

Weston-super-Mare Free Church Housing Association Limited

Abbeygate

Inspection report

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Weston Super Mare
Somerset
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15 February 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Abbeygate accommodates up to 20 older people in one adapted building. At the time of our inspection 18 people were living at the service.

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

We found some areas that needed addressing to ensure the home was safe. On day one of our inspection we found there was exposed pipes in communal areas and hallways, which put people at risk of scalds and burns. Risks in respect of cross infection had not been minimised due to areas of the home being cluttered and difficult to clean and handling of people's laundry did not follow recommended guidance. When we returned on day two of the inspection these concerns were all being or had been addressed by the registered manager.

Systems were in place to monitor the quality of the service. Audits had not identified all of our findings found on day one. Annual surveys and meetings with people, relatives and staff had not continued at frequent intervals, which would gain the views of people and help drive improvement and help to develop a cohesive team.

The home had gone through a period of change with people and staff moving from one of the provider's other homes, in part to assist with staff work pressures and occupancy. There had been a high staff turnover, which was being managed with ongoing recruitment. At the time of the inspection there was only one staff vacancy. Relatives and people were very much aware of the recent changes.

Due to staff absence, staff were working additional hours and the management were providing care and support to ensure safe staffing levels. People and their relatives felt overall there was sufficient staff to provide them with the care and support they needed.

Individual risk assessments were in place to keep people safe such as going out independently, support with personal care, and supporting with health conditions. Policies and procedures were in place, which included the reporting of allegations of abuse. Robust recruitment processes were in place to ensure staff were suitable to work at Abbeygate.

Relatives and people spoke positively about the care and support that was in place and how the service had kept them safe during the pandemic. There was a homely and relaxed atmosphere within Abbeygate.

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

Rating at last inspection and update

The last rating for this service was good (published 18 December 2018).

Why we inspected

The inspection was prompted in part due to concerns we found during an infection control assurance inspection, which meant we returned to complete a focused inspection on the questions safe and well led. This was because we found exposed hot pipes in corridors and the lounge area, which potentially put people at risk of burns and scalds. A decision was made for us to inspect and examine those risks.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Abbeygate

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 included checking the provider was meeting COVID-19 vaccination requirements. 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

One inspector completed day one of the inspection on 8 February 2022. Day two was completed by two inspectors on 15 February 2022.

An Expert by Experience completed telephone calls to relatives on the 17 February 2022. 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

Abbeygate 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. Abbeygate is a care home without nursing care. 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

This inspection was unannounced on the 8 and 15 February 2022.

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 (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 the registered manager, seven care staff and two students. We spoke with five people living at Abbeygate and a visitor.

We looked at records, which included five people's risk assessments, medicines records and the governance arrangements that were in place. We checked recruitment records for three members of staff and training for the whole staff team. We also looked at a range of records about how the service was managed, such as meetings and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and further records relating to safety. We contacted a further nine relatives by telephone.

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.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. On day two of the inspection, staff did not ask to see the vaccination status of the second inspector or check their temperature. Records confirmed this was being recorded for health and social care professionals and relatives. Staff checked that visitors had a negative lateral flow test before they entered the home.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the home such as the staff room, office and hallway leading to the manager's office were cluttered, which was a potential infection control risk and made cleaning difficult. It was evident from talking with the registered manager and the staff this was being addressed.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach in relation to the safe management of laundry. This was because they were transferring dirty laundry and then returning people's clean laundry in the same bag.

Visiting in care homes

People were supported to keep in touch with family and friends. In response to the pandemic a conservatory had been built to enable people to meet with their friends in comfort. A screen was in place to help with minimising the risks to people. As restrictions had lifted the home had followed the guidance set by the government in respect of visiting in care homes. People confirmed they could keep in contact with

family in person, via video and telephone calls. Relatives spoke positively about how they had been supported to keep in touch with their loved ones.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Assessing risk, safety monitoring and management

- On day one of our inspection we found exposed hot pipes in the communal areas of the home and in corridors, which put people at potential harm of burns and scalds. This was not actioned until raised at the first day of inspection. When we returned on day two the majority of these had been covered and made safe. This meant the risk had been minimised.
- Risks had been identified to individuals in respect of their care and support. This included risks such as falls, skin integrity, health conditions, the use of kettles in people's rooms and accessing the local community independently. One person was known to throw their belongings away. Staff could clearly describe how they supported the person, however, there was no guidance in the person's care plan or risk assessment. The registered manager said this would be addressed.
- Systems were in place to ensure equipment was safely maintained, such as electrical items, gas, hoists and the stair lift. Emergency plans were in place to ensure people were protected in the event of a fire.
- Regular fire drills were taking place. However, we could not be assured that all staff had participated in a fire drill as the record only recorded the number of participants and not the names of staff. Most of the staff had received training in health and safety and further training was planned for the new staff and those that had transferred from the provider's other home.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff confirmed they had received training in protecting people from abuse. A member of staff said this was discussed with them as part of their induction and they would report any concerns to the senior responsible for the shift. The registered manager told us they were reviewing all staff's training to ensure they had completed the required updates.
- People told us they felt safe and could raise concerns with the management about their care and support. One person said, "I feel safer here, the staff are kind". Relatives felt their loved ones were safe. A relative told us, "I think he is safe, he is happy and not complaining".

