

Ramos Healthcare Limited

Abbotsbury EMI Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection of Abbotsbury took place on 30 November 2017 and was unannounced.

Abbotsbury is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 provides personal care for up to 21 people who have dementia. The detached accommodation is a large three storey building with shared living areas which include three lounges and a dining room. A call bell system is available throughout the building. Measures are in place to support access to the building for people who are wheelchair users or who have limited mobility. At the time of our inspection, there were 21 people living at the home.

There was a registered manager 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.

We carried out an unannounced comprehensive inspection of this service on 17 July 2017. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of Regulation 17 and Regulation 18.

We asked the provider to detail an action plan setting out how they intended to address the concerns identified at the last inspection. We received an action plan dated 24 July 2017 outlining what the provider intended to do to improve the service.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbotsbury EMI Rest Home on our website at www.cqc.org.uk.

At the last inspection in July 2017, we found that the provider was in breach of Regulation 17 (Good Governance) and Regulation 18 (Staffing). This was because there were insufficient staff on duty early morning to meet people's needs safely and arrangements for monitoring standards at the service were not robust.

On this inspection, we found that improvements had been made in relation to the staffing levels and the provider was no longer in breach of Regulation 18. We saw that improvements had been made to the quality assurance processes in place and the registered provider was no longer in breach of Regulation 17.

Whilst we found that improvements had been made to the safety of the service and to how the service was led, we have not revised the rating for the service. To improve the rating from 'requires improvement'

requires a longer term track record of consistent good practice and sustainability of governance. We will check this during our next planned comprehensive inspection.

Staff told us that the introduction of an additional carer from 6.30am until 12.30pm following the last inspection had made a real difference. People told us there was sufficient staff to meet their needs. Interactions we observed between staff and people living in the home were warm and caring and people did not have to wait long for support.

We saw evidence of quality assurance procedures which had been developed to meet the needs of the service. The service was able to evidence a series of robust audits carried out by the registered manager and provider to monitor and improve standards in the home.

We saw that fire procedures in the event of an evacuation were clearly marked out, and regular mock fire drills were completed. People's care plans contained Personal Emergency Evacuation Plans (PEEPs) which were personalised and contained relevant information to enable safe evacuation in the event of an emergency. The provider had taken on board our recommendation from our last inspection in respect of increased monitoring of fire doors. Staff now completed three hourly checks to ensure doors were not wedged open.

We noticed a malodour throughout the home. The service had identified specific areas in the home for refurbishment and provided evidence to demonstrate that action had been taken to arrange for alternative flooring to be laid in January 2018.

Staff assessed risk to people and information was updated regularly. Procedures were in place to analyse accidents and incidents. We discussed how the systems in respect of the recording of challenging behaviour could be further developed to make plans more proactive and help keep people and staff safe.

Medicines were stored correctly and were administered by staff that had been appropriately trained.

We found that staff were recruited safely to ensure they were suitable to work with vulnerable people.

We saw evidence that regular maintenance of the environment had taken place to ensure people were kept safe from hazards.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve safety at the service and the provider was no longer in breach of regulation.

Staffing levels were sufficient to meet people's needs. The provider had deployed additional staff in the mornings following our last inspection.

Risk assessments had been completed to assess and monitor people's health and safety and appropriate actions had been taken to address identified risks.

The provider had completed the necessary recruitment checks to ensure staff employed were suitable to work with vulnerable people.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

We found that improvements had been made to how the service was led and the provider was no longer in breach of regulation.

There were processes (checks) in place to monitor the quality and safety of the service including regular audits by the registered manager and provider.

People spoke positively about the registered manager and staff felt well supported. There were regular staff meetings.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Abbotsbury EMI Rest Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection on 30 November 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 17 July 2017 had been made.

The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Prior to the inspection we contacted the local authority quality monitoring team to seek their views about the service. We were not made aware of any concerns about the care and support people received. We also considered information we held about the service, such as notification of events about accidents and incidents which the service is required to send to CQC.

The inspection was undertaken by an adult social care inspector, an assistant adult social care 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, in this case, care of people living with dementia.

During our inspection we spoke with the provider, registered manager, three carers, nine people living in the home and two relatives of people living at the home. We also looked at three care plans for people who used the service, three staff personnel files, Medication Administration Records, staff training records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 17 July 2017. At the last inspection on 17 July 2017 we found that the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there were not enough staff on duty as people were left unsupervised for periods of time. This posed a risk to their safety. There was no dependency tool available to help monitor and analyse staffing levels in relation to people's support needs. At this inspection we found the provider was no longer in breach of this Regulation and improvements had been made.

We asked the provider to detail an action plan setting out how they intended to address the concerns identified at the last inspection. We received an action plan dated 24 July 2017 outlining what the provider intended to do to improve the service. The provider told us they would provide additional staffing in the morning and would use a dependency tool to assess staffing levels.

