

Abbey Court Nursing and Residential Homes Limited

Abbey Court Nursing and Residential Home

Inspection report

200 Kedleston Road
Derby
Derbyshire
DE22 1FX

Tel: 01332364539

Date of inspection visit:
20 August 2020

Date of publication:
29 September 2020

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

About the service

Abbey Court Nursing and Residential Home is a nursing home providing personal and nursing care for up to 40 people. There were 29 people living at the home at the time of our inspection. The service provides support to older people with a range of support needs including complex health conditions and dementia.

The service is a large adapted property. Accommodation is split across three floors and there are several communal living areas.

The service had a newly appointed registered manager who was implementing improvements to the service, however, at the time of our inspection the improvements had not been introduced for long enough to have achieved positive outcomes.

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

The carpets required cleaning throughout the home, however during the inspection the registered manager had sought permission to have the work carried out. Other areas of the home were clean and there had been increased cleaning during the pandemic to reduce the risk of cross contamination.

People were supported to have maximum choice and control of their lives; however, people were not consulted on all decisions within the home which would affect them. The registered manager was making changes to fully engage with people and gain their views.

Risks associated with people's care and support and the environment were monitored and managed. There was a new registered manager in post who had begun to make improvements to the way the service audited different areas within the home. Medicines were managed safely, and the registered manager was in the process of implementing both weekly and monthly audit tools. Improvements were in the very early stages and so we were unable to see the impact or outcomes of the changes and improvements made.

There was enough staff to meet people's needs and safe recruitment practices were followed.

People were supported with their health needs and had access to healthcare services. People were supported by staff who had the training and support required to provide effective care.

People were supported well by staff who cared for them and treated them with dignity and respect. Family members spoke highly of the staff team and felt that people were well looked after and kept safe.

The registered manager was new to post at the time of our inspection. Using the action plan and previous inspection report, improvements were being made and new systems and processes to manage and monitor the service had been newly implemented. However, until these changes were fully embedded it was difficult to see the full impact on the way the service was monitored and how this improved outcomes for people using the 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 inadequate (Report published 13 March 2020).

Why we inspected

At our last inspection the service was rated as inadequate so the inspection took place to ensure that improvements had been made from the action plans provided.

Enforcement

The service was in breach of regulation in several areas at the time of our last inspection and we served a notice to ensure that the improvements required, were made. At this inspection we found that enough improvement had been made to remove some of the breaches and to remove conditions which had been met.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Requires Improvement' and the service will no longer be in 'special measures'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The Service was not always Safe.

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always Well-Led.

Details are in our Well-Led findings below.

Abbey Court Nursing and Residential 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 Care Act 2014.

This was a focussed inspection to check whether the provider had met the requirements of the Notice of Decision to impose conditions in relation to Regulation 9 (Person Centred Care), 10 (Dignity and Respect), 11 (Need for Consent), 12 (Safe Care and Treatment), 13 (Safeguarding), 17 (Good Governance) and 18 (Staffing); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Abbey Court 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.

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 but we did announce our arrival at the service before entering because we needed to check the current Covid-19 status for people and staff in the service.

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 care commissioners 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 two people who used the service and one relative about their experience of the care provided. We spoke with three members of care staff, a nurse, a member of the catering team, the deputy manager and registered the manager.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further documents to support our evidence. We spoke with three relatives by telephone to ask about their experience of the service.

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 inadequate. At this inspection this key question had improved 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

- Risk assessments had been developed and were being implemented by the new registered manager.
- The registered manager had implemented a range of tools which supported effective management of any risks to people's safety associated with their health condition. This included monitoring any accidents and incidents, including falls. This helped to ensure people's safety. However, related care improvements were not fully demonstrated as the new systems were not yet fully embedded.
- People were protected from some areas of environmental risk. Communal areas were tidy and free from obstruction and care equipment was safely stored. areas where equipment was stored was not readily accessible to people using the service. However, carpets throughout the home were very soiled which meant there was a risk to people from infection through cross contamination. Otherwise the environment was visibly clean and tidy and free from malodour. We mentioned this to the registered manager who gained authorisation to have all carpets cleaned as a matter of urgency.
- Fire safety risk assessments were in place at the service, which had recently had an audit from a private contractor in June 2020. Equipment had been serviced and people had personal emergency evacuation plans in place; However, we could see no information on fire drills taking place or fire alarm testing. There was no evidence that emergency lighting had been tested.
- Improvements had been made in managing risks associated with legionella. There had been a legionella survey carried out and a new maintenance operative had been employed to carry out the weekly maintenance required to flush faucets and ensure temperatures are within permitted limits. The new maintenance operative had not started in post at the time of our inspection.

Learning lessons when things go wrong

- The registered manager had implemented a 'lessons learned' file to ensure that any accidents or health incidents, including falls were followed up and any patterns identified. This would allow the registered manager to analyse the information and plan actions to mitigate risks.
- We saw that files had been prepared to better monitor and manage risk within the service with regard to health and safety, medicines management and infection control. These had not been fully implemented at the time of our inspection and needed time to become embedded and a useful tool for management oversight.

