

## Abbey Court Nursing and Residential Homes Limited

# Abbey Court Nursing and Residential Home

### Inspection report

200 Kedleston Road  
Derby  
Derbyshire  
DE22 1FX

Tel: 01332364539

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Abbey Court Nursing and Residential Home is a nursing home providing personal and nursing care for up to 40 people. There were 27 people living at the home at the time of our inspection. The service provides support to older people with a range of support needs including complex health conditions and dementia.

The service is a large adapted property. Accommodation is split across three floors and there are communal living rooms and a dining room.

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

People were protected from the spread of infection, the service was clean and staff wore personal protective equipment which they changed regularly.

Risk assessments were regularly reviewed with people's changing needs and care plans had relevant and up to date information. Care planning was being reviewed and updated to make it more relevant and user friendly.

Staffing levels were calculated using a dependency assessment. This calculated staffing hours required, and the manager ensured that they were staffed to people's needs.

Staff were recruited safely. Appropriate checks were made prior to staff starting in post to ensure that they were suitable to work with vulnerable adults.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's health and social care needs were managed well. There were positive relationships with professionals which supported people's overall wellbeing. Medicine was administered safely and there were clear protocols in place for medicine which was taken when required.

People had enough to eat and drink. People were offered choices and the manager was planning further ways to involve people more.

Relatives told us that the staff and the management were kind and caring. People were treated with dignity and respect. People had consented to the care provided and information was available in accessible formats.

The manager and deputy were keen to drive continuous improvements and were working on developing systems to have better management oversight.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (Report published 20 August 2020).

#### Why we inspected

At our last inspection the service was rated as requires improvement so the inspection took place to ensure that improvements had been made.

#### Enforcement

The service was in breach of regulations in several areas at the time of our last inspection. At this inspection we found enough improvement had been made and the service was no longer in breach.

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was Safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

# Abbey Court Nursing and Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by 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.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority care commissioners and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with seven members of staff including the manager, deputy manager, nurse, care workers and the cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further documents to support our evidence.

# Is the service safe?

## Our findings

.Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the home service failed to provide consistently safe care and treatment was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They also failed to keep people safe from abuse and avoidable harm which was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvement had been made and the provider was no longer in breach of regulations 12 and 13.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to keep them safe from harm or abuse. Staff had received training in safeguarding to support them in recognising signs that a person may be at risk of avoidable harm.
- One relative told us that the service was, "Absolutely safe, without question." Another relative said, "It's definitely safe [name] is bedbound, they are regularly turned and receive personal care in bed. There are no bedsores or bruises, staff are polite and respectful."
- Staff told us that they had received safeguarding training and they were aware how to report concerns to people's safety. Staff were also aware of the provider's whistleblowing policy, which explained how they could report concerns to external health and social care agencies.

Assessing risk, safety monitoring and management

- Risks were assessed, monitored and managed. Care plans and risks assessments were in place and reviewed regularly. The manager told us that they were going to update the care planning making it easier to access information and update them regularly.
- Discussions with staff and observation of staff supporting people, demonstrated they knew people well and were aware of people's individual needs.
- Environmental risk assessments were in place and all health and safety checks were carried out or planned to include maintenance of equipment.

Staffing and recruitment

- Staff were recruited safely; records showed criminal record checks and references had been obtained before staff commenced their employment.
- Staffing hours were calculated using a dependency assessment. The manager calculated the hours of support required by people which ensured they had enough staffing to support their needs. The dependency assessment was reviewed as people's needs changed.

- One relative told us "Staff speak caringly and genuinely with [name] they move her with respect for her person."
- Staff training was robust and included mandatory training in all key areas such as moving and handling, infection control and safeguarding, and staff told us that the training was good and they felt well supported in their role.

#### Using medicines safely

- Best practice guidance in the management of medicines was consistently followed. Records showed there were regular audits carried out on the way people's medicines were managed. As part of this audit the manager checked for any errors in people's medication administration records and how staff managed people's medicines. This helped to reduce the risk to people associated with medicines.
- Protocols for 'as required' medicines, known as PRN medicines, were in place. These ensured PRN medicines were given in a safe way and when needed.
- Medicines were stored safely and administered by trained nurses.

#### Preventing and controlling infection

- People were protected from the risk of infection. We observed that staff were wearing appropriate personal protective equipment (PPE) and changed it between tasks. All staff had been provided with specialist infection control training, this included the correct use of PPE.
- The home was clean, and we observed that flooring had been cleaned and some replaced since our last inspection. However, the heavily soiled carpet leading to the top floor, identified at our last inspection, had not been replaced or cleaned. The manager told us that this would be done as a matter of urgency.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The manager showed us how they reviewed accidents, incidents and complaints and used the information to support changes and improvements.
- Accidents and incidents were reviewed and monitored to identify any themes. Action was taken to minimise the risk of reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection of this key question the provider had failed to apply the principles of the MCA was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvement had been made and they were no longer in breach of regulation 11.

Ensuring consent to care and treatment in line with law and guidance

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 they lack mental capacity to take 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People's consent for care was sought. People told us that their care needs were discussed, and any changes agreed.
- Staff understood and followed principles of the MCA to obtain people's consent for care. One relative told us "The care review involved people from inside and external to the home."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People confirmed their needs were assessed and regularly reviewed.
- We saw detailed care plans which outlined the care required in a person-centred way. The manager showed us a new care plan which they planned to implement so the information was consistent and easier to navigate..
- One relative told us, "We were involved in a care review, very impressive, they asked our opinions and gave explanations."

