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Abbotsfield Hall Nursing Home

Inspection report

Abbotsfield
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 10 and 22 August 2017.

We last inspected the home in July 2015 when the service received an overall rating of 'Good'. However on that occasion we rated the safe domain as 'requires improvement' because of medicine management, although there were no breaches of regulation.

Abbotsfield Hall Nursing Home provides accommodation and nursing care for a maximum of 28 older people. There were 23 people using the service at the time of this inspection; 14 people were having their nursing needs met by the nurses employed at the service. The remaining nine people had residential needs and had their nursing needs met by the community nurse team.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been registered with CQC on the 8 August 2017.

People were positive about the care they received at Abbotsfield hall. Comments included, "I am quite safe in here" and "You ain't going to get any better than you get here."

However, on the first day of our inspection we identified some risks which could mean people were not safe. People were not always protected from the risks of unsafe unsuitable premises. This was because not all of the windows above the ground floor were restricted and hot water temperatures from people's taps were above the recommended level. Portable radiators were used in people's rooms which had not been PAT tested (portable appliance testing). Risk assessments had not been completed to assess the level of risks to individuals. A fire door was held open with a bottle of detergent. We wrote to the provider after the first day of our inspection identifying the concerns we had found. The registered manager sent us a response on behalf of the provider giving us assurances about what actions they had or would be taking to resolve the concerns identified. On the second day of our visit we found actions had and were being taken to keep people safe.

Staff recorded accidents promptly in the accident book and the actions they had taken at the time. However, there was no regular monitoring of accidents and incidents at the service to look for patterns and trends and ensure that staff were responding appropriately and risks reduced, where possible. We raised with the providers that the security to protect people from intruders was poor. They said they would review their systems.

Medicines were not always being safely managed in particular prescribed creams. Improvements were being implemented by the registered manager, which included a body map to guide staff where to administer creams and to sign when they had completed this task.

There were adequate numbers of staff on duty although concerns were raised regarding the staffing levels during the evening. The registered manager was undertaking a second dependency tool assessment to assure themselves that staff were deployed at the appropriate times to meet people's needs. They said they would adjust the staffing level if required.

Staff were friendly and kind to people and wanted to provide a good service. They treated people with dignity and supported them to make daily choices about the care they received. The provider had a computerised care record system which not all the staff could populate with information. This was because they had only basic training on the new system. There were care plans in place but these were not always updated in a timely way. However staff were kept informed of changes in the handovers between shifts and through a communication book. Since the inspection, the registered manager and the providers have made a decision to revert back to a paper based care system. They had concluded staff were more competent at using this format. They said this transfer would be completed by the 10 October 2017.

There was no clear delegation of responsibilities about who made decisions about admissions to the service when the registered manager was on leave. Following the inspection, the registered manager said they had put in place a flow chart to guide staff about roles and responsibilities in their absence.

The provider did not have robust quality assurance procedures in place to ensure the safe running of the service. Policies and procedures and the statement of purpose had not been reviewed to ensure they reflected current guidance and best practice. Audits were not carried out regularly and action points were not monitored to ensure improvements were made.

Staff were knowledgeable about recognising the signs of abuse and had a good understanding of how to keep people safe. New staff had received an induction when they started working at the service. All staff had received training to ensure they had the right skills and knowledge to meet people's needs. Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. Staff said they felt supported by the management team, although they had not all received a one to one supervision with their line manager.

Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. They understood where people lacked capacity, a mental capacity assessment needed to be completed with best interest decisions made in line with the MCA. They had submitted applications where required to the local authority Deprivation of Liberties Safeguarding team (DoLS) to deprive some people of their liberties.

People were supported to have regular appointments with their GP, dentist, optician, chiropodist and other specialists. Health professionals said they had no concerns about the service.

Activities were available. There was a staff member designated for four hours a week to undertake one to one activities with people in their rooms to help avoid social isolation. Staff said they felt there should be more activities available to people. However people said they were happy with the activities at the service.

People were supported to eat and drink sufficient amounts to maintain their health. People had mixed views about the food at the service. Improvements were being implemented to ensure people had a greater input into deciding the menus and having a choice.

The registered manager actively sought the views of staff through regular meetings. There were limited opportunities for people and their relatives to give their views about how the service was run. There had

been two complaints made at the home in the last year which had been responded to appropriately.

The provider is required by law to send CQC notifications about important events at the service. For example, deaths, serious injuries or safeguarding concerns. We had not received any notifications as required from the provider since January 2017. Since the inspection, eight have been submitted retrospectively.

