Leicestershire County Care Limited

Abbey House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Abbey House is a residential care home providing personal care to up to 37 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 36 people using the service.

People's experience of using this service and what we found
People receive safe care, and staff we spoke with understood safeguarding procedures.

Risk assessments were in place to manage risks within people's lives. Staff were confident in supporting people in this area.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out, and staffing support matched the level of assessed needs within the service during our inspection.

Medicines were stored and administered safely, staff were trained to support people effectively and were supervised well and felt confident in their roles.

People were able to choose the food and drink they wanted, and staff encouraged healthy options. Any requirements with food and drink were understood and respected by staff.

Healthcare needs were met, and people had regular access to health and social care professionals as required.

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.

The management team was open and honest, and worked in partnership with outside agencies to improve people's support when required.

Audits of the service were completed and any issues found were addressed promptly. The service had a registered manager in place, and staff felt well supported by them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was good (published 27 April 2018)

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to how people were being kept safe from harm, and staffing levels. There were incidents that had occurred within the service that we were notified about, and as a result, we inspected to gain further assurances that the incidents were being dealt with appropriately. We undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey House on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good

The service was well-led.
Details are in our well-Led findings below.

Abbey House

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 Health and Social Care Act 2008.

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
This inspection was carried out by two inspectors.

Service and service type
Abbey House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbey House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

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

During the inspection
We spoke with six people who used the service about their experience of the care provided. We spoke with eight members of staff including two operations managers, the admin clerk, the deputy manager, the cook, and three care staff.

We reviewed a range of records. This included five people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes, I feel safe living here." Another person said, "[Staff name] is a nice person, she always thinks of me."
- The service had systems and processes in place to protect people from the risk of abuse and avoidable harm as much as possible. Staff told us they would promptly report and act on any concerns, and felt that it would be dealt with efficiently by management. Staff knew who to go to if they felt that concerns were not being dealt with.

Assessing risk, safety monitoring and management

- Risk assessments in people's care plans documented any risks that were present in their lives, and supported staff to work safely with people. This included information on how to support people who may display expressive emotions.
- Staff we spoke with had a good knowledge about supporting people living with dementia, and explained how any incidents had been managed in the past within the home. Staff were able to explain the changes in people's support needs, and how this changed the way they worked with certain people to ensure everyone was as safe as possible.
- Staff were trained to safely support people to manage behaviours in the least restrictive way possible.
- Staff reviewed the risk assessments regularly and as required, and put actions in place to reduce these risks.
- The environment was maintained and kept safe. We found that one window restrictor was broken in an upstairs laundry room. The management team fixed this immediately once we made them aware.

Staffing and recruitment

- There were enough staff to meet people's needs. One person told us, "I don't have to wait long for staff to do something for me." Another person said, "There wasn't enough staff before, but there is now." Our observations during the day were that people got the support they needed, and staff were deployed effectively throughout the home.
- The provider followed safe recruitment practices. This included pre employment references, ID checks, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received medicines from staff who were trained. Staff we spoke with told us that only trained staff

supported people with medicine administration.
●Medicine administration records (MAR) we looked at showed that information was correctly recorded, and checked by management staff to ensure any errors were identified and acted upon.

Preventing and controlling infection
●The service was clean and tidy, however we found two toilet seats with worn/damaged patches on them, which meant they were more difficult to keep clean. The management team replaced the toilet seats with new ones immediately once we alerted them of this.

● 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.

●Visiting procedures within the home aligned with current government guidelines.

Learning lessons when things go wrong
●Prior to our inspection the management team had notified CQC of incidents that had occurred within the home. We reviewed information around these incidents and accidents within the service. We saw that when required, appropriate referrals were made to other health and social care professionals, the police, or other agencies, to ensure that measures were put in place to keep people safe.
●People's care, and the documentation around their care, was reviewed and updated as required in the response to any incidents or accidents.
●The staff team told us they felt up to date with any changes in people's care that was required as a result of any incidents or accidents.

Good

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 our last inspection we rated this key question was rated Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs , and choices were assessed before they moved into the service. This ensured they received care and support that was right for them and was in line with standards, guidance and the law.
●Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had.

Staff support: induction, training, skills and experience
●Staff told us that training they received was good, and supported them to feel confident in their roles. This included an induction training package when they first began work at the service, and opportunity to shadow more experienced staff.
●Training records showed that staff regularly updated their knowledge in a variety of subjects, including safeguarding and positive behaviour support.

Supporting people to eat and drink enough to maintain a balanced diet
●People were supported to maintain a healthy diet, if this was their choice. We spoke with the cook who was aware of people's dietary requirements and preferences, including people who required food of a certain texture. People told us they were generally happy with the food on offer, and alternatives could be provided if required. One person said, "The food is always nice, no concerns there."
●Staff and management were aware of what people's dietary requirements were, and this was recorded in people's care plans. When required, people's dietary intake was recorded and monitored to ensure healthcare needs were met.

Adapting service, design, decoration to meet people's needs
●People had rooms which were personalised to their own tastes, and suited their own requirements and preferences. There were several communal spaces for people to sit and use, and a garden for people to access.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People received support to manage their health care effectively. Any health care needs people had were documented within their care plans and staff had good knowledge of people's conditions.
●Referrals to other health and social care professionals were made by management, to ensure people's changing needs were reviewed and met. For example, a person was referred to a doctor to review the

medicines they were taking.

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 MCA 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 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Staff assumed people had the capacity to make decisions, unless they had been assessed otherwise. Some people using the service lacked capacity to consent to care and treatment. Processes were clearly documented.

Good

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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● There was a positive and open culture within the service. People we spoke with were generally happy with the service they received, and felt that it was well run. One person said, "[Registered managers name] is in charge, and she is very nice." Another person said, "Staff know what they are doing, they are well trained."

● Staff we spoke with told us they felt well supported in their roles, which enabled them to do a good job. One staff member said, "We have a good staff team here. We all support each other, and care about each other as well as the residents."

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

● The management team understood information sharing requirements, and knew that when concerns had been identified, prompt and clear responses were required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

● Management and staff were clear about their roles and responsibilities within the service, and felt confident in their roles. One staff member told us, "[Registered manager] has always got an open door policy, I do feel like I can talk to any of the managers." Another staff member said, "The registered manager is very understanding. Everything is going good."

●The provider had systems in place for regular audits which supported their understanding of the quality of care they provided. We saw evidence they used this to improve the service.

●A senior management team was in place providing support to the registered manager and deputy manager.

●The whole management team were aware of any incidents and accidents that had occurred and the actions taken to make improvements as required.

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

●People felt able to feedback about the service they received. We saw that resident meetings were held for people to have updates on the service and provide feedback. For example, minutes of meetings documented that residents were encouraged to raise complaints with management if they had any. Topics such as food choices and activities were discussed.

●Staff team meetings provided a forum for staff to discuss work and feedback. For example, topics such as training, dignity, safeguarding, and staff rotas were discussed. All the staff we spoke with felt comfortable to discuss any issues that arose.

Working in partnership with others

● During our inspection, the management team were open, honest, and receptive to our feedback. Prompt action was taken to address any issues found, and provide any evidence that we requested.