Staffing and recruitment

- People were cared for by suitable numbers of staff. The management team were actively involved in the care and support of people receiving a service, especially recently when the home had experienced a high turnover of staff and staff absence. The registered manager told us there was one vacant staff post.
- The provider had decided to close one of their homes due to staffing pressures. Staff and the people were transferred from the sister home to help with the staffing pressures and occupancy levels.
- A visitor and a person using the service said there had recently been a high turnover of staff, but things were settling down. Relatives we spoke with after the inspection also highlighted there had recently been a high staff turnover with 6 to 8 staff leaving.
- A member of staff said that not all short notice absences of staff were covered and they had recently run short on shift. However, we were told, the senior or the registered manager would support with care and

support when needed. Rotas confirmed that on occasions when there were two care staff the registered manager was working in the home.

- The majority of relatives told us they felt there was enough staff supporting people. Comments included, "I am not entering a home in chaos, not hearing bells ringing, staff are not running around the place". However, another relative told us they had recently visited and the breakfast tray was still in their relative's bedroom at 4pm and the bins had not been emptied.
- The provider completed checks on the suitability of potential staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Using medicines safely

- Systems were in place to manage medicines safely. At the last inspection, in December 2018, a recommendation was given in relation to ensuring antibiotics were given at evenly spaced intervals. This had been addressed by regular intervals being reflected on the Medicines Administration Record (MAR).
- MARs were fully completed. Temperatures of medicine storage areas and the medicine fridge were monitored. Medicine errors were reported, and appropriate action taken.
- 'As required' medicines had protocols to guide staff. However, they lacked consistent detail to inform when an as required medicine may be needed, the purpose of the medicine and how people would communicate it was required. The registered manager in response to our findings said this would be addressed.
- People were supported to self-administer their medicines. Risk assessments were in place to identify that people were safe to do so.
- Medicines that required additional storage in line with legal requirements were stored and checked appropriately.

Learning lessons when things go wrong

- Accident and incident records were recorded and showed appropriate actions to address concerns had been put in place. The registered manager reviewed all accidents for any themes or reoccurrence.

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

- The provider had implemented a number of audits, which were completed on a daily, weekly and monthly basis, depending on the area being assessed. However, these had not identified any of the issues we found on day one of our inspection, such as the exposed pipe work, that systems needed to improve in respect of the laundry or that some areas of the home were cluttered. There was no formal action plan driving these improvements.
- The provider had been proactive in addressing shortfalls in staffing, making a decision to temporarily close one of their homes with people and staff moving to Abbeygate. It was evident this was still in the transitional stage with the team still in its infancy. One person told us they liked that they had known staff from their previous home when they moved to Abbeygate.
- Staff had daily handover meetings to communicate important changes and to ensure continuity of care for people. Staff were able to read the handovers as a means to keep up to date in respect of the welfare of people. Staff had an electronic message system where updates could also be provided to staff.

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

- People, staff and relatives told us that there had recently been changes to the service. The home manager had recently left, and the registered manager was now based solely in Abbeygate. Previously their role was split between the provider's two homes.
- People, relatives and staff said the registered manager was approachable. Relatives said there had been good communication throughout the pandemic and were overall satisfied with the care and support.
- Comments included, "Staff I find brilliant, some I know from when [Name of person] was at Gough House, staff are really friendly and definitely respectful to residents", and "I know she says it is very caring and that she feels comfortable there", and "It is very friendly, more like a family home not a business and she treats it like her home". Relatives would recommend the home to others.

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 fully understood the duty of candour legislation. The registered manager explained how the service was, "Open and honest," if something had gone wrong.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to submit to CQC. Notifications help CQC to monitor services we regulate.

- The provider had displayed their CQC assessment rating at the service and on their website.

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

- People were consulted about their care and support on a daily basis. However, formal systems had not been embedded during the pandemic such as resident meetings or annual surveys. The last resident meeting was March 2021 and the last survey seeking people's views including relatives was in 2018.
- The registered manager told us team meetings had not happened due to the pandemic. However, moving forward they were going to reinstate these and understood the importance of these in developing the team and ensuring a cohesive team approach.
- People and their relatives told us about activities that had taken place including regular church services online, when it was not safe to attend church due to the pandemic.

Continuous learning and improving care; working in partnership

- The registered manager told us they were reviewing all training for existing staff, those that had transferred from the provider's other home and new staff. They had prepared individual letters for staff on what training they needed to complete and were planning to discuss this in supervisions moving forward.
- The registered manager had taken onboard the feedback from day one of the inspection in relation to safe handling of laundry and was putting in a new system to prevent cross contamination by ensuring bags used to carry dirty laundry were not then used for clean laundry.
- People had access to other health and social care professionals as and when needed.