On this inspection we found that improvements had been made and the registered provider had taken action to ensure sufficient numbers of staff were on duty, namely, the rostering of an additional staff member from 6.30am-12.30pm in the mornings. We also saw that a dependency tool had been implemented to ensure staffing levels were assessed in line with people's individual support needs.

On the day of our inspection, there was a senior carer, three care staff, one cook and housekeeper alongside the registered manager on duty to meet the needs of the 21 people living at the home. There was an additional staff member who was completing 1-1 work with one person living in the home. Their hours were supernumerary.

Staff told us that the additional staff member during the 'twilight' shift had greatly alleviated the pressure and had a positive impact on their role. One staff member who worked days told us, "The night staff have benefitted from that a lot and it helps us at 8am when we come on, it's really good to have that extra person." Another staff member told us, "We have enough staff here. You get to spend more time to get to know residents. You have time to chat [with people living in the home]."

People we spoke to confirmed there was sufficient staff around to meet their needs. We observed that people received care on time and were not left for long periods. People's comments included; "Yes, they're [staff are] everywhere, but we might have to wait now and again", "We don't have to wait a long time" and "I think it's adequate."

All of the people we spoke to said they felt safe. Comments included; "There are that many people around", "We've nothing to be frightened of" and "Because I'm in a decent home." A relative told us; "I've been visiting twice a week for the last 12 months and I've never found anything wrong."

We reviewed the systems and processes in place to ensure fire safety and saw that these were effective. Following a recommendation from our last inspection, a three hourly checklist had been implemented to

ensure fire doors were not propped open. We saw that a mock "fire evacuation drill" had been completed on 10 November 2017. People's care plans contained Personal Emergency Evacuation Plans which were personalised and included information on issues which may impact on evacuation such as people's mobility.

We reviewed the way medicines were managed and administered. Medication was stored safely and securely and within any recommended temperature ranges. Staff who administered medicines had received medicine management training to ensure they had the skills and knowledge to administer medicines safely to people.

We looked at a sample of the medicines and checked them against the Medication Administration Records. We saw evidence which indicated that medicines had been administered and recorded correctly.

Where medication was given as and when required (PRN) protocols were in place to guide staff on when and how to administer them. This included clear information as to the dosage, criteria, how a decision is reached about how and when to give the medication and actions to take post administration.

The care files we viewed showed that staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, mobility, smoking and accessing the community.

Risks were managed in a manner which promoted both independence and safety and upheld the principles of equality and diversity. For example, one person had a risk assessment for accessing the local community. This promoted their safety and included agreement with the person regarding a return time to the home, a reminder for staff to ask the person where they were going but with a caveat that the person may choose not to tell staff and details of the person's favourite locations. We saw similar provisions in place for a person who smoked and had a tendency to carry lighters and matches in the home potentially causing a fire safety risk. Staff supported this person to access a designated smoking area and stored the person's lighters and matches in the office and an agreement regarding smoking was recorded within care files.

The registered manager maintained an incident and accident book in which staff recorded falls, incidents of confrontation and other injuries. We reviewed a monthly 'falls overview' that identified how often people had fallen and at what time of the day. We saw evidence of action taken in response to falls was recorded. For example, a fall occurred on the 30 October 2017 and actions were recorded to keep the person safe going forward, such as checking footwear. However, we found that this information was not reflected in the person's care plan or risk assessment updates for that month and staff had reviewed the records and noted 'no changes'. We raised this with the registered manager and registered provider at the time of our inspection.

We also saw that there were a number of incidents outlined in the accident log whereby staff had encountered challenging behaviour during the delivery of care. We saw that appropriate action had been taken such as referrals to the relevant mental health support team. Some advice on how to distract the person was contained within risk assessments for "agitation and aggression." We also saw that 'ABC charts' (Antecedent, Behaviour and Consequence) had been updated and were more detailed than a previous version. 'ABC charts' are records linked to reporting on people presenting behaviours that challenge. Their purpose is to identify links between the behaviour, and its antecedent and consequent events, and aid understanding of the function that a particular behaviour serves for an individual.

Staff we spoke with knew how to manage behaviours that challenged and discussed strategies they

employed such as the use of de-escalation techniques. Whilst staff told us they felt safe in their role and staff knowledge was good, we discussed with the registered manager and provider how staff knowledge could be better reflected in the associated care plans to ensure people who displayed challenging behaviour had a personalised plan in place around this.

Staff told us, and records evidenced, that they had received training in safeguarding vulnerable people and were able to describe what course of action they would if they felt someone at the service was being abused. Contact details for the local authority safeguarding team were displayed in the office and a safeguarding policy was available for all staff to reference and had been signed by staff.

There was a whistle blowing policy in place and staff felt comfortable to raise any concerns they had. Whistleblowing is where staff are able to raise concerns either inside or outside the organisation without fear of reprisals. This helps maintain a culture of transparency, and protects people from the risk of harm. One staff member commented, "If I felt I could not go to [the registered manager], I would go to [the next higher manager] or someone from Head Office. I would [feel confident to] speak to the Care Quality Commission about possible concerns."

