

Minster Care Management Limited

Abbeywell Court

Inspection report

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Staffordshire
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Abbeywell Court is a care home providing personal and nursing care to up to 45 people. The service provides support to older people, including people living with dementia, people with mental health concerns and younger adults. At the time of our inspection there were 38 people using the service. Care was provided in one adapted building across two floors. There were communal rooms available on each floor and an enclosed garden for people to enjoy.

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

During the last inspection, quality assurance processes were identified as requiring improvement. During this inspection we found improvements were still required to ensure risks were effectively monitored and care plans were kept in line with people's changing needs.

Risks to people were not always managed or monitored safely. There were gaps in people's repositioning charts and some medicines were not always effectively monitored or stored safely.

Staff received a detailed induction and on-going training. However, staff did not receive epilepsy training despite people with a diagnosis of epilepsy living in the home.

People were not always treated with dignity and respect. There was an occasion where staff did not respond to a person displaying distressed behaviour and on another occasion a person was not supported in a dignified way during lunch.

The provider acted quickly to the concerns identified. All care documentation was updated or amended accordingly. New systems were implemented to improve quality processes and medicine monitoring. The concerns regarding dignity and respect were addressed with the staff team and all staff were put on an epilepsy awareness course.

Staff were recruited safely. The provider used a dependency tool to ensure there were enough staff on duty to meet people's needs.

People told us they felt safe living in the home. Staff understood what was meant by abuse and told us how they would report their concerns.

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 preferences and cultural beliefs were respected. People and relatives praised the meaningful activities which took place in the home.

Relatives and staff had confidence in the manager's ability to lead the service. A visiting professional confirmed how the provider worked in partnership to achieve positive outcomes for people.

People, relatives and staff felt involved in the home and felt able to offer suggestions and raise concerns openly.

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

Rating at last inspection

The last rating for this service was requires improvement (published 01 July 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

We received concerns in relation to staff training, the management of medicines care and risk monitoring. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only. We inspected and found there was a concern relating to the dignified care and treatment of people, so we widened the scope of the inspection which included the key question of Caring.

The provider acted quickly on all concerns and put in systems and processes to address each area. We will review these in our next inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We have identified breaches in relation to risk monitoring and recording, safe managing of medicines and governance systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Abbeywell Court

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

The inspection was carried out by 2 inspectors. An Expert by Experience was used to telephone relatives. 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

Abbeywell Court 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. Abbeywell Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 2 people who used the service and 12 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, area manager, senior care workers, nurses, care assistants, domestic staff, and the activities coordinator. We received feedback from 1 visiting professional.

We reviewed a range of records. This included 4 people's care records and multiple people's medication and care monitoring records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people were not always recorded, assessed or mitigated.
- Each person had a care plan to identify support required and to identify safe ways of working to minimise risk to people. However, care plans were not always kept up-to-date and at times contained conflicting evidence. For example, 1 person was identified as having epilepsy, although there was no formal diagnosis. Another person's current level of mobility was not accurately reflected in their care plan.
- There were gaps evident when reviewing people's repositioning charts. This is important to ensure people who are at risk of skin integrity concerns are repositioned in line with professional advice. We did not see any evidence of harm, although documentation is important to ensure people are supported to reposition correctly. The registered manager explained they were in the process of moving onto an online system which would alert them if repositioning was not recorded. We will review this in the next inspection.
- Medicines were not always managed and monitored safely.
- People's allergies to medication were not always clearly identified. For example, 1 person was allergic to certain medicines, this was identified in the care plan. However, the person's medicine records identified the person as having no allergies. This placed people at risk of harm because staff may not be aware of this allergy in an emergency, such as a hospital visit.
- The system in place for monitoring pain medicine was not always effective. For example, 1 person's 'pain relief patches' were applied weekly to their skin. However, there was no recording system to show the patch was still securely attached to their skin each day. This is important because patches can, at times, detach from the skin and therefore are no longer effective. The registered manager explained this was identified in a recent internal audit and a daily recording document was implemented during the inspection. We will review this in the next inspection.
- The system in place for recording the location 'pain relief skin patches' were being applied on a person's body was insufficient to demonstrate accurate rotation in accordance with the manufacturer's guidance. This is important because some skin patches cannot be applied to the same part of the skin for a number of weeks. The registered manager responded immediately and implemented a new document to show clear rotation. We will review this in the next inspection.
- Refrigerator temperatures, where medicines were stored, were not being recorded correctly. The maximum and minimum temperatures were not being taken on a daily basis. Therefore, we were not able to confirm medicines were being stored safely.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate how safety and risk were effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008