Using medicines safely

- The provider's medicines management arrangements had improved since our last inspection in January 2020. Some of the improvements, including the implementation of regular medicines audits, had only just been implemented and were therefore not yet fully embedded to consistently ensure people's safety.

- Protocols for the safe administration of 'as required' medicines were either not in place for staff to follow, or not adequately detailed. The registered manager told us that they had completed new protocols and they were being implemented. We saw the new documents and they were very detailed and relevant.
- We saw that there were some gaps in the provider's records to show the safe administration of people's medicines MAR charts. We discussed this with the registered manager, and they explained that this would be addressed by the new weekly and monthly medication audit. This was going to be carried out as a priority to ensure that medicines were monitored and managed.

At our last inspection the home service failed to provide consistently safe care and treatment was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements were not always completed, embedded or demonstrated as ongoing for people's safety; to fully satisfy that the breach had been met. Therefore the home remains in breach of Regulation 12.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm.
- Background checks had been completed on all staff prior to employment.
- Staff had received training in safeguarding and knew how to spot the signs of abuse and where to report it to for people's safety

At our last inspection the provider's failure to protect people from abuse and improper treatment was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that people were protected and kept safe and therefore the service is no longer in breach of regulation 13.

Staffing and recruitment

- Following our last inspection, the provider had introduced revised staffing measures based on a formalised dependency needs assessment, to help inform required staffing levels. Additional care staff had also been recruited from this.
- Safe recruitment practices were followed; We could see that staff had all relevant documents prior to commencing employment and staff had a good induction and training plan.

At our last inspection the failure to deploy enough staff, was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection (a dependency tool had been used to calculate staffing levels and more staff had been recruited) meaning they were no longer in breach of Regulation 18(1).

Preventing and controlling infection

- The environment was mostly visibly clean and hygienic. However, there were no recorded cleaning schedules for staff to follow and record, to show the frequency and type of cleaning throughout the service. This included carpets, which were heavily soiled and stained.
- We saw Staff had enough PPE and used this safely when needed, to help prevent the risk to people from infection through cross contamination.
- Equipment was visibly clean. Staff were trained in infection prevention and control procedures for Covid 19.

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 inadequate. At this inspection this key question has now improved 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;

- There was a new registered manager in post who had been instrumental in putting processes in place to better monitor and manage the service for people's care.
- Governance and oversight of the service had improved, and management consultants had been employed to prepare action plans to meet the shortfalls found at the last inspection. However, the improvements we found were needed at our last inspection, were not always fully made or demonstrated.
- Some systems to check the safety and quality of the service had been implemented by the registered manager. These could not be tested as to their effectiveness as there was not sufficient time for them to be utilised and bring about the improvements needed.
- Systems to learn from incidents and accidents had been implemented by the registered manager, these were also new tools and had not been fully embedded or demonstrated as effective for people's care and safety.
- At our last inspection we found that there were no formal management audits to check the quality and safety of the service. At this inspection, audits were developed and prepared for use, but had not yet been implemented.

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

- The registered manager told us how they planned to make care and service improvements. This included their management aims to bring about change and deliver person centred care to meet people's needs.
- We saw a range of systems and processes, which had been recently developed for use. However, these were not yet fully implemented or embedded. The provider had also not yet implemented plans to engage more with people and give them the opportunity to be consulted about things which affect them and their environment. Otherwise, we found the culture to be positive and relatives spoke highly of the service and the care their relatives received.

At our last inspection the failure to ensure effective governance and leadership was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made but there had been insufficient time to see results as the improvements were recent and not fully implemented, therefore they still remain in breach of Regulation 17.

- Written Notifications had been submitted to CQC about any important events when they happened at service, which the provider is required to notify us of, by law.

At our last inspection the provider had failed to notify CQC this was a breach of Regulation 18(1) of the Care Quality Commission (Registration) Regulations. The provider had consistently sent notifications to us, when required. Therefore the provider was no longer in breach of regulation 18 (1).

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

- Opportunities for people to get involved in the running of the home (was being implemented), however we asked if people were involved in menu planning and the cook told us that people were not given the opportunity to have any input. The registered manager told us that people would be involved in all aspects of the service and what changes they would like to see.
- Regular management meetings where held with staff, the purpose of these was to (share information) and address issues with performance. Staff were) better engaged with regard to the running of the home and were being encouraged to champion different aspects of monitoring such as falls, nutrition and infection control.

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 their duty to be open and honest with people. As relatively new in post, they were developing mechanisms to promote effective relationships with people and their relatives and to help keep them informed of plans for improvements.

Working in partnership with others

- The management team told us they worked in partnership with external health and social care professionals.
- The registered manager was planning to engage with local groups in the area but at the time of our inspection was heavily engaged in making necessary improvements to the home and the quality of care provided.