Minster Care Management Limited

Abbeywell Court

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:
Abbeywell Court is a care home that provides personal and nursing care to up to 45 people in one adapted building. 38 people were living at the home at the time of the inspection.

People's experience of using this service:
People were supported by a sufficient number of safely recruited staff who knew how to keep people safe. Systems were in place to protect people from abuse and staff understood them. Risk was managed and reviewed to ensure people were kept safe. Medication was stored and administered safely.

People's needs and choices were assessed and promoted effectively. People were supported with eating and drinking in line with their dietary needs to ensure they maintained a balanced diet. Staff were skilled and had the knowledge to deliver effective care. People had access to healthcare services and staff worked well together and with healthcare professionals to effectively meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by kind and caring staff who display empathy and compassion. People and their relatives were encouraged to be involved in making decisions about their care. People were supported by staff who respected their privacy and dignity and promoted their independence.

People were supported to engage in hobbies and interests important to them. Staff understood people's preferences and individual communication needs. People's end of life wishes were considered and plans were in place to ensure people received personalised care at that time of their life.

Audits were in place that effectively checked the quality of the service and action plans were implemented and followed where necessary. Relatives and staff told us they found the management team approachable. There was an open culture in the service and the management team made themselves available. The management team continually sought ways to improve the quality of the service.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection:
Requires Improvement (published 5 January 2018)

Why we inspected:
This was a planned inspection based on the rating at the last inspection. At the last inspection in November 2017, the service was rated as Requires Improvement overall with ratings of Requires Improvement in the key questions of Safe, Effective, Responsive and Well-Led. At the last inspection, we asked the provider to

take action to make improvements.

At this inspection, the required improvements had been made and the service had met the characteristics of Good in all areas. The overall rating is Good.

Follow up:
We will continue to monitor the service through the information we receive.

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.

Abbeywell Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Abbeywell Court is a care home that accommodates up to 45 people in one adapted building. Abbeywell Court provides support for people who predominately have a physical disability and/or a mental health condition such as dementia. At the time of the inspection, 38 people were living at the home.

People in care homes receive accommodation and nursing or personal 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:
The inspection site visit was unannounced.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We assessed the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they

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

During the inspection, we spoke with one person who used the service and six relatives. Some people who used the service were not able to speak to us about their care experiences so we observed how the staff interacted with people in communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two care assistants, two senior care practitioners, two nurses, the deputy manager and the registered manager.

We reviewed the care records of two people and looked at three more to check specific aspects of their care. We looked at three staff files, which included pre-employment checks and training records. We looked at records relating to the management of the service. For example, rotas, complaint logs, accident reports, monthly audits and medicine administration records.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• At our last inspection in November 2017, we found improvements were needed as some instances of unexplained bruising had not been reported to the local authority.
• At this inspection, we found the provider had made improvements. We saw safeguarding referrals had been made to the local authority where needed including when unexplained bruising had occurred.
• Relatives told us people were safe. A relative told us, "I absolutely feel that [person's name] is safe here".
• Staff knew how to recognise the signs of abuse and how to report and record their concerns.
• The provider had systems and processes in place to protect people from abuse and we saw these worked effectively.

Using medicines safely
• At our last inspection in November 2017, we found protocols in place for people's 'as required' medicines lacked details of how staff would recognise that people needed these medicines.
• At this inspection, we found the provider had made improvements. Clear detailed protocols were in place, which staff followed, on what to look for and when to administer 'as required' medicines.
• People's medicines were administered and stored safely. We saw staff gave people time to take their medicines and completed Medicine Administration Records (MARs) correctly. Staff were trained to ensure they were competent in medicine administration. • Detailed covert medicine plans were in place for people when required and staff understood how these should be applied. A staff member told us, ""Before we administer covert medicine, we try all different routes first like going back at different times. There's a maximum of three days refusals and then we alert the doctor and have a Multi-Disciplinary Team (MDT) meeting, involving family, GP, pharmacy and Community Psychiatric Nurse (CPN) and assess capacity. If they don't have capacity, we make a best interests decision and the covert plan and agreement get put in place."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• People's individual risk assessments were in place with a system of review to ensure they remained relevant, reduced risk and kept people safe. For example, one person was at high risk of falls. They had equipment in place to minimise the risks including a sensor mat to alert staff when they got out of bed and a crash mat. They had also been referred to health professionals for specialist assessments.
• People who had been assessed as requiring individual support were receiving this support which helped to manage risks to themselves and others.
• Systems were in place to monitor accidents and incidents. This information was analysed to identify any trends and suitable action was taken to reduce future risk.
• When things had been identified as going wrong, lessons had been learned. For example, we saw the information staff were required to put on body maps following accidents and incidents had been improved