The registered manager responded straight away during the inspection and acted upon all concerns. Care plans and risk assessments were updated, and new systems and processes introduced. We will review the success of these in the next inspection.

- Health and safety checks were completed in line with regulatory guidance.
- People received their medicines in a dignified way and medicine stocks matched the medicine administration records.

Staffing and recruitment

- There were enough suitably qualified staff on duty to meet people needs. However, we did raise concerns over 1 occasion where staff did not respond to a person showing distressed behaviours in a communal area, despite staff being available in the communal area to provide reassurance and support.
- People told us staff supported them safely and promptly. One person said, "I am very happy. The staff are brilliant. There are lots of them. They come when I need support."
- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

Learning lessons when things go wrong

- Lessons were not always learnt when things went wrong.
- Some of the improvements identified from the last inspection were still found during this inspection. During the last inspection, care plans and risk assessments were not always in line with people's changing needs. This was again found in this inspection.
- Accident and incident forms were completed and investigated by the management team. Trends were examined and referrals made to the relevant professionals, such as the falls team.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe from abuse. Local area safeguarding policies and internal policies were accessible to staff members.
- People told us they felt safe living in the home and with the staff who supported them. One person said, "I am happy here. I feel safe."
- Relatives told us they felt the care and support their family members received was safe. One relative said, "My family member is 100% safe. It's a home from home. I feel I know everybody. They [staff] all speak to me

when I go in."

- Staff received safeguarding training and were confident about reporting any concerns. One staff member told us, "If I have any concerns I would report them to management. If nothing was done, I would go higher or to the local authority."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One relative told us, "It's spotless. The cleaner comes in the room most days. Its beautifully clean it's good. The communal areas are very nice."
- 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 in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

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 our last inspection we rated this key question good. At this inspection the rating has changed to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity and respect. One person who required full support to eat a meal was left unattended with a plate containing food resting on their chest. Another person with distressed behaviour called for assistance. However, staff did not attend to this person despite being in the same room. The registered manager responded straight away and addressed these concerns with the staff team and arranged for an audit of care practices to be carried out.
- On the second day of inspection people were continually treated with dignity and respect. Staff responded to people in a timely way and took the time to sit and carry out meaningful activities with people.
- Relatives told us privacy was always upheld. One relative told us, "The staff always knock and ask is it okay to come in and tidy [my family member's] room and sometimes [my family member] says no. The staff respond and say they will come back later. It's amazing. [My family member] is treated as an individual and their needs and wishes are being attended to."

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

- People were supported to be involved in their care and make their own choices. One person told us they often preferred to remain in their room but would sometimes enjoy going for a walk with support from a staff member.
- Relatives felt involved in the care provided to their family member. One relative said, "I am fully aware of [my family member's] care plan. The staff will phone me if anything happens."
- Resident and relative meetings had not recently taken place. The registered manager explained this was due to the pandemic. However, there were plans to introduce these in the future.

