and approachable. They said she made herself available to speak to them if needed. Staff meetings and individual supervisions were held which provided staff with an opportunity to air their views. Staff meetings were held with different groups such as the senior staff, catering staff and night staff. This helped to ensure everyone's voice was heard. Staff said, "We do have regular staff meetings but if there are any concerns then Sam will call an unplanned one."
- Residents meeting were held during which people were told of upcoming events and activities and asked for their views about things they would like to do and their views on the menu and other areas of concern. Records showed that people were satisfied with their care.
- People were asked for their views of the service through two surveys, one arranged by the provider and another internal one. The internal survey was carried out in December 2018, people were asked for their opinions about their care, staff, the home, food and activities. Feedback was positive across all areas surveyed.

Working in partnership with others

- The service worked well with community nursing and mental health teams, making appropriate referrals which helped to ensure people received the most appropriate support.
- Links had been established with local schools and on the first day of the inspection, the activities co-ordinator had taken some people to a local school to see a play.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always take steps to mitigate against assessed risks to the health and safety of service users receiving care or treatment. Regulation 12 (2) (b).</p>