

# SCC Adult Social Care Abbeywood

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Abbeywood is a residential care home providing accommodation and personal care for up to 51 people who may be living with dementia or an age-related illness. At the time of our inspection, 45 people were living at the service.

People lived in one adapted building that was divided into five separate living areas with each having its own lounge and dining rooms. There was a central courtyard which people could access as well as a garden area.

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

People told us staff were kind and caring towards them. People did give mixed feedback on staffing levels and activities; however we did not see people waiting for their care, and the registered manager was able to send evidence of outings, events and activities having taken place.

People said staff supported them with their medicines and they saw staff cleaning regularly to help ensure they lived in an environment free from infection. People said they felt safe and staff had introduced measures to keep risks to people to a minimum.

Staff were recruited through a robust procedure and training was provided to help ensure staff were competent. Staff worked well together and told us how much they enjoyed working at Abbeywood and caring for people. They told us they felt supported by management and listened to.

People reported to us the food was good and they had a choice. They said they could see a healthcare professional when needed and that they had the opportunity to give feedback on the service provided to them.

People said staff treated them with respect and some people told us they were happy with the trips and events organised by staff. They told us staff supported their independence.

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.

Management carried out regular reviews of the service provided to people and looked for ways to improve Abbeywood. Where shortfalls were identified or changes needed these were addressed by the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was outstanding (published 10 November 2018).

### Why we inspected

This was a planned inspection based on the previous rating. Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Abbeywood

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by four inspectors.

#### Service and service type

Abbeywood 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed all of the information we hold about the service, this included looking at statutory notifications which they are required to send us when someone has an accident or there is a safeguarding concern. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 14 people who used the service, one relative and two visitors about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 9 people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us staffing rota's, statements from staff, evidence of activities and changes to the service since our last inspection.

# Is the service safe?

## Our findings

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

The last rating for this key question was Good. Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- We received mixed feedback about staffing levels. One person said, "Yes. They are very good at coming." However, another told us, "Staff are not about" and a further said, "Definitely no. Sometimes we have to wait so long for breakfast." A third person added, "Not enough staff in the morning" and another told us, "They never seem to be able to stop and talk. It concerns me that they are so busy." A relative told us, "There have been times when I've been up visiting in the afternoon and there's not been a carer around."
- However, staff themselves told us they felt there were enough of them. One said, "From observations there is now (enough staff). Before there wasn't." A second told us, "Yes, we are pretty much covered. We have staff floating around." A third added, "I think there is always enough staff here; we often have a floater if we get too busy."
- Despite the feedback, our observations on the day were that people were not seen waiting to be assisted. However, there were periods of time when there were no staff in communal areas. Between 10:35 and 10:55 in one living area staff were seen coming in and out but not staying with people.. In a second living area a staff member had accompanied someone to the GP. A colleague told us, "Additional staff are not brought in to do that. Quite busy today." Staff did say they could call on colleagues though to help.
- The registered manager said they did not use agency and had a good core of staff who took on additional shifts if needed. They said they maintained staffing at eight care staff and two team leaders each day to cover the five living areas, telling us, "We're fully staffed at the moment." They sent us evidence following our inspection showing staffing levels were consistent.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One said, "There is always someone about." A second told us, "I feel safe; I know there are people around to help me."
- There was information available to staff on how to report any safeguarding concerns or how to whistleblow if they were worried about any aspect of safety at the service.
- Staff were able to tell us what they would do in response to a concern. A staff member said, "I haven't been worried about staff treatment of people. We have training and discuss at team meetings."

### Assessing risk, safety monitoring and management

- Risks to people had been identified. One person, who had a visual impairment was at risk of urine infections as they could not always see if they had a drink or not. Staff were reminded to prompt this person with drinks regularly to ensure they were well hydrated. We observed this person had a drink beside them at all times. Another person had a food and fluid chart because they were at risk of malnutrition and

dehydration. A staff member told us, "Since being on a soft diet the weight has come back on."

- One person required chair risers and we saw they had them and a second who was at risk of falls told us, "I have a sensor movement which alerts staff when I get up in the night." A further person had a risk assessment in place for the use of a lap belt.
- In response to the current virus threat the registered manager told us, "We have a contingency plan in place. Staff will self-isolate if need be and we will call 111 for testing. If a lot of staff become unwell, we will become live-in carers and isolate the building."
- People had information in their care records related to the assistance they would need in the event staff needed to evacuate the building if there was a fire.