We found three breaches of regulation. You can see what action we told the provider to take at the back of the full version of this report.

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.

People's safety was not always protected by effective fire and environmental monitoring and practice.

Medicines were not safely managed in particular prescribed topical creams.

There were adequate staff on duty to meet people's needs. The registered manager was looking at the dependency of people and the deployment of the staff.

Staff knew how to recognise signs of abuse and how to report suspected abuse.

People were protected by safe recruitment processes.

Accidents and incidents were recorded in the accident book by staff and the actions taken at the time.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had not always received regular supervisions and appraisals.

Staff received regular training and had completed the provider's mandatory training.

People were supported to eat and drink sufficient amounts. Improvements were being implemented to ensure people had a greater input into deciding the menus and having a choice.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS).

Advice and guidance was sought from relevant professionals to meet people's healthcare needs.

Requires Improvement ●

Is the service caring?

Good 

The service was caring.

Staff were busy but were caring and kind when interacting with people. They respected people and treated them as individuals and included them in day to day decision making.

Staff recognised the importance of maintaining family contact. Visitors and friends were welcomed.

Is the service responsive?

Requires Improvement 

The service was not always responsive to people's needs.

People's needs were assessed before they came to the service. Care plans were put in place on the provider's computerised system. These were not always updated in a timely way to guide staff.

Not all staff could use the computerised system. Therefore they could not add information about people's changing needs.

Communal activities were provided at the home plus four hours for one to one support.

People knew how to make a complaint.

Is the service well-led?

Requires Improvement 

The service was not always well led.

There were no consistent measures in place to assess the quality and safety of the service people received.

There was a new registered manager at the service. They were working with the providers, nurses and staff at the service to improve the systems.

There were limited opportunities for people and their relatives to give their views about how the service was run.

Staff views were sought and taken into account in how the service was run.

Abbotsfield Hall Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 10 and 22 August 2017. The first day of the inspection was unannounced and carried out by an adult social care inspector, a specialist advisor who was a registered nurse and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service. We announced the second day of our visit so we could speak with the registered manager as they had been on leave on the first day of our inspection. On the second day two adult social care inspectors visited the service.

Abbotsfield Hall Nursing Home provides accommodation and nursing care to a maximum of 28 older people. At the time we visited, 23 people lived at the home.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We had only received two in 2017 so we checked the home's records to help us judge if they had been under reporting.

We met the majority of people who lived at the service and received feedback from nine people who were able to tell us about their experiences. We also spoke with four visitors to ask for their views on the service. A few people using the service were unable to provide detailed feedback about their experience of life at the home. We spent time in communal areas observing the staff interactions with people and the care and

support delivered to them. We used the Short Observational Framework for Inspection (SOFI) in the Alford unit. SOFI is a specific way of observing care to help us understand the experience of people living with dementia.

We spoke with 13 staff, including the registered manager, deputy manager, nurses, care workers, a cook, kitchen assistant and the administrator. We also spoke with the previous registered manager and the four owners.

We reviewed information about people's care and how the service was managed. These included four people's care records and medicine records and the systems in place for managing and administering medicines. We also looked at three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service.

After our visit we sought feedback from health and social care professionals, commissioners and the local authority safeguarding team to obtain their views of the service provided to people. We received feedback from two of them.

Is the service safe?

Our findings

People were not protected from the risks of unsafe and unsuitable premises. On the first day of the inspection, some of the windows on the first and all of the windows on the second floor of the home were not all restricted. They had openings above the 100 millimetres maximum as recommended by the Health and Safety Executive (HSE). This meant vulnerable people had access to window openings large enough to climb through and fall out of, at a height that could cause them harm. This had been resolved by the second day of our inspection. The provider had ensured all of the windows on the first and second floor of the service had been restricted and were safe.

On the first day of the inspection, water from taps in people's bedrooms and communal bathrooms was too hot. The temperatures exceeded the HSE recommended temperatures. (No hotter than 44 °C should be discharged from outlets that may be accessible to vulnerable people). This presented a serious risk of scalds for people who lived at the home. On the second day of our visit, one of the providers said they had checked all of the hot water temperatures and had spoken to a contractor about putting in place thermostatic mixing valves (TMVs). The owner said this work would be started in September 2017 and they would prioritise water outlets which were accessible to vulnerable people. In the meantime they had taken action to make people safe.