We saw that there were safe recruitment processes in place at the service including; photo identification, references from previous employment and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to ensure that staff are suitable to work with vulnerable adults in health and social care environments.

We checked certificates relating to the fire alarm system, fire extinguishers, gas safety, legionella testing and passenger lift testing and saw these were up to date.

The majority of people living at the home thought it was clean. Their comments included; "They seem to be always cleaning" and "We see them using machines every day." We identified a malodour in the home, a recurring observation identified at our previous inspection completed 17 July 2017 and also noted by external professionals in the month leading up to our inspection. We spoke with the registered manager and registered provider about this who explained that the housekeeping duties include a weekly clean of carpets. We saw evidence of this outlined in a carpet cleaning log. Staff discussed with us their efforts to keep the home free from smells including weekly cleaning of the carpet, using a specific cleaner and ensuring people are cared for promptly in respect of their toileting needs. The registered manager informed us that a deep clean is usually done on a Wednesday. This had not happened this week, due to staff having to take emergency leave. The registered provider provided evidence of their refurbishment plans to the home which included arrangements to have the carpet in the front lounge replaced to more hygienic and easily maintained flooring in January 2018.

We reviewed the laundry arrangements. Staff, the registered manager and registered provider were clear in their understanding around infection control and the need to have a system in place to separate clean and soiled clothing. However, we saw that some clean clothing was kept in baskets alongside soiled clothing. Staff informed us that a separate room was currently being refurbished. The registered manager told us that staff were assisting residents at the time of our inspection which was why the baskets had not been moved on this occasion as was usual practice. We suggested that processes in place for the storage of clothing during the refurbishment be reviewed.

On our tour of the home we looked at the 'hairstylist's room'. The room was securely locked and the manager explained that there were now no items under Control of Substances Hazardous to Health left out. This was an action that had been completed following the last inspection.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 17 July 2017. At the last inspection, we found that the provider's quality assurance processes and systems were not robust in light of our findings in respect of staffing levels and fire safety. We identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the provider had taken positive action to address the breaches identified at the last inspection, namely the inclusion of an additional staff member in the mornings, and were no longer in breach of Regulation 18 (Staffing). We also saw that improvements had been made to the audit systems and processes and new checks were in place in respect of the environment and cleanliness. The registered provider also completed regular audits which were now scheduled on a quarterly basis.

There was a registered manager in post at the service. 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.

Not all the people we spoke to could recall who the registered manager was but of those who could, they found them approachable. Comments included, "Yes, [they're] approachable, I talk to [them] if I've got any worries", "[they're] a very nice person I've found" and "That's one you can talk to." A relative told us, "I'd give [them] 10/10 for approachability; I've no problems going to [them]."

The registered provider's representative was present during our inspection completing their November audit which had been re-scheduled. We reviewed the July and November audit and saw these were comprehensive and included areas such as Medication Administration Records, staffing, environment and bedrooms. We saw that issues were identified by the provider and included aspects of care planning and the environment. The registered manager advised us that the provider audit was then sent to them to devise an action plan in response. The registered manager felt this was a beneficial tool to assess service delivery and assist them in their role.

Weekly checks had been implemented in respect of the environment and actions were identified in respect of areas to be cleaned. A monthly cleaning audit score sheet was also in use. This involved the registered manager selecting a particular zone within the home to focus on and assess for improvement.

A wide variety of environmental checks were in place in respect of areas such as "fire safety" and "repairs and maintenance". There was a record of different call points of the fire system having been tested. Window restrictors had been recorded as checked every week.

The registered provider showed us an electronic maintenance system in use at the service which allowed any faults or repairs to be clearly recorded on an "app" which is accessible by the provider and registered manager. The registered manager and provider discussed the benefits of this system which ensured that all

repairs were logged and dealt with promptly by the relevant maintenance team.

Staff we spoke to told us, "I feel supported. The manager is [very] hands on. We have all kinds of different training." Staff spoke positively about the registered manager stating; "The registered manager is very open and the seniors are approachable." Staff felt well supported in their role and told us they can always access support and guidance when necessary. One staff member told us; "There is an 'on-call list' of seniors we can call. If we cannot get hold of them, we call [the registered manager]."

Staff and senior meetings were held every three months. We reviewed minutes of meetings and saw the agenda included topics such as medication and cleanliness. Staff told us, "We have team meetings. We had one just last week. I feel I can get things off my chest."

We saw that resident's surveys were issued to people living in the home. This had been completed on 10 April 2017. The questionnaire had 'smiley faces' and questions such as "How can we help you?" We saw a template of a family/friends questionnaire and were informed this was due to be circulated on 4 December 2017.

The registered manager was open to feedback during the inspection and had demonstrated that they were committed to using this to further improve the service.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred at the service in accordance with our statutory requirements. This meant that CQC were able to monitor risks and information regarding Abbotsbury care home.

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. The rating from the previous inspection was displayed for people to see at the entrance to the home and also on their website.