#### Using medicines safely

- People told us staff gave them their medicines. One person told us, "Staff help me with my medicines." A second said, "They (staff) make sure I've taken it. They are good like that."
- We found some recording mistakes in people's medicine administration records (MARs). Five people did not have signatures on their MAR for their morning medicines on the day of inspection although a medicine count confirmed they had been given their medicines. Another person's medicines counts were incorrect and a further person's pain patch positioning had not been recorded for one day. We spoke with the registered manager who addressed these shortfalls immediately.
- People's medicines were stored in locked trolleys in a temperature-controlled room. Trolleys were neat and tidy and medicines well organised. There were opening dates on boxes and bottles.
- People's MARs contained information on any allergies, details of their GP and how they liked to take their medicines. Those who had 'as required' medicines had accompanying protocols in place.

#### Preventing and controlling infection

- People lived in an environment that was cleaned to a good standard and cleaning schedules were in place. We found no malodours during our inspection and areas were neat and tidy. People told us, "They are very particular about cleaning. Definitely clean here" and, "Spotlessly clean."
- Staff were knowledgeable on the steps to take to help avoid the spread of infection. One staff member told us, "I clean my hands every time between people." A second said, "Literally the simplest one is washing your hands before doing anything."
- In response to the current virus threat, the registered manager told us, "We have sent out Public Health England's advice to relatives. We have bought in extra hand gels to place around the service."

#### Learning lessons when things go wrong

- Where people had accidents and incidents these were recorded detailing the incident, the response to it and the outcome. The information was reviewed by senior staff and analysed to look for trends or themes.
- Where people had numerous falls, referrals were made to health professionals and equipment put in place to alert staff.
- We read of recurrent incidents regarding the laundry and new systems had been put in place to reduce these.



# 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.

The last rating for this key question was Good. Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. 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

- People were supported by staff who had access to a range of training and we had no concerns about staff competency on the day. People said they believed staff were adequately trained. One said, "I think they know what they are doing. Certainly, there is nothing to indicate otherwise." A staff member told us, "Quite sufficient (training), compared to before it's more informative. It's more practical."
- Training covered dementia, first aid, fire safety, infection control and moving and handling. Records evidenced there was good compliance with training within the service.
- Staff also had the opportunity to meet with their line manager on a one to one basis to discuss their role, performance, training requirements or any concerns. A staff member told us, "We have supervisions. They are useful. You always want to see what you are doing good and what can be improved." A second staff member said, "Supervisions let me find out what I need to improve."

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

- People appeared to enjoy the food that was provided to them and we saw people clear their plates. One person told us, "The food is not bad. I get a choice." A second said, "The food is well presented." A further person told us, "I am a vegetarian and they are very good at making sure I have nice things to eat."
- However, some people told us the food was not always hot. One person said, "It's stone cold half the time" and another told us, "Sometimes it's not hot enough." We raised this with the registered manager who said they would follow this up as they had not received any comments in resident's meetings about food temperatures.
- We saw people with drinks beside them throughout the day and we also saw people being given different options of meal as per their choice. For example, rather than fish, one person had a salad and another sausages.
- Catering staff were knowledgeable about people's specific dietary requirements. This information was recorded in a weekly dietary summary by team leaders.

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

- People had photo frames outside their room which contained pictures of themselves or their hobbies/pastimes. This helped them to identify their own room.
- We observed risers on armchairs to assist people to get in and out of them safely and people using mobility aids to move about. One person told us, "One good thing about living here is you know they have got all the right equipment to help me up if I fall."

- Living areas were pleasantly decorated with a themed colour, such as blue or green. Chairs in communal areas were arranged in clusters to encourage conversation and there was space between chairs and tables so people could sit comfortably and in some privacy to talk to visitors.

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

- There was evidence of people being given the opportunity to see a health care professional. This included the GP, chiropodist, optician and dentist. One person told us, "Staff will call a doctor if I'm not well." A second said, "The dentist came to see me and cleaned my teeth. She said there were no problems with them."
- The service worked with external agencies to help ensure people received seamless care when moving between services. This included where people had been discharged from hospital. There was evidence of discharge notes and a visit from the person's GP upon their return to Abbeywood.
- Staff told us there was good team work at the service. One staff member said, "The best thing is the working together." A second told us, "Team work here is absolutely amazing. We are like family. It's a good environment."
- Since our last inspection, the provider of the service had changed but staff said this had not impacted them with one saying, "We have done quite well with the transition. Not noticed any change with old and new staff gelling."
- Staff used nationally recognised guidance to determine people's needs. This included skin integrity and malnutrition tools. Assessments were carried out in line with good practice, however we noted that equality and diversity protected characteristics such as sexuality were not included. The registered manager told us, "It's part of the conversation that comes up naturally."

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.

- There was evidence of capacity assessments and best interests decisions in people's care records. Capacity assessments had been carried out for people's consent to care, living in a locked environment, help with their medicines and room sensors.
- However, we did find these were lacking where people used a wheelchair lap belt. We raised this with the registered manager who sent us evidence immediately following our inspection to show they had addressed this.
- People told us staff asked for their consent. One person said, "Although they know what I can do so I don't expect them to always ask."

