Abbeycliffe Limited

Abbeycliffe Residential Care Home

Inspection report

50 School Street
Radcliffe
Manchester
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Date of inspection visit: 22 April 2015
Date of publication: 12/06/2015

Ratings

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

Overall summary

Abbeycliffe Residential Care Home is a detached two storey purpose built home situated in a residential area of Radcliffe. The home is registered to care for up to 36 elderly people who require personal care. There were 35 people using the service at the time of the inspection.

This was an unannounced inspection that took place on 22 April 2015. We last inspected the home on 8 October 2013. At that inspection we found the service was meeting all the regulations that we reviewed.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run.

Summary of findings

We found the provider did not have adequate systems in place to prevent and control the spread of infection. Staff hand washing facilities, such as liquid soap and paper towels, were not available in some areas of the home where personal care was delivered. Good hand hygiene helps prevent the spread of infection. We also found that soiled laundry was not handled safely. Incorrect handling of laundry can pose an infection hazard. This was a breach of Regulation 12 (2) (h) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report.

People's care records contained enough information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

People who used the service told us they felt the staff had the skills and experience to meet their needs. They spoke positively of the kindness and caring attitude of the staff and told us they enjoyed the activities that were provided.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. We saw that staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

Staff we spoke with had a good understanding of the care and support that people required. We saw people looked well cared for and there was enough equipment available to promote people's safety, comfort and independence.

Staff were able to demonstrate their understanding of the whistle blowing procedures and they knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

We found the system for managing medicines was safe and we saw how the staff worked in cooperation with other health and social care professionals to ensure that people received appropriate care and treatment.

Food stocks were good and the meals provided were varied and nutritionally balanced. People told us they enjoyed their meals and there was always plenty to eat.

We saw there were risk assessments in place for the safety of the premises. All areas of the home and garden were accessible and well maintained. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home and there were opportunities, such as questionnaires and meetings, for people to comment on the facilities of the service and the quality of the care provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

One aspect of the service was not safe.

Adequate systems were not in place to prevent and control the spread of infection. We found that staff hand washing facilities, such as liquid soap and paper towels, were not available in some areas of the home where personal care was delivered. Good hand hygiene helps prevent the spread of infection. We also found that soiled laundry was not handled safely. Incorrect handling of laundry can pose an infection hazard.

Sufficient suitably trained staff ,who had been safely recruited, were available at all times to meet people's needs.

Suitable arrangements were in place to help safeguard people from abuse. Staff were able to tell us what action they would take if abuse was suspected or witnessed. Staff were also aware of the whistle-blowing procedure.

The system for managing medicines was safe and people received their medicines when they needed them.

Is the service effective?

Good

The service was effective.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

Staff received sufficient training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

People were provided with a choice of suitable nutritious food and drink to ensure their health care needs were met.

Is the service caring?

Good

The service was caring

People who used the service spoke positively of the kindness and caring attitude of the staff. We saw staff cared for the people who used the service with dignity and respect and attended to their needs in an unhurried way.

The staff showed they had a good understanding of the care and support that people required.

Specialised training was provided to help ensure that staff were able to care for people who were very ill and needed end of life care.

Summary of findings

Is the service responsive?

Good

The service was responsive.

The care records contained sufficient information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information contained within them was fully reflective of the person's current support needs.

In the event of a person being transferred to hospital or another service, information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care.

The provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

Good

The service was well led.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Staff spoke positively about working at the home. They told us the management team were supportive and approachable.

Abbeycliffe Residential Care 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 was planned to check 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.'

This inspection took place on 22 April 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before this inspection we reviewed the previous inspection report and notifications that we had received from the service. We also contacted the local authority commissioners of the service to seek their views about the home. They told us they had no concerns.

During this inspection we spoke with five people who used the service, the registered manager, two deputy managers, a care assistant, the laundry assistant and a member of the domestic staff. We did this to gain their views about the service provided. We looked around most areas of the home, looked at how staff cared for and supported people, looked at three people's care records, twelve medicine records, three staff recruitment and training records and records about the management of the home.

Requires improvement

Is the service safe?

Our findings

We looked around all the living areas of the home, bathrooms, toilets and several of the bedrooms. We found the home was clean and free from any offensive odours. We saw that colour coded mops, cloths and buckets were in use for cleaning; to help ensure the risk from cross-contamination was kept to a minimum.