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

- People's preferences and cultural beliefs were respected. One person told us about meeting with representatives from a Church each month and how this was important to them.
- Relatives told us their family members history was respected. One relative told us about an event which had taken place to mark a historical event. They said their family member enjoyed this.
- Care plans recorded people's diverse backgrounds and sexuality. People's preferences for support from male or female staff members were identified and respected.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance processes were not always effective when monitoring the care and support being provided to people.
- During the last inspection quality assurance processes required strengthening. During this inspection we continued to find improvements were needed when monitoring risk and ensuring care documentation was kept current. We found care plans needed updating and some care plans had conflicting information. This meant there had been insufficient improvement since the last inspection to ensure quality auditing systems were robust.
- Medicine audits had taken place however they had not identified the areas of concerns found during the inspection such as fridge temperatures not being taken correctly, unclear pain patch rotation and 1 person's PRN protocol was not in place.
- Governance systems were not always effective when monitoring people's skin care. For example, there were gaps evident in people's repositioning charts. The reason for these periods of time without repositioning had not been acted upon or investigated.
- There were systems in place to monitor staff training. The registered manager used a training matrix to ensure staff remained in date with their training and development. However, epilepsy awareness training had not taken place. This meant staff were not trained to recognise the risks associated with epilepsy despite providing support to people with a diagnosis of epilepsy.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate effective management to ensure quality and risk monitoring. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded straight away. All care planning and medicine documentation was updated or amended accordingly. The provider was in the process of moving to an electronic care plan which they explained will improve overall governance and provide an alert for any unrecorded repositioning. All staff were registered for epilepsy awareness training. We will assess the effectiveness of quality monitoring systems at our next inspection.

- Relatives told us they had confidence in the registered manager's ability to govern and felt able to raise

any issues or concerns openly.

- Staff told us they felt respected, supported and valued by the registered manager. One staff member said, "The registered manager is very approachable. They encourage us to share issues." Another staff member said, "The registered manager is fair and approachable."

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

- The culture was not always person-centred or inclusive. We raised concerns over the practice of staff on 2 occasions. However, the registered manager acted straight away and on the 2nd day of inspection we observed staff carrying out person-centred care and responding to people in a kind and dignified way.
- The culture promoted good outcomes for people. A wide range of meaningful activities took place throughout the 2 days of inspection. People told us how much they enjoyed these activities.
- Relatives told us their family members received a high quality of care and they had confidence in the registered manager. One relative said, "The registered manager is lovely; they are so nice. When my [family member] moved in we sat and talked to the registered manager. They wanted to know all about my family member and how we felt about my family member moving into the home."

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 registered manager was clear about their duty of candour. They told us it was their duty to be open and honest at all times.
- One relative told us about a concern they had raised over their relatives' missing possession. They told us the registered manager responded straight away and resolved the concern.

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

- People, relatives and staff were involved in the service. One person said, "I can tell them [staff] things and they listen."
- Relatives told us they were kept informed with any changes in their family members care and they knew how to raise concerns or suggestions.
- Staff told us there were regular opportunities such as handover and meetings to discuss concerns and raise suggestions.
- Visiting professionals told us they were involved in the service. One visiting professional told us, "The registered manager ensures we have access to the information we need to support our reviews. The registered manager communicates any concerns to us in a timely manner."

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible.
- The registered manager told us about their plans for moving onto a new electronic care planning platform which would improve the overall quality monitoring and a new deputy manager had recently been recruited. The registered manager explained the new deputy manager will be able to assist with the overall governance and quality auditing.

Working in partnership with others

- The provider worked closely with several health and social care professionals to support people to maintain their health and wellbeing.
- Records confirmed collaboration with health and social care professionals and showed the registered

manager welcomed their views and advice.

- One visiting professional told us, "I find the registered manager, and the care home team in general, to be very approachable and receptive to our advice."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks to people were not always mitigated or monitored safely. Care plans were not always kept in date with people's changing needs and at times contained conflicting information. Medicines were not always managed or stored safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems in place to monitor the quality and safety of the service provided did not always identify conflicting, missing or out of date information recorded in care records. Quality processes had not identified the concerns found regarding medicine administration and storage. Quality processes had not identified staff were not receiving training in epilepsy awareness despite providing support for people with epilepsy.