

Abacus Quality Care Ltd

Abacus Quality Care Ltd T/A Abacus Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 31 October 2016. This was an unannounced inspection. At our previous inspection on the 19 October 2015 the provider was not meeting all the regulations relating to the Health and Social Care Act 2008. There were breaches in meeting the legal requirements regarding managing environmental and individual risks to people, the deployment of staff, guidance for staff in relation to the management of medicines and notifying us of incidents and events that affected people using the service. In other areas the service was meeting the regulations that we checked but we asked the provider to make some improvements. Such as the staff recruitment checks, the staff's understanding of the deprivation of liberty safeguards and the activities and social stimulation available to people. The provider sent us a report in November 2015 explaining the actions they had and were taking to improve. At this inspection, we found improvements had been made, but further improvements were needed.

The service was registered to provide accommodation and personal care for up to 27 older people that were living with dementia. At the time of our inspection there were 19 people using the service.

There was no registered manager in post at the time of our inspection. 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. A new manager was due to commence employment the day after our inspection visit. The provider has confirmed since our visit that the new manager is now in post and has begun the process of registering with us. The new manager was being supported by the deputy manager who has been overseeing the management of the home with support from the provider.

Staff understood about the deprivation of liberty safeguards and how to protect people's rights but were unaware of any legal restrictions on people's freedom and liberty to ensure these restrictions were followed.

The recruitment checks undertaken had been improved. Staff spoken with and records seen demonstrated that all of the required checks were undertaken before staff commenced employment.

Improvements were seen in the assessments in place that identified risks to people's health and safety and care plans directed staff on how to minimise identified risks. Care staff told us they had all the equipment they needed to assist people safely and understood about people's individual risks. There were enough staff on duty to support people and people received their medicines in safe way. The provider had ensured that environmental risks were managed safely.

Improvements were seen in the support provided to staff and the staffs understanding of people's needs. People were supported by staff that understood their needs because they received training, support and supervision. People were supported to make their own decisions because staff understood the importance

of gaining people's consent and enabling them to make their own decisions whenever possible. Improvements had been made to enhance the social and therapeutic opportunities for people. An activities person had commenced employment and was in the process of gathering information from people regarding their interests. The provider understood their responsibilities around registration with us and notified us of events as required.

People felt safe and staff had received training to ensure they knew how to report any concerns. People were supported to maintain a diet that met their dietary requirements and preferences and support from health professionals was requested and available when needed. People had established positive relationships with the staff team. Staff treated people in a kind and caring way. People were encouraged to be independent and make choices about how they spent their day. Relationships and friendships that were important to people were maintained

Improvements were seen in the quality monitoring checks, which were completed by the acting manager and provider and when needed action was taken. The provider sought the opinions of people who used the service to bring about changes. Staff felt listened to and were happy to raise concerns. People knew how to complain and we saw when complaints were made these were responded to in line with the policy.

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.

People were supported by staff that were suitable to work with them and their needs were met as there was enough staff available to them. People were supported to keep safe as risks to their health and welfare had been identified and actions put in place to minimise these risks. People were supported to take their medicines and staff understood their responsibilities to protect people from harm.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Some improvements had been made but the principles of the Mental Capacity Act 2005 had not been consistency applied to ensure staff were aware of any legal restrictions on people's freedom and liberty. People were supported by staff in their best interests when they were unable to make decisions independently. People were supported by staff that received the right training and support. People were supported to eat and drink enough to maintain their nutritional needs. Individual's health was monitored to ensure any changing needs were met.

Is the service caring?

Good ●

The service was caring

There was a positive relationship between the people that used the service and the staff that supported them. People liked the staff and the staff knew them well and understood their likes, dislikes and preferences. People were supported in their preferred way to promote their independence. People were supported to maintain their privacy and dignity and to maintain relationships with their relatives and friends.

Is the service responsive?

Good ●

The service was responsive.

Improvements were in process to enhance people's social experiences and staff supported people to maintain links with the local community. People liked living at the home and were happy with the support they received. People and their relatives felt able to raise any concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

A new manager was due to commence in post the day after our visit. People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the acting manager and provider. Systems were in place to monitor the quality of the service provided and drive improvements.