On the first day of our inspection one person had a portable heater in their bedroom which had a towel drying on top. This was a potential fire hazard and the person could have been at risk of burning themselves. There was no risk assessment to analyse the risk to the person. No portable appliance testing (PAT) had taken place at the home since 2015. Therefore no checks had taken place to ensure the portable radiator was safe to use. We included this risk in a letter we sent to the provider. On the second day of our visit, one of the providers had removed all portable radiators and had nearly completed the entire PAT testing at the home with five rooms left to do. They said a system would be put in place to ensure PAT testing was completed when electrical equipment was brought into the home and on an annual basis.

The second floor of the home is where the registered manager's office is based and is used for storage. There are no bedrooms on this floor. On the first day of our visit we found the door to this area was held open with a container of detergent. This meant the fire door was ineffective in the event of a fire as it would not close. Other chemicals were also stored openly in this area. We discussed with the provider that people could access the second floor and the potential risk to them regarding the chemicals and non-restricted windows. Measures were taken by the second day to advise people not to access the area and all chemicals had been locked away.

On the first day of our visit we found a banister at the top of the main staircase was loose. This had not been identified by staff and therefore no risk assessment had been completed to ensure it was safe and would not cause harm. On the second day of our visit the banister had been repaired and was no longer loose.

People were not protected because risks for each person were not always identified and managed. Care records on the computer system contained risk assessments for falls, nutrition monitoring and skin integrity.

The nurses reviewed these each month. Where they identified concerns in relation to people's skin integrity pressure relieving equipment had been put into place. We identified one pressure relieving mattress which was incorrectly set for the person using it. A second was set on static and was set on mute. Therefore there would be no alert to staff if the mattress was faulty. There was no system to check that pressure mattresses were set at the correct level to meet individual people's needs. On the second day of our visit the registered manager had put in place a system to ensure pressure relieving mattress settings were monitored and on the correct setting.

Medicines were not always being safely managed in particular prescribed creams. There was no system in place to ensure people had their prescribed topical creams administered as prescribed. Creams and bath emollients were in people's rooms, many stored under their sinks. There were creams which had been prescribed for people in 2015, creams which were out of date while other creams were still available even when they were no longer prescribed. There was no system to ensure the prescribed creams were rotated and disposed of when opened for a period of time. Prescribed creams were recorded on people's medicine administration record (MAR). However the nurses did not sign the MAR to demonstrate that the creams had been applied. There was a large amount of excess creams and medicines in stock at the service. Stock medicines were not being rotated as there were several items that were dated pre 2017 and some were out of date.

One person was self- medicating a prescribed inhaler. There was no risk assessment completed to ensure this was safe and no system to monitor or support them to use the equipment safely. The registered manager completed a self-administration medicine risk assessment before our second visit.

The security to protect people from intruders was poor. On arriving at the inspection on the first day the team arrived at two different times. We were able on both occasions to enter the building without staff being aware. There was no clear signage to guide us to the appropriate entrance. We discussed this with the providers and registered manager who said it was not a locked door service. They said there had been signage and they would look to ensure it was put back in place. They said they would ensure people were advised that when entering the service they needed to wait for a staff member to help them. A staff member commented to us, "Yes, they're safe but not in the case of dementia patients with there being an open front door." There was no assessment to review people's needs to ensure the provider's open door policy was suitable for the people staying at the service.

The above examples are all a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and visitors said they felt the service was safe. People's comments included, "Yes, certainly and we have a good call button system if I need help"; "I am quite safe in here" and "You ain't going to get any better than you get here." A visitor said, "We think they're definitely safe here". Another visitor said "Mum is safe... well cared for." A staff member said, "We are always making sure the residents are safe and not in harm's way".

The registered manager responded to a letter we sent to the provider about the concerns we found on the first day of our inspection. In relation to the prescribed creams they said a designated care worker would be responsible for people's creams supported by two nurses who took responsibility for medicines at the home. The registered manager also showed us on the second day of our visit a new cream chart they were implementing in September 2017. This would guide staff about what cream people had been prescribed, where it needed to be applied and the frequency of administration.

People were happy with how their medicines were managed, comments included, "I have lots of meds and

they are always on time" and "My tablets are delivered on time by the nurse. They always check I am ready for treatment. They are a good team."

People received their oral medicines safely and on time. The nurses at the service administered people's medicines. They received training from the local pharmacist. We observed a nurse administering people's medicines, they were patient and ensured people had a drink to take their medicines. Records were completed correctly and after the person had taken the medicine, apart from on one occasion.

Medicines were stored securely, including those requiring refrigeration. Records were kept in relation to medicines received into the home and medicines disposed of. However there was an excess stock of some medicines which could mean there was a risk of medicines expiring. The two designated nurses who were responsible for medicines at the home were working to reduce the excess stock at the service. The registered manager said they had arranged a meeting with the local pharmacist to discuss concerns.