We found that staff hand washing facilities such as liquid soap and paper towels were not available in two of the shower rooms and also in the bedrooms of people who received personal care. We were told that it was felt staff hand washing in bedrooms was not necessary as alcohol hand gels were in use and staff wore gloves when carrying out personal care. Alcohol hand-gels are not suitable for use on hands that are dirty or contaminated with body fluids. Gloves reduce the risk of contamination but do not eliminate it. They are not a substitute for hand washing. Good hand hygiene helps prevent the spread of infection.

We saw infection prevention and control policies and procedures were in place, regular infection control audits were undertaken and infection prevention and control training had been undertaken for all staff. We were told there was a designated lead person who was responsible for the infection prevention and control management.

The provider had on-site laundry facilities. A discussion with the laundry staff identified they handled heavily soiled linen inappropriately. We were told that heavily soiled items were sluiced by hand before being put into the washing machine. Heavily soiled items of laundry need to be placed in water-soluble bags before being placed into the washing machine for decontamination. Incorrect handling of laundry can pose an infection hazard.

The provider did not have adequate systems in place to prevent and control the spread of infection. This was a breach of Regulation 12(2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that all areas of the home were easily accessible for people with limited mobility. To keep people safe, access to and from the home was via door keypads. The front garden was freely accessible to people who used the service. There was a key pad on the garden gate so that people who used the service were kept safe and the risk of entry into the garden and home by unauthorised persons was reduced.

The provider had taken steps to ensure the safety of people using the service by ensuring the upstairs windows were fitted with restrictors and the radiators were suitably protected with covers.

We saw there were risk assessments in place for the safety of the premises. There was also a 'contingency plan' in place in the event of any emergency such as utility failures and anything else that could be detrimental to the provision of care.

There were certificates in place which confirmed regular checks were carried out on facilities such as the electricity and gas supply. We looked at the maintenance records and saw that the equipment in place was maintained in accordance with the manufacturers' instructions. This helps to ensure the safety and well-being of everybody within the home.

We looked to see what systems were in place in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. These were kept in the 'emergency file' to ensure they were easily accessible in the event of an emergency.

The care records we looked at showed that risks to people's health and well-being had been assessed, such as poor nutrition and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks.

We saw that suitable arrangements were in place to help safeguard people from abuse. Inspection of the training plan showed all staff had received training in the protection of adults. Policies and procedures for safeguarding people from harm were displayed on the staff notice board. There was also a leaflet located in the office which contained telephone numbers for staff to contact the relevant safeguarding team. The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

We looked at three staff personnel files and saw a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and

Requires improvement

Is the service safe?

Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

The staffing rotas we looked at, plus our observations throughout the day, demonstrated there were enough staff on duty at all times to meet people's needs. Staff and people who used the service told us they felt there were sufficient numbers of staff on duty.

We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) of 12 people who used the service. We found that medicines, including controlled drugs, were stored securely and only authorised, suitably trained care staff had access to them.

Appropriate arrangements were in place in relation to obtaining medicines. We saw that sufficient stocks of medication were maintained to allow continuity of treatment. When a medicine was received into the home staff recorded the quantity received onto the MAR. Staff also recorded how much medicine had been brought forward from the previous month. This helped ensure medicines could be accounted for as the stock of medicines could be checked against the amount recorded as being given.

We saw that some people were prescribed 'thickeners'. Thickeners' are added to drinks, and sometimes food for people who have difficulty swallowing, and they may help prevent choking. A discussion with staff showed they knew when the 'thickeners' were to be given and how much was required for each person. This information was recorded in the person's care plan. We saw however, that staff who administered the 'thickener' were not always recording when it was given. It is important that this information is recorded to ensure that people are given their medicine consistently and as prescribed. We discussed the issue with the registered manager who informed us that a system would be put into place immediately to ensure the administration of the prescribed medication of thickeners was always recorded.

Inspection of the MARs showed that some people were prescribed medicines, such as painkillers, to be taken only 'when required'. In seven of the MARs there was no personalised information for care staff to follow in order to ensure that the medicines were given correctly and consistently with regard to the individual needs and preferences of each person. The registered manager told us that this was an oversight as some people did have the information in place. Records we looked at confirmed this information was correct. We were told the oversight would be addressed immediately.

We asked two of the people who used the service if they received their medicines on time. One person told us, "I don't need any painkillers. I have a couple of tablets in the morning and that's it". The other person told us, "I get two tablets twice a day and they never miss".

We saw that appropriate arrangements were in place to safely dispose of medicines that were no longer needed.