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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 visit took place on 31 October and was unannounced. The inspection visit was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also spoke with the local authority that provided us with current monitoring information. The provider had completed a Provider Information Return (PIR). This 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 used all of this to formulate our inspection plan.

To gain people's views about the care and to check that standards of care were being met we spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with eight people who used the service, three people's visitors, five members of care staff and a member of the catering team. We also spoke with the provider. The acting manager was not on duty on the day of our visit.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

At our last inspection in October 2015 people's safety was not always maintained because identified risks were not always managed safely. This was a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. At this visit we saw that improvements had been made. Assessments were in place that identified risks to people's health and safety and care plans directed staff on how to support people in a way that minimised these identified risks. Staff we spoke with understood people's individual needs and how to support them safely. One member of staff told us, "Before any moving and handling equipment is used each person is assessed by the occupational therapist to make sure the right equipment is used for them." Only one person required the use of a hoist to support them to move. A member of staff told us, "The sling they have is for their own use. If we have anybody else that needs to use the hoist, they will be assessed by occupational therapist and get their own sling specifically for them." We saw that people who required walking aids had them to hand when they chose to sit down. One person told us, "The staff always make sure my frame is within my reach, I couldn't manage without it."

Staff told us they had all the equipment they needed to assist people, and the maintenance records showed that the equipment was maintained and serviced as required. We observed staff supporting people to walk, this was done in a way that showed us that people were supported safely. We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided staff with information on the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. Information in staff training records showed us that staff were trained in fire safety procedures and on the equipment used to support a person to evacuate the home safely.

At our last inspection some people displayed behaviours that put themselves and others at risk. We saw that staff did not have guidance on how to support people in a safe and consistent way, when they demonstrated these behaviours. At this inspection none of the people that used the service demonstrated these behaviours. The provider confirmed that management plans would be developed for people if these were needed in the future.

We saw one area of the corridor on the first floor had three steps, although a hand rail was in place, these steps were not independently accessible to people with limited mobility. At our last inspection there were people living on the first floor who required the use of a walking aid and could not access this area independently. At this visit none of the people on the first floor who were able to walk, required the use of a walking aid. The provider told us a full assessment of people's mobility would be undertaken prior to them being offered a bedroom on the first floor. This demonstrated that the provider had considered the risk of falling and possible injury to people with mobility needs in this area and had plans in place to minimise this risk.

At our last inspection the deployment of staff did not ensure that people were supported in a safe way. This was because some people living on the first floor demonstrated behaviours that put themselves and others at risk and only one member of staff worked on this floor. This was a breach of Regulation 18 (1) of the

Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

There were more people living at the home at our last visit. At this inspection there had been no change to the staffing levels in place, other than the addition of an activities coordinator. However the number of people and their level of support needs had reduced. None of the people we spoke with raised any concerns regarding the number of staff available. One person told us, "The girls are always around if I need them, they will help me with anything, they are all lovely." We saw there was enough staff available to meet people's needs.

At our last inspection improvements were needed to management of medicines. This was because one person had refused to take their medicine which had been prescribed on a regular basis for pain relief. We saw that this person had refused to take this medicine on two consecutive occasions, which meant that they had not received this pain relief for over 12 hours. The staff were unable to say if this person was in any pain as the person was unable to tell the staff. Staff did not have guidance to ensure this person's pain relief was managed. This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. At this inspection a management plan was in place for staff to follow if a person refused their medicine. This meant that a consistent approach was in place to ensure people's pain management was monitored and met.

At our last inspection there were no protocols for 'as required' medicines (PRN). Protocols give clear information on the signs and symptoms someone might show when they required PRN medicine and when to give this medicine. This meant staff did not have guidance to ensure as required medicines were given when needed. At this inspection we looked at the medication administration records (MAR) in place for everyone that lived at the home. No one living at the home had been prescribed any PRN medicine. A senior carer told us, "If anyone asked for pain relief, we would check with their doctor first, give it to them and add it to their MAR and then ask the doctor to write up a prescription for them if needed. It would then be added to their printed MAR from the pharmacist when we get the next round of medicines." The acting manager following this inspection confirmed that PRN protocols would be put in place as and when needed.

