

Abingdon Court Care Limited

Abingdon Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected Abingdon Court Care Home on 30 June 2015. Abingdon Court provides nursing care for older people over the age of 65, many of the people living at the home were living with dementia. The home offers a service for up to 64 people. At the time of our visit 61 people were using the service. This was an unannounced inspection.

We last inspected in November 2013. The service was meeting all of the required standards at that time.

There was a registered manager in post on the day of our inspection. A registered manager is a person who has

registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were not enough staff deployed on the second floor of the service to fully meet people's health and social care needs. People on the second floor went

Summary of findings

without social engagement for long periods of time and were not always supported with their meals and drinks. In contrast, there were enough staff deployed on the ground and first floor to meet people's needs.

Some people were at risk of pressure damage. Staff did not always keep a record of the support people received. One person required assistance to change their position regularly, however on the day of our inspection this person's position had not been changed. Additionally staff on the second floor of the building, told us they did not always have enough time to complete people's repositioning charts.

Nursing and care staff showed genuine care for people when assisting them with their care or helping them with their meals. Most staff knew the people they cared for and had the time to talk with them. People enjoyed activities within the home, and on the ground and first floor of the building people told us they had the support they needed.

People were supported to make day to day decisions about their care. People and their relatives views on their care were recorded and sometimes choices were available around food and drink.

People told us they felt safe. People were supported to take their medicines as prescribed. Staff had the equipment they needed to assist people with their moving and handling needs.

The registered manager dealt with and responded to all safeguarding concerns. They also had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, to ensure people were protected and that the service complied with legal processes.

Staff told us they felt supported, however not all staff had received training and supervision to enable them to meet people's needs. The registered manager had identified this concern and was working with the provider to ensure staff had access to effective training.

The registered manager and provider had systems in place to monitor the quality of the service people received. However, some of these systems were not being effectively used to drive improvements within the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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. There was not always enough staff deployed on the second floor of the building unit, which impacted on the support they could provide to people.

People were not always protected from the risks associated from pressure area care, because care staff did not follow guidance or make an accurate record of the care they provided to people.

People told us they felt safe, staff had good knowledge of safeguarding. People received their medicines as prescribed.

Requires improvement



Is the service effective?

The service was not always effective. Care and nursing staff did not have access to the training and supervision they needed to meet people's needs.

Most people had plenty of food and drink available to them.

The management had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards and people's legal rights were protected.

Requires improvement



Is the service caring?

The service was caring. People told us staff were kind, attentive and respectful. Staff were genuinely concerned about people's well being

People were treated with dignity and kindness by care workers and were supported to make choices.

Care workers respected people and ensured their dignity was respected during personal care.

Good



Is the service responsive?

The service was not always responsive. People on the second floor of the building did not have access to engagement from care and nursing staff. People were not protected from the risks of social isolation.

A number of people had access to a structured activities programme which they enjoyed.

The registered manager sought feedback from people and their relatives and acted on any concerns or complaints.

Requires improvement



Is the service well-led?

The service was not always well-led. The registered manager did not always have effective systems to monitor the quality of service and drive improvements.

Requires improvement



Summary of findings

Where the registered manager was using their quality systems, this led to improvements within the service.

People and staff spoke positively of the registered manager and the leadership they provided to the home.

Following our inspection, the registered manager provided us with a clear action plan of how they were planning to address our concerns.

Abingdon Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 June 2015. This was an unannounced inspection. The inspection team consisted of three inspectors 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.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams.

We also looked at the Provider Information Return for Abingdon Court Care Home. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven of the 61 people who were living at Abingdon Court Care Home. We also spoke to four people's relatives and visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three registered nurses, five care workers, a domestic worker, the deputy manager and the registered manager. We looked around the home and observed the way staff interacted with people.