During our visits there were sufficient numbers of staff on duty. Staff were busy completing tasks but appeared to have time to meet people's individual care needs. There was a nurse on duty at the service at all times supported by five care staff in the morning, four in the afternoon and one at night. Staff said they supported ten people who required two staff to help them with their repositioning needs and nine of these people required two staff to support them with their personal care needs. We were concerned as there were only two staff on duty at night to cover all areas of the home. One of the provider's said that they undertook night duties and they did not feel there was a problem meeting people's needs at night.

The majority of people went to bed before the night staff came on duty. People said they were given choice about when they went to bed and were happy there were enough staff to meet their needs. Comments included, "We don't have to wait long for attention"; "I can go to bed whenever I want"; "Yes, there's enough staff here" and "the night staff always come to say good night, see you in the morning with a cup of tea." However a visitor said their relative "had to be put to bed at 6pm as there weren't enough staff to support (person)." Another said, "Mum chooses to go to bed at 2pm. Staff try to keep her up, but if she stays up she is wiped out for the next day." A third relative said they felt staffing levels ensured people's safety.

Staff had mixed views about the staffing levels. Comments included, "We need more staff in the evening. We normally start with beds about 6.30pm. The majority seem happy with this"; "Bit hard pushed right now"; "They don't have to be in bed. But more often than not they are. Should always be their choice"; "Tasks first, not enough time to spend with people": "Staffing is normally on the whole fine. Four at the moment in the morning. Normally five. Makes a huge difference"; "Staffing levels have been affected due to staff leaving, holidays and sickness"; "Most want to be in bed by 8pm"; "Nights can be difficult depending on what is happening. Other nights are fine" and "Not against their will to go to bed."

The registered manager had completed a dependency assessment on the computer system which had calculated the assessed amount of care hours required to support the level of people's needs at the service. This showed the allocated hours on the staff rota were above the assessed amount using this system. However it was not clear how these hours were deployed to ensure people's needs were met when required. The registered manager said they would use review each person again using a different dependency tool to assure themselves there were adequate staff at all times to meet people's needs.

The provider was actively recruiting to fill several vacant day staff positions. New staff were due to start once their employment checks were completed. Staff working across the service were very flexible to help cover care duties to fill gaps where possible. Two of the providers were registered nurses and also undertook nursing duties to cover staff shortages. The registered manager said on occasions they only had four care

staff on during the morning due to staff annual leave, sickness and staff vacancies. The providers were considering using agency staff to cover any shortfalls. This meant staffing levels will increase with the planned recruitment and the management team are reviewing the deployment of staff to ensure that everyone's needs are met appropriately at all times of day.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

External contractors undertook regular servicing and testing of moving and handling equipment and fire equipment. Fire checks and drills were carried out. Guidance was given by the visiting fire officer in relation to the provider's fire risk assessment and the correct testing frequency for the lights and alarms to make these checks in line with current fire legislation. There were individual personal protection evacuation plans (PEEPs) which took account of people's mobility and communication needs. This meant, in the event of a fire, staff and emergency services staff would be aware of the safest way to move people quickly and evacuate people safely.

Staff were able to record repairs and faulty equipment in a maintenance log and these were dealt with and signed off by the maintenance person. Legionella precautions were undertaken which included purging all showers and water temperature checks and six monthly checks of the water storage tanks.

There were plans for responding to emergencies or untoward events. An emergency occurred during our visit. Staff reacted promptly, undertook an assessment and decided they needed to contact the emergency services. A staff member was designated to stay with the person to support them and reassure them when they were waiting for the ambulance to arrive.

Staff had recorded accidents promptly in the accident books and the actions they had taken at the time. However because all of the nurses working at the service were not confident using the computer system this information was not always added. For example, a person had an injury the day before our visit which had not been added to the computer system. We discussed this incident with the registered manager and we were told the information had been added during our visit.

People were protected by staff that were very knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They had received training in safeguarding of adults and had regular updates. They had a good understanding of how to report abuse both internally to management and externally to outside agencies if required. One staff member said, "If necessary I would have no hesitation whistle blowing and even report matters to the CQC or the police if I felt residents were being abused." Staff were confident the registered manager would respond to any concerns raised.

Is the service effective?