People told us that they received their medicines on time. One person told us, "I get my medicine from the staff, as I would probably forget if I had to do it myself." We observed staff administer medicine and saw that they spent time with people while they administered their medicines. We saw that medicines were kept securely in a locked cupboard to ensure they were not accessible to unauthorised people.

At our last inspection improvements were needed to the recruitment practices. This was because one staff member's recruitment record had a gap in their employment history of 12 years with no record to explain the reason for that gap. There was no reference from this person's last employer or any reason given as to why this had not been requested. At this inspection improvements had been made. We looked at two staff files and saw that all of the necessary recruitment checks had been followed. Both had disclosure and barring service (DBS) checks in place, references and a full employment history. The DBS is a national agency that keeps records of criminal convictions.

People who used the service told us they felt safe. One person said, "I've loved it here from the word go. I was in the hospital and I didn't like it there. I thought to myself, this is lovely." Another person said, "I'd rather be here than anywhere else. I was so very poorly and they looked after me ever so well." Another relative told us, "Yes it's safe for my relation because the front door is locked and I'm not worrying." The staff we spoke with knew how to report any concerns. One member of staff told us, "I would report to the manager but I could contact the local authority if needed, although I haven't had to do that." Another member of staff said, "We all know the people that live here really well, some wouldn't be able to tell us if something had happened. We would know by their behaviour, if they suddenly became withdrawn when

they were usually happy and talkative, we would be able to tell something was wrong and report it." Staff told us they were aware of the whistleblowing policy. Whistleblowing is a way in which staff can report misconduct or concerns about poor practice in their workplace. Staff knew they could contact external agencies such as the local authority or us. One member of staff told us, "Safeguarding and whistleblowing is covered in training. I would report any concerns if I needed to." This showed us that staff understood their responsibilities to keep people safe and protect them from harm.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection improvements were needed to ensure staff understood about DoLS. At this visit staff understood the principles of DoLS but told us that none of the people living at the home had a DoLS authorisation in place. However the acting manager following this inspection confirmed that one person had a DoLS authorisation in place. This meant that the staff could not ensure the legal restrictions in place for this person were being followed as they were unaware it was in place. Following our inspection the acting manager confirmed that staff will receive further internal training to ensure they are aware of any legal restrictions on people's freedom and liberty.

We saw that capacity assessments were in place where needed and staff understood the need to assess people's capacity to make decisions. We observed staff asking people if they were happy to receive care and people we spoke to confirmed that staff respected their wishes. One person told us, "I have had my hair done today, I am always asked they never assume." Another person said, "You aren't made to do anything you don't want to do."

People's needs were met and their well-being and independence promoted by staff that had the necessary skills and training. People we spoke with confirmed that they were happy with the support they received from staff. One person told us, "I've never regretted it. I've been happy here. They put me in a chair and get me in the bath, staff know what they're doing, no faults to find." Another person said, "I think the staff are very good, they know what they're doing. I really don't need too much help but when I do they are here for me." Staff told us they received the training they needed to support people. One member of staff said, "We are provided with training regularly, it's all classroom based and we are told when training is due. I have just completed food hygiene training." Another member of staff told us, "We have had training in mental capacity, DoLS and dementia which has helped my understanding." Staff confirmed that the acting manager had assessed their understanding of the training provided through discussions and observations. The staff we spoke to demonstrated they knew the people they supported. This included their care needs and preferences and their life history. For example, one person told us they probably wouldn't be watching the firework display that had been organised as they were not that keen. A member of staff told us, "They were a farmer, so bonfire night wasn't a good time with all the animals they had to look after." Another member of staff was giving out Halloween hats for people to wear and we saw they knew which people wouldn't like one but also confirmed this with them. We heard them say to one person, "I don't think you will want one but I am just checking." The person confirmed they didn't.

Staff told us their induction included attending training, shadowing experienced staff and reading care

plans. Staff confirmed that they were provided with ongoing monitoring and support by the acting manager. One told us, "We have regular supervision but we can go to her anytime with anything, she is very supportive." At the time of our inspection agency staff were being used due to staff sickness and leave. One agency carer told us they been working at the home for four months and said that they had been supported by other staff and initially worked with them to get to know people. From discussions with them it was evident that they understood people's needs and how to monitor the care and support they received. For example they told us that for the people they were supporting they had to record what they ate and knew which people required prompting to eat. One person that had been supported by this member of staff told us, "She's great she'll do anything. She really is caring because I wasn't well this morning and she got me over it. She got me sitting here and that was a big thing. Because she's my carer you feel comfortable she is very good in every respect." This demonstrated that people received support from staff that understood their needs.

