

Abbeycliffe Limited

Abbeycliffe Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Abbeycliffe Residential Care Home is a residential care home providing accommodation and personal care to 35 people aged 65 and over at the time of the inspection. The service can support up to 40 people in one building, over two floors. All bedrooms are single occupancy with an en-suite toilet. The home has a large lounge with a large conservatory and separate dining room. The home recently had a small extension to the rear allowing a family visiting space.

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

People who lived at the service spoke positively and felt safe and supported. The atmosphere was very calm, and the environment was homely and completed to a high standard.

We observed good interactions between staff, people and management throughout the inspection. Staffing levels were appropriate, and staff were recruited safely. Staff felt supported at work and were positive about working at the home.

Improvements have been made since the last inspection. Medications were managed and administered safely. Care plans were detailed, thorough and were regularly reviewed.

Both the registered manager and the nominated individual had good oversight of the service to ensure people received good care. People, relatives and staff spoke positively about the management of the service.

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.

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 requires improvement (9th March 2020) and there were breaches of regulation 12 and 17.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

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.

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 changed from requires improvement to good. 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 Abbeycliffe Residential Care Home 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was Responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Abbeycliffe Residential Care 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 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 team consisted of 2 inspectors and 1 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

Abbeycliffe Residential Care Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Abbeycliffe Residential Care Home 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 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.

Inspection activity started on 19 January 2023 and ended on 30 January 2023. We visited the location's service on 19 January 2023.

What we did before the inspection

We reviewed information we hold on the service from our records including notifications 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 information gathered as part of monitoring activity that took place on 8 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service, 3 visiting relatives, 1 visiting professional and 8 staff including 4 carers, 1 domestic, the registered manager, the business manager and the nominated individual.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection, the provider had failed to ensure people received safe care and treatment, particularly regarding medication. This was a breach of regulation 12 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 12.

- Medicines were managed safely. People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff who administered medicines had been trained to do so and the registered manager completed regular competency checks to ensure procedures were followed.
- The service conducted regular medicines audits and their policy dealt with key issues such as covert medication correctly.
- The registered manager was responsive to minor issues highlighted. Changes were made during the inspection to improve systems for recording creams and time sensitive medicines. The registered manager had recently modified the processes and was quick to respond to further advice during the inspection.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The service had appropriate safeguarding and whistle blowing policies in place and staff knew how to raise concerns. Staff also received safeguarding training annually.
- People told us they felt safe living at the home. One person told us, "I'll be here 'til the day I die and I'm happy with that".
- People felt comfortable raising concerns. Comments included, "I'd tell the [Staff], but everyone is friendly here, I wouldn't be worried, I'd just say", and "We're a good lot here, we get on, there's no nastiness, it's nice. I'd say if it wasn't."
- The service completed relevant referrals and CQC notifications where required.
- The service had systems in place to record and review accidents and incidents. The service shared lessons learned with staff, to reduce the risk of future incidents.

Assessing risk, safety monitoring and management

- Peoples needs were assessed and monitored through detailed risk assessments, which were reviewed regularly. This allowed staff to support individuals safely.
- People who needed equipment for safety monitoring and management, such as sensor mats, had them in

place and these were reviewed regularly by the service. This was to ensure that they continued to be proportionate and meet the needs of people at the service.

- Health and safety maintenance checks were in place and up to date. For example, gas safety.

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.
- Mental capacity was embedded into all elements of people's care plans.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs in an effective and timely way.
- Throughout the inspection, we observed that staff were available and attentive to people's needs.
- Recruitment at the service was safe. Staff had appropriate pre employment checks in place, which included 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.

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.
- 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

- Visiting at the home was in line with current guidance. PPE was available for those who wished to wear it and visitors were asked to sanitise their hands before entering.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were person centred and detailed. Care plans documented people's individual needs, choices and preferences.
- Care plans were reviewed regularly, including when people's needs had changed. People and their relatives were involved in this process.
- The provider used an electronic care record system, which ensured records were up to date and accurate.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and support put in place where needed. There was visual information available about activities and events at the home. The service also had easy read guides available in reception.

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

- The service provided activities for people. The service arranged external entertainers and activities. For example, recently there had been a virtual reality experience which allowed people to experience virtual reality for the first-time using specialist headsets. People also went on external trips to the local community.
- The service had redesigned the visiting pod, which was used throughout the pandemic, into a shop that people could purchase different items from including toiletries and biscuits. The pod was also changed into a "pub", where quiz nights were held. This was following feedback from people who used the service as they wanted quiz nights.
- People spoke positively about activities at the home and were able to choose how they spent their time. One person told us, "I don't have to ask; the choice is mine". Another person also told us, "If I don't want to do something that's fine. I can go in my room, I like to read, there's always a book to read, we have it so we can swap a book".

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. This was accessible to people using the service and their relatives.
- The service had not had any recent formal complaints.
- We saw examples of the service being responsive to feedback or concerns.

End of life care and support

- At the time of the inspection there was no one receiving end of life care. The service had plans in place and were able to work with health care professionals, should it be required.
- The service had an end of life champion and management were trained in the 6 steps of end of life care programme. The programme aims to enhance End of Life Care through facilitating organisational change and supporting staff to develop their roles around 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection, the provider had failed to ensure appropriate governance systems were in place. This was a breach of regulation 17 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 at the service were clear about their responsibilities.
- The management team had an audit schedule in place and carried out regular audits, including medication and the environment. The nominated individual also conducted monthly reviews, which ensured effective oversight of the service. This included regular meetings with the registered manager.
- Comments from staff included, "The management are responsive and deal with issues straight away. They also ask us for our views" and "The managers are very hands on, they are brilliant. The managers care about the wellbeing of staff and the residents."

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

- The culture at the home was positive and person centred.
- People and their relatives spoke positively about the open and transparency of the culture at the service. One person told us, "It's clean, its bright, it is nice. I'm well looked after. I can't say I've any complaints." One relative also told us, "I haven't had one complaint since my [relative] came in here. I'd give it 10/10, it's been brilliant."
- Staff also spoke positively about the culture at the service, with one staff member telling us, "There is a very open culture here. We know the people well. There is a lot of information available to staff about what people's routines are, and their likes and dislikes."
- Staff were supported by the management and some staff had been nominated for local and national awards. One staff member told us, "The managers listen and the support us. I feel comfortable to ask for support when I need it. They listen to our ideas. There is a positive culture here, focused on improving the care for people."

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

- Management at the service understood their responsibility under the duty of candour.
- The service completed relevant notifications to CQC and the Local authority, when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were engaged by the service and involved in regular reviews of care plans.
- The service held regular residents' meetings, where people could provide feedback, which was acted upon. Meetings were attended by a number of residents. For example, one staff member told us, "One person said they wanted to listen to music, so they made the person a playlist of songs that they liked. So, activities are focused on what individual's like."
- Staff were asked to complete questionnaires and management reviewed these responses. Staff also had regular meetings with management and an annual appraisal with the nominated individual.
- The service welcomed feedback and acted upon feedback quickly and efficiently. For example, there is an anonymous suggestion box in reception encouraging people and visitors to share improvement suggestions.

Working in partnership with others

- The service worked well with external partners, including health care professionals and the local authority.
- One visiting professional told us, "It is quite good here; staff are attentive and support us with visits. We have not had any problems or issues. They contact us when they should. They know all their residents well."