We looked at three staff personnel files and saw that a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire and at least two professional references. Checks had been carried out with the Disclosure and Barring Scheme (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). This was contained in the policy files and was also displayed on the staff notice board. Staff we spoke with were familiar with the policy and knew how to escalate concerns to outside agencies if they needed to.

Good

Is the service effective?

Our findings

The people we spoke with told us they felt the staff had the skills and experience to meet their needs. Comments made included, “They know what they are doing” and “I have every confidence in them. They are good”.

The care staff we spoke with told us they had received the necessary training to enable them to do their jobs effectively and safely. We were given a copy of the training spreadsheet which showed that people had received essential training in areas such as; moving and handling, first aid, food hygiene and health and safety. The training sheet showed that further training had been undertaken by some of the staff in clinical topics such as diabetes management, nutrition, dementia care and end of life care.

We were shown the induction programme that all newly employed staff had to undertake when they first started to work at the home. It contained information to help staff understand what was expected of them and what needed to be done to ensure the safety of the staff and the people who used the service.

Records we looked at also showed systems were in place to ensure staff received regular supervision and appraisal. We were told that formal supervision of staff took place every eight weeks. Supervision meetings help staff to discuss their progress at work and also discuss any learning and development needs they may have. We saw that four of the supervision records were not dated. To ensure supervision records are relevant and up to date they need to be dated. We were assured that the supervision had been undertaken recently by the newly appointed deputy manager and that the omission would be rectified.

We asked the registered manager and one of the two deputy managers to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is essentially a person centred safeguard to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way. What the managers told us demonstrated they had a good understanding of the importance of determining if a person had the capacity to give consent to their care and treatment.

The registered manager and the deputy manager were also aware of the procedure to follow in the event of a person being deprived of their liberty. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. We were told that two people who used the service were subject to a DoLS. The registered manager told us they were aware of recent changes to the law whereby people in a care home might be considered as being deprived of their liberty. We were informed that they were taking the necessary action to ensure any restrictions placed on people were legally authorised. Records we looked at provided evidence that the registered manager had followed the correct procedure to ensure any restrictions to which a person was unable to consent, were legally authorised under the DoLS.

We were told that only the registered manager and one of the deputy managers had undertaken training in the MCA. The training records we looked at confirmed this information was correct. To ensure people who are unable to make their own decisions are protected, all care staff need to understand and be aware of their responsibilities under the MCA. The registered manager told us that training for all care staff was being arranged.

We asked the registered manager to tell us what arrangements were in place to enable the people who used the service to give consent to their care and treatment. We were told that any care and treatment provided was always discussed and agreed with people who were able to consent. The people we spoke with confirmed this information was correct. People told us they were able to make decisions about their daily routines and were able to consent to the care and support they required. Comments made included; “It’s alright here. You can do what you want and go to bed and stuff like that when you like”.

From our observations and inspection of care records it was evident that some people were not able to consent to the care provided. We asked the registered manager to tell us how they ensured the care provided was in the person’s best interest. We were told that if an assessment showed the person did not have the mental capacity to make decisions then a 'best interest' meeting was arranged. A 'best interest' meeting is where other professionals, and

Good

Is the service effective?

family if relevant, decide the best course of action to take to ensure the best outcome for the person who used the service. We saw evidence of a 'best interest' meeting that had been held.

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. We looked at the menus. They showed that the meals provided were varied and nutritionally balanced. We observed the lunchtime meal being served. We saw it was a relaxed and pleasant experience for people. The dining tables were nicely set with tablecloths, napkins, condiments and individual milk jugs and sugar bowls. People chatted happily with each other and/or with the staff. A choice of meal and dessert was offered and people were asked if they wished to have brown or white bread or both. Tea or coffee was served during the meal. People we spoke with told us they enjoyed the food and had plenty to eat. Comments made included; "Yes I enjoy the meals" and "All very nice".

We looked at the kitchen and food storage areas and saw good stocks of food were available. Staff told us that food was always available out of hours.

Records we looked at showed that following each meal staff completed records for those people who required monitoring of their food and fluid intake. The care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration. We saw action was taken, such as a referral to the dietician or to their GP, if a risk was identified.

The care records also showed that people had access to external health and social care professionals, such as community nurses, opticians and dentists. We were told that a nurse practitioner from the local GP surgery visited the home on a weekly basis to undertake reviews of people's care and treatment and also to provide support and advice to staff.

Good

Is the service caring?

Our findings

People who used the service were complimentary about the staff. Comments made included; “They are all very nice and very good” and “They look after me well”.