People told us they enjoyed the meals. One person said, "It's pretty good and if you don't want what's on offer they will make you something else, no bother." Another person said, "The meals here are nice and there's plenty, I can't always manage it all but I certainly have enough." We spoke to a member of the catering team who demonstrated they had a clear understanding of people's dietary preferences and needs. They were able to tell us which people required a special diet and about people's preferences. We saw that where people were assessed as being at nutritional risk, their diet was monitored and their intake was recorded. For example one person assessed as nutritionally at risk received support from staff to eat their meals. We saw that this person had input from a dietician regarding their meals. The catering staff told us, "We have been given a list of calorie boosting snacks from the dietician which they are offered in between meals." We saw in this person's care records that the dietician regularly reviewed this person's nutritional needs.

We observed the lunch time meal and saw that the staff took the time to check people were enjoying their meal. Where people needed encouragement and support to eat, this was provided by the staff team in a respectful and dignified way. We saw two people ate very little of their meal. One person was unwell and the member of staff supporting them offered them some soup as an alternative and a drink. Another person who said they weren't hungry was given a cup of tea and some biscuits. The relative of a person who had recently moved into the home told us, "She wasn't eating; she lost a stone when she was at home and didn't eat and she looks a 100% better now." This demonstrated that the staff supported people to maintain their dietary needs.

We saw that people were supported and encouraged to take regular drinks throughout the day. Where people were at risk of dehydration their fluid intake was recorded. This enabled the staff team to monitor the amount people drank to ensure they could be referred to health care professionals as needed.

All the people we spoke with confirmed they saw their GP and chiropodist when needed. One relative told us, "The staff ring me if there are any problems; they know to ring me day or night. They always keep me informed." Health care monitoring was in place that showed people received support from health care professionals when needed. For example one person had been referred to the physiotherapist who had reviewed their needs. We saw that people received support from their GP and had input from district nurses and specialist health care professionals such as community psychiatric nurses when needed.

Is the service caring?

Our findings

People appeared comfortable and the staff demonstrated a good understanding of their needs and treated them in a respectful and caring way. One person told us, "They wash my hair; they ask me if I want it washed. I'm very comfortable with the staff. It's only a small home but it was nice from the word go. The staff listen to me." Another person said, "The staff are very nice, I am not rushed, they respect me."

People were supported to maintain their spiritual needs and told us that the local vicar visited them. One person told us, "I'm bit religious and like to see the vicar when he visits."

We saw people were supported by staff to maintain their independence by encouraging them to do what they could for themselves. One person told us, "I can do quite a bit for myself and the staff let me. I want to keep going as long as I can."

People told us they could decide how they spent their day. One person said, "I don't want to go in the lounge it's not my scene. I'm happy it's that way, they respect my privacy." Another person whose bedroom was on the first floor chose to spend their day on the ground floor in the communal areas and eat in the ground floor dining room. They told us, "If I want to eat upstairs I can." We saw that people's dignity was promoted by staff when they received care and support. For example, when asking people if they needed to use the toilet, staff asked them quietly and discreetly, to ensure other people could not overhear. Information in care records included people's preferred time of going to bed and get up and people we spoke with confirmed this. One person said, "You can go when you want. Most of us have how our routines but I don't think there are any hard or fast rules like that here."

People and their relatives told us there were no restrictions on visiting. One visitor told us, "There are a few of us in the family that visit and we come at different times of the day. The staff are always welcoming." Another visitor said, "All the staff are very friendly towards me I pop in quite regularly." This demonstrated that people were supported to maintain relationships with people who were important to them.

Is the service responsive?

Our findings

At our last inspection improvements were needed to ensure people's social and therapeutic needs were met. At this inspection an activities coordinator had been appointed the week prior to this inspection. They told us they were in the process of getting to know people and their interests. On the day of our inspection the activities coordinator spent time speaking to people about their lives and things they enjoyed doing.