Our findings

People and relatives gave us mixed views about the food at the service. Some said there was very little choice with a poor selection. Others said they were happy with the food at the service. Comments included, "The food tends to be English...I prefer that. I find the food very good... excellent"; "The food could be better"; "I don't expect the food to be perfect. It's always edible using a lot of fresh vegetables but not much choice"; "They can't do a choice for all the people here... we have to go along with it" and "There are plenty of sandwiches with differing choices of fillings."

On the first day of our visit the lunchtime meal was sausages, spaghetti, mashed potato and eggs with semolina for dessert. The evening meal was chicken and mushroom soup, with bread and butter and chocolate cake. People appeared to enjoy their meal with some having alternatives at the evening meal and one with food they had brought themselves. The registered manager said people could have an alternative if they did not like the choice. One person said there was not a choice at teatime, "Very hit and miss."

People were only offered an alternative when the meal was being served. The registered manager said they would put in place a system so people were asked prior to the meal so people could have their meals at the same time. They confirmed that people were asked their preferences for the evening meal prior to it being served. They said they had met with the head cook to discuss the menu's and had put in place arrangements for people to be asked to help plan the menus.

Refreshments and snacks were taken around regularly and there were drinks readily available. The nurses had ensured the cooks had information about people who needed a specialist diet when they came into the service. For example, vegetarian, diabetic or a soft consistency. Where people had any swallowing difficulties, they had been seen and assessed by a speech and language therapist (SALT). Where the SALT had recommended soft or pureed food, each food was separately presented, which is good practice. Where people had been assessed as at risk of weight loss, they had their weight monitored regularly.

People's needs were met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service. People's comments when asked if they felt staff had the skills they required included, "The staff are exceptional"; "Oh definitely"; "The staff would do anything for me "and "They always seem to be going off for training." However one person said, "Some could do with a bit more."

Staff had completed the provider's induction training when they started working at Abbotsfield Hall. Induction training for new staff consisted of two days 'shadowing' experienced care workers to help them get to know the people using the service. New care workers who had no care qualifications had been supported to complete the Care Certificate programme by the previous registered manager. The Care Certificate was introduced nationally in April 2015 as best practice. The registered manager said they had new care staff scheduled to start working at the service who they would support through the care certificate.

The provider's mandatory training included first aid, infection control, fire safety, moving and handling,

health and safety and safeguarding vulnerable adults. The provider used an external training provider to deliver training at the service and sought training for staff relevant to the needs of people at the service. For example, pressure area care, Chronic Obstructive Pulmonary Disease (COPD), diabetes and end of life care. Staff were positive about the training they had received. One staff member said, "The manager has good training sessions. The external training sessions we have are very good and well-structured and also we get trained for those with special needs." Another said, "Training is good. I have just done first aid." Staff demonstrated a good understanding of safeguarding, mental capacity act and end of life care.

Nurses are required to be registered with the Nursing Midwifery Council (NMC) in order to practice. The provider undertook NMC professional registration checks when the nurses started at the service but did not undertake regular checks to ensure they remained registered. The registered manager said they would put in place a system to regularly check that the nurses at the service remained registered.

Help and support had been given to registered nurses who need to undergo a process known as revalidation in order to maintain their professional registration. The registered manager told us that one nurse had recently completed their revalidating with the support of the previous registered manager. This process involves checking that the nurse has completed the required number of reflective practice accounts, undertaken the required number of practice hours and completed training in a variety of formats. Training was also provided for the nurses to help them maintain their skills. These included male catheterisation, venepuncture (collection of blood from a vein, usually for laboratory testing) and syringe driver training (a small, portable pump that can be used to give a continuous dose of pain relief and other medicines through a syringe).

The registered manager had put in place a supervision and appraisal schedule with the expectation that staff would receive three supervisions a year and an annual appraisal. The registered manager undertook the supervision of nurses and heads of departments and had allocated responsibilities for other staff to the nurses and senior staff. Owing to the low staffing levels over the summer period some of these had not been completed. The registered manager was aware of this and said they were going to have a real drive in September to get these completed. Staff said they felt supported in their roles but one did not know how often they should receive supervisions, for example saying "Six monthly, I think?" Staff worked alongside the senior staff and the registered manager and were able to approach them on a day to day basis.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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.

The nurses at the service assessed people's capacity to make specific decisions. Where people had been assessed as not having capacity, there were processes in place to make best interests decisions on their behalf. For example, whether they could consent to the use of bedrails. Staff had received MCA training as part of their safeguarding adults training.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS). Staff had identified people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body, although they said they were waiting to be assessed. The registered manager was fully aware of the procedure to follow should a DoLS application be necessary.

