

MACC Care Limited

# Abbey Rose Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Abbey Rose Care Home is a care home providing personal care and accommodation for up to 85 people who are frail or are living with dementia. On the day of the inspection, 76 people were receiving support. The service was delivered across three floors with a lounge and dining room on each floor. People had access to an en-suite bathroom and an outdoor area.

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

The registered manager knew of their responsibility to notify CQC of incidents of concern, however there was some delay where people had an authorised deprivation of liberty. They took immediate action to address this and improve their systems. People and relatives were happy with the way the service was led and were able to raise concerns. People and relatives told us support was individualised and they were involved in decisions. Audits were carried out to ensure the quality of the service was maintained.

People and relatives told us safe care was provided and staff had good knowledge of people's needs. Medicines were managed safely. The provider had a robust recruitment process in place and there were enough staff to meet people's needs. People and relatives told us there were good infection control measures in place and our observations confirmed this. Action was taken quickly to improve the quality of care when incidents were identified and learning was shared with the staff team.

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 good (published 02 April 2020).

### Why we inspected

The inspection was prompted in part due to concerns received about the quality of care provided at night and staff feeling unsupported and unable to raise concerns. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same, good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see

the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey Rose Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Abbey Rose Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and a specialist advisor (who was a qualified nurse). An Expert by Experience worked off site making phone calls to people's relatives. 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

Abbey Rose Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 six people who used the service and thirteen relatives about their experience of the care provided. We spoke with fifteen members of staff including the registered manager, nurses, senior care workers, care workers, domestics and the chef. We spoke with three health care professionals who visited the service.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three 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.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Prior to the inspection concerns had been raised about how people were supported at night. We did not find evidence to substantiate these concerns. Records were completed to show the support people received at night and people did not raise concerns. Staff who worked at night told us they felt supported and a member of the management team had recently worked alongside them and had also completed unannounced visits.
- People and relatives told us staff knew their needs well and action had been taken to reduce risks. One relative told us, "We feared for [person's] safety at home for various reasons and these incidents have been removed. Interventions have been put in place to mitigate these."
- Risk assessments were in place and staff were aware of people's risks and how to support people to keep them safe. For example, when people needed more specialised support with moving and handling.
- Where people were at risk of developing pressure ulcers the appropriate equipment was provided with regular checks to ensure it was fully working. Staff recorded when they supported people to reposition and this was completed in line with their risk assessment.

### Learning lessons when things go wrong

- The registered manager took action when incidents occurred to minimise the risk of them happening again. For example, there had been an incident where concerns were expressed about the quality of information shared when a person moved to another home. The records did not evidence what information had been shared. The registered manager took immediate steps to improve the system to ensure there was evidence of information shared with other services.
- The provider had a system in place to monitor incidents and accidents. There was an analysis of the information to identify any patterns or trends.

### Staffing and recruitment

- People and most relatives told us there were enough staff. One relative said, "There always seems to be plenty of staff around. If ever I need to speak to someone, I can easily find them." Our observations supported this and people received care in a timely way.
- Staff were allocated to work on specific floors of the home. The skills and experience of the staff team was considered to ensure that each staff group had the correct mix to meet people's individual needs.
- Staff had been recruited safely. All pre-employment checks had been carried out including the completion of a Disclosure and Barring Service (DBS) check and references. A DBS check was carried out to ensure the provider had employed suitable care staff to support people.

### Using medicines safely

- Medicines were managed safely and in line with good practice guidance. People and relatives told us they were happy with how medicines were being administered.
- Where people received medicines covertly (in a disguised way), a mental capacity assessment had been carried out and a best interest meeting with the relevant people. The pharmacist had also been consulted to ensure the medicine was administered in an appropriate and safe way.
- The administration of people's medicines was recorded appropriately, and medicines were stored safely. Where people had medicines prescribed on a 'when required' basis (PRN) there was supporting information to help staff to know when to give the medicine.

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

- People and relatives told us they felt safe. One person said, "I feel very safe thank you, they know how to look after me." A relative told us, "I do feel [person's] safe. I've seen the girls with them and they're absolutely lovely and I've seen them with other residents as well. It sets your mind at ease."
- Staff had received safeguarding training and were able to describe the action they would take to report any concerns. One staff member said, "I would record the concern and report it to the nurse in charge and team leader."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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;

- The registered manager understood their legal requirements within the law to notify us of incidents of concern. The provider had systems in place to ensure we were usually notified of incidents however there was a delay in informing us when some people had an authorised deprivation of liberty in place. The registered manager had experienced some technical difficulties when submitting the notifications which they took immediate action to address and implemented an improved system to ensure this did not happen again.
- Systems were in place to assess and monitor the quality and safety of the service provided to people, with provider oversight. Audits were completed on care and medicines records and prompt action taken where inconsistencies were identified.
- There was a clear staffing structure in place and staff were clear of their responsibilities. Governance meetings were held with senior staff where discussions included looking at emerging risks and action that could be taken to reduce them.

Continuous learning and improving care

- Some relatives told us there had been occasions when their phone calls had not been answered. The provider took immediate action to ensure any missed calls were returned and purchased additional mobile handsets to address this issue.
- In response to concerns raised about the quality of care at night, a member of the management team carried out some unannounced night visits. A member of staff told us, "We had a night visit not long ago and management will work a night with us." Although the concerns were not substantiated, they did identify some improvements could be made with recording and arranged for further training. We found care records demonstrated regular care given during the night.

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

- People and relatives spoke positively about the service and gave examples of how person-centred care was provided. One person told us, "I can get up and go to bed at the time I want. They respect my wishes." A relative said, "I really do think they go for everyone's individual needs. I think they're second to none."
- Relatives told us how people's lives had improved since living at the service. One relative said, "There's been a big improvement in [person's] health".
- Staff felt the service was well led and managers were approachable. One staff member said, "They have an

open-door policy. When I go to them about something with the residents it is dealt with."

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 management team were open and transparent during the inspection and demonstrated a willingness to listen and make improvements where required. This was demonstrated by the action they took in response to our feedback during the inspection.

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

- The provider had developed the systems for staff support in response to the COVID-19 pandemic and following some whistleblowing concerns. This included specific times at evening and weekends where the registered manager was available for staff to discuss any concerns on a one to one basis and a staff support group meeting.
- The provider carried out an annual survey to gain people, relatives and staffs views on the service. The action taken from the survey was shared in a "You said, we did" poster.
- Relatives told us they were involved in peoples care. One relative told us, "They telephone me to ask me if there's anything they could do for [person's] care." Another said, "My experience so far cannot fault anything they've done for [person], we've felt very involved."

Working in partnership with others

- The service worked in partnership with physiotherapists, social workers and other health care professionals and relatives to ensure people were getting the care they needed. All the health care professionals we spoke with told us staff were knowledgeable about people's needs. One professional told us, "They follow up on plans and are proactive."