Staff support: induction, training, skills and experience

- Care staff were supported and trained to ensure that they had the skills and experience to effectively support people.
- One staff member told us, "We have lots of training, training is good, we have lots of support from the

nurses too, if there are any issues the nurses are there straight away."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink enough when included as part of their agreed care plan.

Information was clear about people's preferences and any dietary requirements.

- Care plans reflected any specific guidance about health care needs and this was shared with staff. Staff understood people's health conditions, how they affected them and their related personal care needs.
- When changes in condition were observed, staff supported people with access to healthcare services. The manager told us that there was a call with the GP every Wednesday to discuss any issues or change in people's condition. Once a month the GP saw everyone in a video call. This ensured that people's healthcare needs were regularly reviewed

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection of this key question the failure to consistently treat people with dignity and respect their right to privacy was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvement had been made and the provider was no longer in breach of regulation 10.

Respecting and promoting people's privacy, dignity and independence

- Care plans talked about treating people with dignity and respect, promoting independence and ensuring people's privacy.
- Staff knew what was important to people to ensure people's dignity, they were keen to provide care and support in a way that people felt comfortable.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity, respect and kindness. One relative told us, "The care is excellent. They are so caring including the young staff."
- Records included information about people's preferred name and important details.
- Staff understood how to provide care and support and felt it was important to know their needs and preferences.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives confirmed they were involved in decisions about their care, from planning to delivery. Relatives told us they were involved and kept informed.
- Staff told us that they delivered care as the person requested. Staff felt that they had forged good relationships and knew the people they supported and supported them as individuals.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection of this key question the provider had failed to ensure people were provided with person centred care. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvement had been made and they were no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support responsive to their needs.
- Staff were encouraged to deliver care in a person-centred way which respected people's needs and preferences. One person told us they were unable to eat certain foods, "[name] the cook is brilliant and always finds an alternative."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and agreed with them. Staff we spoke with knew people well and how to communicate with them in the way they understood.
- The provider was meeting the Accessible Information Standard for people's care. The manager had purchased picture cards to communicate effectively with a person who was unable to hear.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to see family members and maintain relationships.
- Activities were provided one day a week for people to participate in. The manager told us that they were looking to recruit an activities coordinator. Staff also did some activities with people.
- One person told us, "It would be good to have more activities; they did have a singer and that was really good."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. At the time of our inspection we saw how one complaint

had been investigated and resolved.

- People told us that if they had a complaint or concern, they would be happy to report it and felt confident that it would be resolved.

#### End of life care and support

- The manager showed an example of a care plan for end of life this included a checklist to ensure the person had what they needed and were kept comfortable. There was also information available for staff and relatives.
- At the time of our inspection there was no-one receiving end of life care.
- The manager told us that anyone receiving end of life care, would have an advanced decision care plan in place and staff had received training in supporting end of life care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the failure to ensure effective governance and leadership was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had made improvements in quality, monitoring and management throughout the service. They had used the feedback from the last inspection to make improvements in all of the areas of risk identified.
- At our last inspection we found that records were not always complete to ensure equipment was checked and in good working order. Improvements had been made and we could see that equipment was regularly serviced, this included wheelchair checks, hoists and slings, beds and nurse call bells.
- The manager told us that they had plans in place that enabled them to monitor areas of risk more robustly. The manager acknowledged that they still had more to do, but they were satisfied that risks to people's safety had been reduced. We observed that there had been significant improvements since our last inspection.

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

- The provider promoted a positive culture and encouraged feedback regarding all aspects of care and support.
- People and relatives told us they felt that they could raise any concerns and speak to staff or management and felt confident that they would resolve it.
- We found the manager to be open and honest. They explained that they were working on improvements and were open to feedback. We looked at the complaints policy, people were given a copy which gave details of how complaints would be dealt with. One relative told us, "I would be happy to speak to the manager, they are pretty good at ironing things out."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had submitted notifications regarding incidents they were required by law to tell us about.

The registered manger had a clear auditing process which showed who they had shared information with which included notifications to the care quality commission, safeguarding and the local authority.

- The provider ensured people were kept informed and apologised if errors occurred.

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

- Opportunities for people to get involved in decisions regarding the home were being implemented, however we asked if people were involved in menu planning and the cook told us that people were not given the opportunity to have any input. The manager told us that they were developing ways that people could be more involved.
- Staff told us that they felt well supported with regular supervisions and training.

Continuous learning and improving care

- There was a clear focus on continuous learning from staff and management. One staff member told us "The new manager has done a lot and is really supportive." Another told us "The nurses are really supportive and they do observations to ensure we are doing things right."
- The manager had identified areas for improvement and was working towards making changes in systems and processes to have better oversight of the service.
- The manager and the deputy were working together to identify processes to better engage staff, relatives and those using the service. They were open to suggestions and were keen to ensure people received a high standard of care and support.

Working in partnership with others

- The service had a good relationship with health professionals who supported them with the health needs of those using the service.
- All relatives spoke positively about the care provided. Relatives felt engaged with the staff and management which gave them confidence in the service.