People were supported to have regular appointments with their GP, dentist, optician, chiropodist and other specialists. For example, community nurses, audiology and chiropodist. One person said, "I am able to see my doctor regularly".

Health professionals said they had no concerns about the service. Comments included that staff have "always been visible at the home...the same staff present, providing continuity of care ... has been escorted by a carer, who has stayed ... throughout the session and taken an active interest."

Is the service caring?

Our findings

We spent time talking with people and observing the interactions between them and staff. Staff were kind, friendly and caring towards people and people were seen positively interacting with staff chatting, laughing and joking. People and visitors said they felt the care at Abbotsfield Hall was very good. People's comments included, "A friendly atmosphere here"; "The staff are absolutely amazing. They care, show concern and consideration"; "They are very kind. If someone wants the loo, they come very quickly" and "They treat me very, very well. I have never heard the staff be rude to anyone." A visitor said, "Staff were generally wonderful, caring and friendly" and they believed they were "good" people, and gave them ten out of ten. Another visitor said, "It is home for Mum."

Staff treated people with dignity and respect when helping them with daily living tasks. Staff said they maintained people's privacy and dignity when assisting with intimate care. For example, they knocked on bedroom doors before entering and gained consent before providing care. One person said "They treat all the residents with respect." Another person said, "The staff treat me extremely well". A third person said, "I can lock my door if I want but I never do."

In the provider information return (PIR) it was recorded that there are 22 bedrooms at the service with six that can be used as shared rooms. We saw screens in shared rooms which could be used by staff to ensure people's dignity and privacy was maintained.

Staff involved people in their care and supported them to make daily choices. For example, people chose where they would like to spend the day and the clothes they wore. One person commented, "The staff always ask my consent when helping me." Another who required support with changing their catheter bag said, "They ask me first before giving me help... and say you must tell me if it hurts."

People's relatives and friends were able to visit without being unnecessarily restricted. One person said, "They (staff) give my friend every bit of help and encouragement." A relative said, "We are made to feel very welcome. It is a very pleasant atmosphere."

People's rooms were personalised with their personal possessions, photographs and their own furniture. The provider said when a job needed doing regarding maintenance or something to help people, for example hanging pictures; they made an effort to sort these things out as quickly as possible. In the main entrance to the home there were staff photographs to advise people and visitors who staff were and the positions they held.

The provider offered end of life care, although no one needed this type of care when we visited. The registered manager and a nurse had completed the six steps end of life programme to further improve end of life care at the service. The six steps programme is a national end of life qualification that aims to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care.

One health care professional said "That some of the staff needed training in end of life care." This was being addressed as recorded in the PIR, "We are a centre for excellence in End of Life care. (RM and nurse) have completed the Six Steps Programme... We are due to have training from ... our end of life specialist nurse."

Is the service responsive?

Our findings

The service was not always responsive to people's needs because people's care and support was not well planned when their needs changed. Before people came to the service a member of the management team visited them. They discussed their requirements with them to assess if the home could meet their needs. A person said, "My care package suits my needs." A care worker said, "Person centred care means we give people a choice and care packages are bespoke to residents' needs."

The provider had a new computerized care record system they had started to use about six months after our last inspection in July 2015. Staff had received basic training on the computerised system but some were finding it difficult to use. Following a pre admission assessment, care plans had been recorded on the system to guide staff how people would like to receive their care, treatment and support. However some areas of people's care plans were not completed. For example sections linked to issues relating to food, resident meal choice history and food, drink and nutritional likes and dislikes. Other care plans had not always been updated in a timely way to reflect people's changing needs. This was because not all of the nurses were able to record information on the computer system. Examples included, One person did not have a very good appetite and was prescribed a drink supplement. There was no guidance for staff on their care plan to support the person to have a nutritious diet. However staff were aware of the person's likes and dislikes and the person's weight had remained stable.

Another person had been assessed by the speech and language team (SALT) as requiring an additive in their drink because of a swallowing issue. Their care plan identified they required monitoring and yet there was no formal monitoring in place. There was also no guidance to staff about the risk to the person regarding their choking risk. We were assured that this person had made decisions around having the additive in their drink and that staff were all aware of this. The registered manager ensured improvements were made to this person's care plan to ensure it reflected their wishes and guided staff appropriately.

The registered manager and providers were aware of the difficulties and following the inspection informed us they were reverting back to a paper based system. The nurses would then be able to input information into care plans and record changes promptly. This would then be accessible to all staff to guide them on people's changing needs and to provide safe consistent care. At our inspection in July 2015 we had found no concerns with the paper care records used at that time.