and the registered manager now reviewed these. This ensured that appropriate action was taken to follow up incidents and accidents to reduce the likelihood of it happening again and to keep people safe.

Staffing and recruitment

• Staffing levels were appropriate to meet people's needs. Relatives told us and we observed sufficient staff to keep people safe. A relative told us, "[Person's name] does not have to wait, they seem to spot a need before I do." A staff member told us, "We always have enough staff."

• The registered manager told us staffing numbers were calculated based on people's dependency levels. We saw that people who required individual support were supported by a staff member at the required times and this accurately reflected their assessment and care plan. Staffing levels were also changed in response to people's needs changing which supported people to stay safe.

• Where agency staff were used, the registered manager tried to use the same carers so they knew people better.

• Safe recruitment practices were followed to ensure people were supported by suitable staff. We saw that Disclosure and Barring Service (DBS) checks were undertaken and gaps in employment history were checked prior to staff commencing employment.

Preventing and controlling infection

• Relatives told us the home was clean and tidy. One relative told us, "The cleaner is always around, mopping up and cleaning when I visit."

• Staff followed infection control procedures and people were protected from the risk of infection and cross contamination. We saw staff wearing aprons and gloves when bringing meals to the communal lounge and using hand gels that were on the walls in the corridors. A staff member told us, "We use the PPE (personal protective equipment) for all residents including gloves and aprons, we wash our hands and we have soap in the rooms. As soon as we've finished, we wash our hands in the rooms. The management is very strict about this and do spot checks."

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet
• At our last inspection in November 2017, we found that people's diet choices were not always promoted. We found people who had modified diets were not given any choice of food. We also saw people living upstairs waited a long time for their meals.
• At this inspection, we found the provider had made improvements. We saw people who required modified diets such as puree or fork mashable had a choice of meal options. A menu board was on display with pictures and descriptions of meal choices. Meals were well presented and people were provided with bright colour plates to support their dementia needs.
• People living on both floors received their meals in a timely manner and people were given a choice of where they wished to eat their meal.
• People were supported with eating and drinking where they needed it in line with their care plans. We saw one person was not eating their meal so the nurse asked a care assistant to support them. A staff member told us, "[Person's name] needs prompting. If they are not eating though, we will support them to eat."
• People's nutritional needs were monitored and managed to ensure they received adequate food and drink which was prepared in a way that met their individual needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• At our last inspection in November 2017, we found assessments were undertaken but they did not consider people's needs relating to diversity.
• At this inspection, we found the provider had made improvements. People's care files included a detailed equality and diversity care plan and pre-assessments had been amended to consider people's diversity needs. Care was delivered in line with these needs. For example, one person had been visited by a Catholic priest to give a blessing.
• People's needs and choices were assessed. We saw pre-assessment of needs was undertaken prior to admission and assessments and care plans were reviewed as people's needs changed. A staff member told us, "We look at the pre- admission assessment and what the family tells us and then formulate the care plan to support that person."

Staff support: induction, training, skills and experience
• People were supported by staff who were appropriately trained and had the skills to provide effective support. Relatives told us staff were very good. A staff member told us, "I had an induction and felt confident when I started work. We are well supported to do training when we want to." We saw that staff had the skills to support people safely.
• Training records were in place which identified training that had been undertaken by staff and any gaps in learning.