- Staff were knowledgeable in the MCA. One staff member said, "It's an assessment that is done for the resident. We can't assume they lack capacity. We may need to carry out assessments to see what's in their best interest." A second staff member told us, "People can make their own choices."

# 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.

The last rating for this key question was Good. Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. 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 told us they liked living at Abbeywood. One person told us, "There are lovely people here." A second person said, "This is my home now. I love it here." Other comments included, "Staff are wonderful at night" and, "The staff are kind and caring."
- One person whose birthday it was, was greeted by staff and wished a happy birthday. Staff offered to read out their cards and talked about the gifts they received and who they were from.
- Individual interactions between staff and people were jovial and convivial. Staff were heard laughing with people and seen showing affection, with a cuddle or a reassuring hand.
- We heard staff using endearments to address people. At lunchtime one staff member, when placing a meal in front of a person, was saying, "Here you go darling."
- There were positive interactions between staff and people. One care worker complimented people on how they looked and people said, "On the whole the staff are very good and kind and treat me well" and, "I love it here. It is very nice. The staff all help us."
- The registered manager told us of one person who, whilst in hospital, staff had visited and taken them a hamper of their favourite items. The person had no relatives so without staff visiting, they would not have seen anyone from outside.

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

- People were encouraged to make their own decisions and they told us they were supported to make choices, for example, about what they wanted to wear or eat and drink. A staff member offered one person a snack, telling them, "I have yoghurt and grapes, what would you like?" We observed the person choosing the grapes.
- One person asked to do some colouring as they enjoyed this and a staff member supported them to find a suitable chair and table, making them comfortable, whilst placing the book and pens in front of them. The person told us, "I enjoy the colouring."

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and their independence encouraged. A person told us, "I can wash and dress myself. I like to be independent." A second person said, "The staff are very good. They are very patient with me. It must be tempting to walk away."
- One person was recorded as being able to wash their own face and torso and that they preferred to wear trousers and a blouse. We saw they were dressed in line with their wishes.

- Staff understood the importance of promoting people's privacy and dignity. We observed one staff member discreetly assisting a person to the bathroom. A person told us staff were, "Very respectful of my privacy when in my bedroom."

# Is the service responsive?

## Our findings

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

The last rating for this key question was Outstanding. Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found at this inspection this key question has changed to Good. This meant people's needs were met through good organisation and delivery.

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 received mixed views on the quantity and quality of the activities at the service. One person told us, "There is never anything going on. I get bored." A second said, "Not enough. We could do with some outings." A third person said, "I do sometimes get bored. Not enough to do here."
- However, people did say there was a weekly bingo game, music for health and singing and other people were happy with how they spent their time. One person told us, "I have a friend and we knit together. My family visit me all the time. I always love seeing them." A relative said, "There is plenty for her to do. She goes out on the outings and gets involved in things in the home. Animals come in and singers come in."
- A staff member told us, "There is quite a few (activities)" and, "Sometimes they don't want to take part. We are planning to do arts and crafts, we do local trips out and have planned for this whole year." However, another said, "Oh yes (enough activities) because our ladies just want to eat and sleep."
- During the morning, there was a chair exercise activity. This lasted for a varied length of time across living areas. In one, it lasted 15 minutes, however in two other living areas, five and three minutes respectively. At times staff did not always spend much time engaging with people. We sat in one living area from 11:55 to 12:45 and apart from task orientated actions, such as making people a hot drink, the staff member only spent a small amount of time engaging with one of the six people in the room. In a second living area, between 10:29 and 11:15 there was no active engagement with people.
- Despite these observations and the mixed feedback, we did see a manicurist attending to people just before lunch. People really engaged with them, sharing jokes and news. There was a lot of laughter heard during their visit. We were also aware that the #nevertooold (never too old) campaign the registered manager had started at our previous inspection was still on-going. This enabled people to go to places from their wish-list, such as London, the seaside and local attractions which included Windsor Castle, Whipsnade and Longleat.
- We also read from the relatives meeting minutes that vintage movies, Halloween celebrations, Chinese New Year, shopping trips and pub lunches had been enjoyed by people. Regular shopping trips took place too. We also noted that an ice-skating trip was taking place the day following our inspection. Following our inspection the registered manager sent us activities timetables showing bingo, bible readings, arts and crafts, balloon tennis and exercises on the schedule.

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

- People's individual needs were recorded and met by staff. One person required a plate guard in order to

eat independently and we saw they were provided with one. This same person liked to receive phone calls and we observed them on the telephone on the day of the inspection.