In addition to the computerised system there were other means of communication at the service. These included a small consistent staff team that communicated well, and staff attended a handover meeting at the beginning of each shift. Staff used a communication book to record information they wanted to share. This meant staff were informed of people's changing needs.

People were supported to follow their interests and take part in social activities. Staff would inform people of the activities available at the service each day. During our visits people were using the outside garden and were going on trips with family members. There was an activities board in the lounge with daily events. Examples of activities provided included, falcons, harpist, agility dogs and a Dartmoor zoo visit. One person

said, "One of the carers looks after the activities; we have bingo, piano recitals and even have animals visit us...like reptiles!" There was a regular external entertainer booked who visited the service which people said they enjoyed.

One person particularly interested in gardening had difficulty seeing out of their window. They said they were very pleased that the provider had created their own raised little flower bed for them about a metre away in a purpose built box, so they could see it every day from where they sat. Those wanting to have spiritual support were able to receive communion at the service every six weeks.

Staff said they felt more could be done to ensure people had their social needs met as they did not have time because of the staff levels to interact with people. One said, "People are definitely well looked after, but they need entertainment." Another said, "Like a people factory. Lack of stimulation." A third said there was not enough time allocated for activities. A staff member worked four hours a week to undertake one to one activities. They spent time with people in their rooms to ensure they undertook meaningful activities and were not at risk of social isolation. People also confirmed they were happy with the activities provided at the service.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and visitors said they would be happy to raise concerns with any staff member and would be confident they would take action. One person commented, "If I have any problems I feel I can talk to the 'sister' (nurse) or the manager." Another said, "You can talk to the manager about anything, she's very good."

The service had a written complaints policy and procedure and information was given to people about how to raise a complaint. It included contact details of other organisations people could contact if they were dissatisfied with how their complaint was dealt with by the home. The complaints log showed there had been two complaints received in the past 12 months. One complaint was regarding the positioning of a person's call bell and the other about shared toileting provision. These had both been dealt with appropriately and to the complainants satisfaction, which was confirmed by the complainant. The registered manager had sent a letter to the complainants about the action that had been taken. This showed that the management team listened to complaints and took action to improve their practice.

Is the service well-led?

Our findings

Several people said they would be pleased to recommend the home to others. Two people said they had been encouraged to come to the home as a result of another's recommendation.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left the service in April 2017 to manage another home associated with some of the providers of Abbotsfield Hall. However they continued to work at Abbotfield Hall at times and were working at the service as a bank nurse on the second day of our inspection.

The new registered manager said the transition from being a nurse working at the service to becoming the registered manager had not been simple. They said since September 2016 they had started to increase their role and had taken on managerial responsibilities. They were asked in January 2017 to be the manager. Since taking on the role of registered manager they had identified there were numerous areas which needed improving.

When the registered manager was on leave it was not clear about the leadership at the service and who made decisions about admissions. The evening before the first day of our visit a person had been admitted to the service. The nurses on duty had recorded that the person had been placed unsafely at Abbotsfield Hall. However it was not clear who had made the decision to admit the person into the service. We discussed with the provider and registered manager that there was no clear decision maker in the absence of the registered manager. The registered manager wrote to us after the inspection stating they were developing a management structure plan. This would "ensure that everyone is clear about the management structure."

The provider had started using a new computerised care recording system about six months after our last inspection. This had caused difficulty as some of the nurses were unable to input information and use the computer system effectively. We discussed with the providers and registered manager that the system in place was not safe as all staff could not access it and information was not being added. The registered manager wrote to us after the inspection telling us they had held a meeting with the nurses at the service to discuss which system to use. Following the meeting they had decided to revert back to the paper based system and hoped the care records would be transferred by the 10 October 2017.

Policies and procedures at the home had not been reviewed since 2013 and still referred to the previous regulations which were superseded by new ones in 2014. The providers said they were reviewing the policies in another service owned by them and would then transfer these policies and make them relevant to Abbotsfield Hall. This meant staff did not have up to date guidance and current regulations to ensure they followed up to date practice.

The provider's policy and procedures for safeguarding was not in the policy file. The registered manager said that staff often removed it for their training needs. The safeguarding policy was added to the file during the inspection. We highlighted to the providers and registered manager that it had not been reviewed since 2013 and still referred to the previous regulations which were superseded by new ones in 2014. Staff had demonstrated their knowledge of safeguarding but they did not have up to date guidelines about how to protect vulnerable adults.