• Staff told us they received supervision and felt supported.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to access healthcare services and support. A relative told us, "If [person's name] is not very well, they will ring me and they get the doctors to see them if needed, they are very on the ball." People had prompt referrals to health professionals where needed and the advice given was recorded in people's care plans and followed by staff. For example, we saw one person's skin had broken down so a referral was made to a tissue viability nurse (TVN). The TVN gave advice regarding how to treat this which was followed by staff.
• The registered manager told us they have weekly teleconference meetings with the GP, CPN and other health professionals to discuss people which was effective in promoting healthier lives.
• People were supported by staff working closely and effectively as a team. A relative told us, "They all work as a team and we can't praise them enough."
• A detailed handover document was used to share information between staff. This ensured people's changing needs were managed effectively. A staff member told us, "This works well, it's very good. Nurses record on the handover sheet and we will know if the person has seen a doctor or speech and language therapist, for example and we will know where to look for more information."

Adapting service, design, decoration to meet people's needs
• People's needs were met by the design and decoration of the home. A relative told us "[Person's name] has their own ornaments and pictures in their room and their own duvet and sheets."
• The decoration of the walls and floors was appropriate to meet people's dementia needs. Sensory activities such as noughts and crosses were displayed on the walls in the corridors so people could use them as they passed by. Each bedroom had a picture reflecting the person and their name on the door.

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.
• Staff understood the principles of the MCA and knew how this applied to supporting people. Staff asked people for their consent before they supported them. Relatives told us staff asked people what they were going to do even when they weren't always able to understand. A staff member told us, "We ask people first but sometimes they don't have insight and then we have to make decisions in their best interests." Another staff member told us, "[Person's name]'s capacity is changing day by day so we give them time to see if they can decide themselves."
• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We saw that appropriate DoLS referrals had been made where people's liberty was being restricted and that conditions on authorisations were being met.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People were supported by kind and caring staff. We observed positive interactions between staff and people and relatives told us staff were caring. A relative said, "I can't fault them. The carers are brilliant." Another relative said, "We are just so pleased that Mum is being looked after, the staff are just so caring and lovely."
• People were smiling and engaging in conversation with staff. We observed one person who received individual support from a staff member when they became agitated. The staff member knelt by them and spoke to them whilst stroking their hand and the person became visibly calmer.
• Relatives told us they were made to feel welcome and could visit their relative at any time of day. A relative told us staff offered them meals when they visited and we observed staff doing this during our inspection.

Supporting people to express their views and be involved in making decisions about their care
• People were supported to express their views and staff encouraged people to make decisions about their care where able. We observed staff asking people what they wanted to eat and drink and whether they wanted any more.
• Staff understood people's individual methods of communication. Support plans were in place to give staff guidance on the most effective way to communicate to help people express their views.

Respecting and promoting people's privacy, dignity and independence
• People were treated with dignity and respect and their independence was promoted. A relative told us, "Care staff knock on the door before entering and make sure that [Person's Name] is covered in the bath or shower if necessary." We observed a staff member wipe some porridge off a person's chin to maintain their dignity. Dignity champion certificates were displayed in the entrance hall on a dignity board which showed staff had committed to treating people with dignity to improve their quality of life.
• People were encouraged to walk independently where they could. Walking sticks and rollator frames were left next to these people so they could use them when they wanted to.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