People looked well groomed, well cared for and they wore clean and appropriate clothing. The hairdresser was in the home during the inspection. We were told they visited the home twice a week. As well as having their hair dressed we saw that people who wished to were having manicures.

We saw cards and letters thanking the staff for the care provided. The message on one card read, “The care and love you showed was above and beyond what we expected”. Another one read, “We were made to feel welcome”. We also saw a comment on one of the family questionnaires which read, “Overall the staff are very kind and supportive, management very receptive and my relative feels comfortable and very happy here; thank you for your kindness and hard work”.

A discussion with staff showed they had a good understanding of the needs of the people they were looking after. We saw staff cared for the people who used the service with dignity and respect and attended to their needs in an unhurried way. Staff spoke with people in a quiet, kind and friendly manner. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people’s bedrooms. This was to ensure people had their privacy and dignity respected.

We saw how staff encouraged people to maintain their independence and enjoy their surroundings. The front door of the home was left open so that people could enjoy the warm weather and sit or walk around the secure garden.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that one of the deputy managers had undertaken end of life training called Six Steps and as the Six Steps Champion they shared their knowledge and information with other staff members. This was to ensure that all people who used the service received appropriate end of life care when needed. We were also informed that the staff at the home received good support from the district nurses, GPs and the local hospice’s ‘24 hour at home service’.

Good

Is the service responsive?

Our findings

We asked the deputy manager to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people were assessed by a senior member of staff from the home before they were admitted. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by the staff.

We looked at the care records of three people who used the service. The care records contained enough information to guide staff on the care and support to be provided. The care records were reviewed regularly to ensure the information reflected the person's current support needs. We saw evidence in the care records to show that either the person who used the service and/or their family had been involved in the care planning and decision making.

We were told that in the event of a person being transferred to hospital or to another service, information about the person's care needs and the medication they were receiving would be sent with them.

We looked to see what activities were provided for people. We were told that the deputy manager and a designated care assistant were responsible for organising activities. We were told that at the last 'resident's meeting' in March 2015 people were asked what activities they would like to have. Suggestions were made for varied indoor and outdoor activities such as gardening, a beetle drive, dominoes and a regular quiz. People told staff they wanted the quiz to be held in the small lounge as it would be quieter and they could then hear all the questions. We were shown the activities and entertainment plan that was displayed on a notice board in a corridor. It showed that regular outings and events that people had requested had been arranged. On the day of the inspection we saw that many of the people who used the service had gone to a Saint George's Day celebration at the local civic hall. On their return people told us they had enjoyed themselves.

The layout of the building ensured that all areas of the home were accessible for people whose mobility was limited. The corridors were wide enough to enable people to walk around freely, some with wheeled walking frames. Staff told us they had enough equipment to meet people's needs. We saw that adequate equipment and adaptations were available to promote people's safety, independence and comfort.

The complaints procedure was displayed and we saw the provider had a clear procedure in place with regards to responding to any complaints and concerns. We looked at the complaints and concerns file. We saw that any concerns raised were recorded. The file also provided evidence of the action taken to address the concerns. People we spoke with told us they would feel able to raise concerns with any of the staff.

Good

Is the service well-led?

Our findings

A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run. The registered manager, who has been in post since the home was registered on 19 April 2013, was present on the day of inspection.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were told that regular checks were undertaken on all aspects of the running of the home. We were shown the audit file that had an audit plan showing the areas of practice that were to be monitored throughout the year. We saw evidence of some of the checks that had been undertaken, for example on food hygiene, medication records and care plans. We saw that where improvements were needed, action was identified, along with a timescale for completion.

Records we looked at showed that staff meetings were held every three months. We saw that separate meetings were held for the ancillary staff, care staff, senior care staff and for the managers. The staff we had discussions with spoke positively about working at the home. They told us the management team were supportive and approachable.

We were told that formal meetings for people who used the service were held every six months but there was always an 'open door' for people to discuss issues anytime they wished. We looked at the record of the last meeting and saw that several topics were discussed. Discussions were about such things as activities, the menus, fire safety and how to make a complaint. It was stressed in the meeting that people's input into the meeting was vital and that their opinions counted.

We saw management sought feedback from people who used the service, their relatives and staff, through annual questionnaires. We looked at some of the responses to the questionnaires from people who used the service. Comments made were overall very positive about the service and facilities provided. One person made a suggestion to have a radio in the small lounge for two specified days of the week. This was acted upon by the registered manager and we were told it was welcomed by the people who used the room.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider did not have adequate systems in place to prevent and control the spread of infection.**