The provider did not have robust quality assurance procedures in place to ensure the safe running of the service. There was no system to monitor audits which had been completed to ensure actions identified had been undertaken. In May 2017 designated staff had completed a fire check. They had identified that nine fire doors required fire strips and that one door did not have a fire guard door closure in place. There was no records to show if action had been taken in response to these findings. The provider wrote to us after the first day of our inspection and made us aware that the fire strips had been replaced but this had not been recorded. We made the fire officer aware of the concerns we found and they have undertaken a visit and discussed the fire door guard highlighted in the fire check.

A safety audit had been carried out in September 2016 which included fire protection, security, and housekeeping. On the document it was recorded by the registered manager that this should be reviewed six monthly. This had not been carried out.

There were accident and incident reporting systems in place at the service. The nurses completed the accident book and recorded the action they had taken. However there was no effective system to show the registered manager monitored all accidents in the home and ensured staff had acted appropriately regarding untoward incidents. They had not regularly looked to see if there were any patterns in regards to location or types of incident. The registered manager said there had been an audit system in place but this had not been maintained. On the second day of our visit the registered manager showed us a new accident auditing document they were putting into place. They said a nurse had been delegated responsibility to start redoing the audits.

The registered manager had put in place a supervision schedule. They were aware that some staff had not received supervision for over six months. They had not taken action to reallocate supervisions or undertake them themselves to ensure staff received individual support. This meant this system was not effective.

There was no system in place to monitor that window restrictors remained in place and that the hot water temperatures at taps accessible to vulnerable people were monitored. The provider said checking the windows and water temperatures would be added to the maintenance person's checks.

The statement of purpose for the service was out of date and had not been reviewed since 2010. The organisational structure still referred to the providers when they were in day to day control at the service. It had not been updated to include the registered manager's role. The contact details recorded for CQC were out of date and no longer in use.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not notified Care Quality Commission (CQC) about significant events which had occurred at the service since January 2017. The provider has legal obligations to submit statutory notifications when certain events, such as a death or injury to a person occurred. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider and registered

manager said they did not have access to the CQC portal on the website to be able to submit the notifications. This had been used by the previous registered manager but had not been reassigned. We explained that they could also send notifications by post or by email. Nine retrospective notifications were submitted by the provider and registered manager following our discussion on the first day of our visit. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4).

People were positive about the management team at the service. One person said, "The new manager is always approachable". Another person said, "Two of the providers take part in running the home and are regularly here on duty. They listen and act upon suggestions." However one person who had been at the service for over three months said they did not know who the registered manager was.

Staff said they felt the management support was good and were positive about the changes made by the new registered manager. One staff member said, "We are in a period of transition. (The registered manager) is implementing changes and is fantastic on the paperwork. The daily routines remain unchanged." Another explained how they had talked through a situation with the registered manager and said they felt the input they gave was very good.

People and those important to them had some opportunities to feedback their views about the home and quality of the service they received. A survey was available for people living at the home, visiting health and social care professionals and visitors to complete if they chose. There was also a comments box for people to record suggestions. In February 2017 the registered manager had collated the five suggestions made which related to activities, management, hoists, communication and time for people. The registered manager had addressed each of these topics in a collated response. One person said, "I have completed a questionnaire together with my wife and I have only been here a few months."

Residents and relatives' meetings were not held at the service. The providers said they had had tried in the past but they had not been very successful with only a handful of people attending. The registered manager said that people at the service had ample opportunities to raise concerns and when they need to be could be "very vocal".

Staff were actively involved in developing the service. Full staff meetings were held every three months as well as meetings with individual departments. For example, nurses, kitchen staff and housekeeping. The last staff meeting was held in June 2017 but the minutes could not be found. However at the previous meeting in April 2017 the registered manager had discussed numerous topics with staff. These included training, the computer system, activities, manual handling equipment information sharing and supervisions. This meant the registered manager was informing staff of changes being made and asking their opinions.

The provider had displayed the rating of their previous inspection in the main entrance of the home.

The service was inspected by an environmental health officer in relation to food hygiene and safety. The service had been awarded the highest rating of five. This showed the provider had ensured good standards and record keeping in relation to food hygiene.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The provider had not notified the Commission without delay of incidents specified in paragraph (2) 18(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured that care and treatment was provided in a safe way. They had not assessed the health and safety risks to people. The premises were not always safe. Medicines were not safely managed. 12(1)(2)(a)(b)(d)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have systems or processes established and operated effectively to assess, monitor and improve the quality and safety of the services provided. 17(1)(2)(a)(b)