End of life care and support
• At our last inspection, we found improvements were needed in end of life care and support. We found information regarding people's wishes at the end of their life were not available.
• At this inspection, we found the provider had made improvements. Relatives confirmed they had spoken with the manager regarding end of life care for their relative. We saw advanced care plans were in place that had detailed information regarding each person's wishes at the end of their life including communication with family, funeral directors and aftercare. We saw that relatives and medical professionals had been involved in best interests decisions where people lacked capacity to decide on their own end of life care and these plans were reviewed.
• Staff understood end of life care and support. A staff member told us, "The priority is to have discussions with the person before we come up with the advanced care plan, what are their wishes etc. We get specialist input to make sure we are giving the most appropriate care to ensure the person is pain free and comfortable and they have wonderful end of life care."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• At our last inspection, we found improvements were needed to ensure that equality and diversity was considered in people's care plans.
• At this inspection, we found the provider had made improvements. People's equality and diversity needs were considered in assessment and care plans and people were supported so these needs were met. We saw that assessments documented people's religion and whether they practiced their religion and people were supported to meet these needs. We also saw that assessments considered people's sexuality.
• People and relatives were involved in their care and support and contributed to their own care plans. We saw staff asking people what they wanted to eat and what activities they wanted to do. Staff were aware of people's personalised needs and preferences and respected people's views. A relative told us, "Staff know [person's name] very well indeed." A staff member told us, "We have to look at a person's past history and the current situation to formulate the care plans to meet people's needs. We co-ordinate this into the care plan in terms of their needs and wishes to the best of our ability."
• An activity co-ordinator supported people to pursue their interests. A relative told us, "The activities co-ordinator goes above and beyond. When I wasn't well, she sent photos of [person's name] doing activities."
• A varied activities programme was in place that was adapted for each individual dependent upon their preferences. A relative told us, "[Person's name] does colouring, jigsaws, last week my sister took [person's name] to the cookery demonstration downstairs. They also have entertainment on and sport". We saw people watching DVD's, playing with empathy dolls, engaging with sensory activities such as rubix cubes and being supported to read newspapers.
• People's communication needs were considered and staff were aware of how to communicate with people effectively.

Improving care quality in response to complaints or concerns

• Concerns and complaints were encouraged and responded to. A relative told us, "I get a feedback form about every 4 months, I can't remember what it was but I did get my issue sorted".

• The management acted on any concerns to improve the quality of care for people. We saw a "You said, we did" display board which was visible to visitors so they could see how the provider had responded to any concerns.

• Relatives told us they knew how to complain. A complaints policy was in place and only one complaint had been received. This had been investigated and responded to appropriately and in line with the policy. A relative told us, "I don't have to tell staff about my Mum as they tell me if something's wrong." Compliments had been received and noted.

Good

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 service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• At our last inspection, we found improvements were needed to quality check systems to ensure they were effective in identifying concerns.
• At this inspection, we found the provider had made improvements and robust systems were in place to check the quality of the service. For example, care plan audits were undertaken by the deputy manager to check that care plans were up to date and accurate. Clear action plans were implemented with timescales to ensure that any issues were addressed. Medicines audits were carried out and other checks on the home such as infection control were completed. Accidents and incidents were also reviewed to ensure any areas for prevention were identified and actioned.
• Services that provide health and social care to people are required to tell us about important events that happen in the service, we use this information to monitor the service and make sure the service is keeping people safe. The registered manager was aware of her legal responsibilities in relation to making notifications to CQC and appropriate notifications had been made when required.
• A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate. The rating of the last inspection was on display at the service and on the website.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• The registered manager promoted the values of the service, which the staff followed in practice. Staff told us about the importance of good person-centred care which we saw them demonstrate when caring for people.
• Relatives and staff knew the registered manager and deputy manager and told us they were always available. The management team were visible to staff and relatives and promoted an open and honest culture within the home. A relative told us, "I would feel very confident in approaching the manager if I had concerns." A staff member told us, "I would approach them about anything."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Staff told us they had staff meetings and had every day discussions with the manager. A staff member told us, "The registered manager is very good. She comes up every day and asks how everything is. I can go to her as well." Staff told us they had supervisions which they find valuable. One staff member said, "I have supervisions - we talk about how the documentation works for personal care, person centred care, health

and safety issues, for example. The managers do respond and put changes in place if needed."
• We saw signs in the home inviting residents and relatives to meetings to provide feedback or highlight concerns regarding their relatives' care. People's feedback was sought via surveys and action plans were developed in response to this feedback.

Working in partnership with others
• The registered manager told us they worked in partnership with other health professionals to ensure people had their care needs met effectively. A staff member told us, "It is a good place to work. I like it because we have really good relationships with the GP service, it makes me feel supported". We saw there was regular input from a range of different professionals in people's care to support them to remain safe and healthy.

Continuous learning and improving care
• Staff told us they were given opportunities to undertake training. This meant people were supported by staff who were continually developing their skills and knowledge.