- Where people had a diagnosis of diabetes there was information for staff on the risks of their blood sugar levels being too high or too low.
- There was also good guidance in place where people had hypertension or ortho arthritis and signs to look out for indicating deterioration in the person.
- One person's care plan stated, 'want staff to encourage me to remain as independent as possible'. We asked staff how they did this and were told, "We let them walk around the different units as that makes them happy."
- People's care plans were reviewed regularly and any changes made to help ensure people received the most appropriate care. Relatives and people were involved where possible in this process.

#### 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.

- Staff were aware of people's individual communication requirements. One person's care plan stated they required staff to speak loudly and clearly and a staff member told us, "Don't speak too loud and speak clearly (to her)."
- A second person had a visual impairment and we heard staff describing things to the person and reading out cards they had received.

#### Improving care quality in response to complaints or concerns

- A complaints procedure was in place and we saw evidence of complaints and responses to those. However, people could not always tell us who they would speak with. One person said, "You don't see anybody to make one to. You tell the carer and then nothing's done." A relative told us, "The trouble is you don't always know who to speak with about a minor issue." However, other people told us, "If I am worried I can go and find someone. Staff are always available and happy to help." We fed this back to the registered manager on the day, who addressed some concerns one person raised.
- We reviewed information relating to complaints received by the service and how these had been responded to. We read the registered manager had responded promptly and had taken time to investigate people's complaints or make changes moving forward.

# 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.

The last rating for this key question was Outstanding. Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found at this inspection this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture within the service and people told us staff created a good atmosphere. One person told us, "Whenever a member of staff sees me, they always say hello." Another told us, "I'm quite happy here because I'm always laughing."
- People told us they liked the manager. One said, "She comes in. I like her very much." A relative told us, "The manager is fantastic. She is always on the ball. I feel I could go and talk to her. They have all the time in the world for mum and keeping her well looked after."
- Staff said they felt supported and valued and as such enjoyed working at Abbeywood and caring for people. A staff member told us, "Wherever you are walking, just saying a little 'Hi' can change someone's day." We heard staff greeting people and making a fuss of them as they came into living areas with people positively responding to this.

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 need to apologise when people did not receive the level of care they should expect. Responses to people's complaints clearly evidenced this.
- Services registered with CQC are required to notify us of serious incidents or safeguarding concerns. The registered manager had submitted statutory notifications in line with their regulatory requirements.

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

- We identified some small discrepancies in people's care records, however the impact of these was low however, as the service did not use agency staff and staff provided responsive care to people.
- Regular monitoring of the service was undertaken, this included daily checks, monthly checks and provider audits. Where actions were identified, action was taken to address the shortfalls.
- A provider audit identified the need for hand towels to be replaced with paper ones, and oral health assessments to be introduced for people. Both had been done.
- Other audits included internal and external medicines audits, infection control, catering and care plans.
- Staff were clear about their roles. A staff member told us there were, "Good systems in place; procedures are very clear so that if things happen, we know who to go to. We're not left panicking."



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

- Resident and relatives meetings were held. Each living area had its own meeting so discussions were specific to people living there and there was a separate service meeting for all.
- We read suggestions for activities were made. These included tea dances and visiting the zoo. The registered manager told us, "We have booked the tea dance for later in the year as it was fully booked at Easter and we are organising a trip to the zoo."
- Staff team meetings were held at the service, giving staff the opportunity to make suggestions, discuss various topics or raise concerns. A range of topics were covered including call bells, nutrition, uniforms, audits, laundry and the Mental Capacity Act. A staff member told us, "We have regular team meetings and I feel my opinion is valued and listened to."
- Staff were clearly happy working at Abbeywood. They spoke positively about the service, the team and management. Following our inspection, the registered manager sent us a selection of statements from staff telling us why they particularly liked working at Abbeywood and the positive aspects of the service.

Continuous learning and improving care; working in partnership with others

- The registered manager had introduced changes and improvements to the service since our last inspection. The serving of lunches was changed, resulting in people receiving freshly cooked food straight from the kitchen. This in turn had seen people's weight staying more stable. An additional staff member had been recruited at night shift increasing staffing levels to help from a safety perspective should there be an emergency. The registered and deputy manager split their shifts to give management cover across a longer period of time during the day.
- Staff engaged with external agencies to better the service for people. An 'access, autism, dementia and learning disability friendly location' assessment had been carried out. This recommended improvements to the disabled parking bays in the car park, marking glass doors for safety, ensuring all entrances and exits were wheelchair friendly and using contrasting toilet seats. The registered manager told us, "We spoke with people about the toilet seats but they felt they did not need them. The other recommendations are with the property team to review and address."
- Other partnership working included local school and businesses. The deputy manager told us, "It has become a more regular thing, the schools coming in."