Information in people's activity records showed that people were supported to maintain links with the local community, such as visits from local school children to celebrate May day. A firework display with food had been organised for people that used the service and their family and friends. One visitor told us, "I am coming along to the firework display; it's nice to all get together."

People told us they liked living at the home and felt the support they received was focussed on their individual needs and that they were able to decide what they wanted to do. One person said, "Staff know me, they know what I need. The people are nice, staff and residents." Another person said, "We have a garden, not very large but it's lovely. If it's nice weather I'll say 'I'm going out it's too nice to sit in.'" We saw that some people liked to walk around the home and some preferred to stay in their rooms. One person told us, "I like the company of others, some don't and that's their choice, we are all free to decide."

We saw that people's support needs were regularly reviewed to ensure they remained up to date. Staff told us they were kept informed about people's changing needs during handover. This showed us the staff had the information they needed to support people.

People told us they would be happy to raise any concerns or complaints with the staff. One person told us, "I haven't needed to complain about anything but I would tell them if I wasn't happy about anything." Another person said, "I have nothing to complain about, I love it here." We saw the providers complaints policy was accessible to people as information on making a complaint was available within the home. We saw that the provider and acting manager recorded complaints received and responded to them promptly.

Is the service well-led?

Our findings

At our last inspection the provider's legal responsibilities had not been met regarding statutory notifications that they are required to inform us about such as incidents and events that affect the well-being of people that use the service. This was a breach of Regulation 18 (2) and 18 (4A) and (4B) of the Care Quality Commission (Registration) Regulations 2009. Since the last inspection the provider has notified us of important events and incidents in accordance with the regulations. This enables us to monitor and gather more information as required to ensure people are supported and their well-being maintained.

At our last inspection we saw that the housekeeping tasks completed by the care staff working on the first floor impacted on the time they had to support people's individual needs. Due to the reduction in the number of people living at the home and their level of need, we saw that the member of staff working on the first floor was able to support people's individual needs and maintain their housekeeping tasks. The provider confirmed that when the number of people living at the home increased or their level of need changed the staffing levels and additional tasks currently undertaken would be reviewed.

We saw that improvements had been made to the quality audits. Audits were undertaken by the acting manager to check that people received good quality care. Monthly audits covered any incidents and accidents, health and safety and medicines management. We saw that key records such as people's care plans, risk assessments, and health and safety checks were undertaken on a regular basis. We saw that any required actions had been addressed. For example we saw the acting manager had taken action regarding medicine administration records that had been hand written to ensure safe practices were followed. Daily checks on medicine records had been undertaken since September 2016 to check that staff were following the guidelines in place.

There has been no registered manager in post since March 2014. The provider had attempted to recruit a new manager since this date but due to various issues these applications or offers were withdrawn. The provider confirmed that a new manager was due to take up post on the 1 November and it was confirmed following this visit that they have commenced their application to register with us.

People and their relatives told us that they felt the service was managed well. Comments included, "It seems well run to me, I informed if there are any problems and I feel my relative is looked after well, they seem happy here." Another relative told us they were aware that a new manager was due to start work the day after our visit.

Staff told us they enjoyed working at the home and one member of staff told us they would be happy for their relative to live at the home. Another member of staff said, "I enjoy working here, it's a good team and we all help each other out." Staff confirmed they were supported by the acting manager. One told us, "If there are any problems we can talk to them."

We saw that people were encouraged to express their views through annual satisfaction questionnaires and

meetings for people and their relatives that were held every other month. We saw from the results of the last questionnaires in 2016, that actions were taken on areas where improvements were identified. For example some people said they felt improvements were needed to the decoration of the home and we saw this had been done. This included redecoration and upgrades to doors, which were painted in primary colours to enable people living with dementia to identify them. We saw that new non slip flooring had been laid in the conservatory, lounge, dining and corridor areas. New furniture had also been purchased and work undertaken on the garden area. One relative said, "It looks very nice and they have painted the front of the home as well, it does make a difference."

The last inspection report and ratings were displayed in a conspicuous position in line with our regulations. All information relating to people who used the service and the staff team was kept securely, to ensure that only authorised persons had access to records.