We looked at 14 people's care records, and at a range of records about how the home was managed. We reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

There were not always enough staff deployed to meet the needs of people living in the home. On the second floor, staff told us they did not always have time to spend time with people, or maintain an accurate record of when they had assisted people. One staff member said, "It is too much, sometimes we can't complete records or have a break." Staff told us all people on the floor required the support of two members of staff for personal care and when supporting people to move. They also told us people's needs had increased and they now needed more support to eat and drink. One person on this floor told us, "I feel sometimes they are short of staff." Another person said, "The staff do listen to me, but they haven't got much time they are busy."

We observed that people living on the second floor often went for long periods of time, without any interactions with staff. For example, one person was sat in the lounge. They occasionally talked to themselves, however no member of staff came to them for over an hour. We also observed some people on this unit did not receive the support they needed with their lunches. Three people who had their meals in their own rooms left their food untouched, and received no support or encouragement from staff.

Staff appeared rushed on the second floor and when people required assistance with personal care there was not always a member of staff available to assist people or deal with their concerns. Additionally, staff did not have time to record when they had assisted people who were at risk of pressure area care. For example, two people on the first floor required assistance from two care staff to reposition at two to three hourly intervals. For one person, no record of the support they received had been kept for seven days prior to the inspection. On the day of the inspection, we observed they had not been assisted to reposition for a number of hours. Two staff members told us this person often refused any assistance, however this had not been recorded by staff.

The registered manager informed us staffing levels were reviewed against people's needs. The provider had a tool which the registered manager used to determine the number of staff they needed to meet people's needs. The number of staff assessed for the second floor was being met, however there were not enough staff to meet people's needs.

These concerns were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these concerns with the registered manager, who took immediate action to ensure people had food and drinks available and that people were repositioned in accordance with their care plans. The registered manager informed us there had been changes in the staff team on this floor and they would look to address this with the provider.

On the ground and first floors people and staff told us there was enough staff to meet people's needs. One person told us, "They are fairly quick to answer my buzzer." Another person said, "The staff check up on me frequently and they have time to talk to me."

We observed staff had time to assist people to eat and drink and provided activities, such as talking and playing games. The atmosphere was calm on the ground and first floors and staff while busy were relaxed. Staff told us there was enough staff to meet people's needs, however they told us people moving into the home were becoming more dependent. One member of staff said, "We have enough staff on this floor and the ground floor." Another member of staff told us, "It can be busy however we have a good team."

One person on the first floor was being nursed in bed. Staff assisted this person to reposition in accordance with their care plan. Nursing staff had sought the advice of tissue viability nurses to ensure this person was being protected from pressure area damage. Staff recorded the assistance they provided to this person and ensured they were assisted to eat and drink throughout the day.

People told us they felt safe at the home. Comments included: "I'm fine. comfortable", "definitely safe" and "I feel very safe here, it's very peaceful." One person told us they felt safe because the building was locked up at night. One person's relative said, "They're safe because of the security of the home and the staff are good."

One person told us they were safe in the home, and had been supported by staff to make decisions around their safety. The person wanted to have a gate on their door to stop people coming into their room. This gate was in place and the person's preferences to make this choice were clearly recorded.

Is the service safe?

Staff members we spoke with told us they had completed safeguarding training via e-learning. They were aware of signs of possible abuse and their responsibility to report any concerns to senior staff or the manager. A carer told us that, if they were concerned about a person's well-being, they would "Press the bell for a nurse" who would then check the person before deciding on any further action required.

A copy of the safeguarding procedure for staff was displayed in the offices on all three floors of the home. This provided guidance on informing the 'responsible person' (manager or senior staff on duty) and contact details for the local authority and the Care Quality Commission. One member of staff told us, "Contact details about safeguarding are throughout the home. We discuss safeguarding frequently. It's not a concern."

People received their medicines as prescribed. We observed a nurse assisting people to take their medicines. The nurse gave people time to take their medicines and

supported them with care and patience. Where medicines were administered covertly, nursing staff had clear guidance to follow to ensure people received their medicines. One person told us, "They take time giving me my medicines, I get what I need."

All medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each person. Medicine stocks were checked monthly by nursing staff. These checks showed staff monitored stock to ensure medicines were not taken inappropriately and people received their medicines as prescribed.

A nurse we spoke with had received a letter from a community mental health nurse, following their visit to the home, regarding a change in a person's medication. Before implementing any changes, the nurse sought confirmation of the prescription change from the person's GP. This ensured the changes to the person's medicines would meet their needs.

Is the service effective?

Our findings

The service's training records showed not all staff had received the training they needed to meet people's needs or effectively carry out their roles. This included training such as fire safety, dementia care, raising concerns and record keeping. Around 30 percent of staff had completed fire safety training. The registered manager had identified this through their quality assurance systems and told us the provider was procuring training for all staff. Some staff told us they had not received some of the training they expected. One member of staff said, "I would like more training, particularly regarding pressure area care."

Staff told us they had not received frequent or effective supervision or an annual appraisal (one to one development meetings with their manager). One staff member told us, "I've not had a supervision." Two other staff members informed us they had not had supervision since they started at the service. Staff personnel records also showed staff did not have access to regular supervision or development. We discussed this with the registered manager who informed us some supervisions were recorded on their computer systems, which we were able to see electronic records of and that staff were supported through a range of informal meetings.

These concerns were breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoke positively about the registered manager and the support they received. One member of staff talked about the support they had received from the registered manager and provider which enabled them to work as a nurse in the home. They told us, "I do feel supported, especially when I became a nurse. The manager supported me and helped me through some difficult times. She was incredibly helpful."

Staff spoke positively about the support they received to develop professionally. One staff member told us they had completed their national vocational qualification level 2 (NVQ 2) in health and social care, while another told us they had completed their NVQ 3 in health and social care and had been on training around diabetes on their request. One staff member said, "If you express an interest in further training, then the service would definitely support this."

One nurse told us they had participated in two tissue viability training courses. They told us they had applied their knowledge by developing "a project of my own" in conjunction with the tissue viability service. This initiative consisted of a skin tear risk assessment and an intervention of using hydromol cream as a soap. This meant staff could better assist people who were at risk of pressure area sores.

Care workers had good knowledge of the Mental Capacity Act 2005 (MCA), which provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Staff told us how this affected their role. One staff member said, "We must give people choice, over their food and clothing. We would never assume someone didn't have capacity and we assist people with choice." One person's care plan showed how staff were to talk with the person and encourage them with their personal care and nutritional needs. We observed staff assisting this person with their lunch choices, staff encouraged them to make decisions in a caring and patient way.

The manager ensured where someone was assessed as lacking capacity to make a specific decision, a best interest assessment was carried out. For one person a best interest decision had been made where they did not have the capacity to understand the risks associated with leaving the service. The manager made a Deprivation of liberty safeguard (DoLS) application which was authorised following a meeting to consider the person's best interests. This meeting included the person's family and social worker. DoLS is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. We spoke with a 'best interest assessor' from the local authority DoLS team who was visiting a person to review their DoLS application. They spoke positively about the home and staff knowledge in this area.

People spoke positively about the food they received. Comments included: "The food is pretty good, I get a choice and if I don't like anything I can have something else", "I have no complaint about the food, they are adequate and decent meals and there is a choice" and "I have plenty of tea and biscuits." and "I enjoy the meals. If I don't they change it."

We observed staff assisting people to make choices and assisting people to change their meals. One person told a member of staff they didn't like their meal. The staff

Is the service effective?

member took time to talk to the person and find out what they would like. The person made a choice and the staff member ensured this choice was provided. The person was happy with their choice and told us, "I like this meal."

People on the ground floor and first floor were supported with their meals and we observed this was carried out in a pleasant atmosphere. Staff took their time to assist people to have their food as they wished. Where people required the assistance with their meals, staff provided this in calm manner. Some people on the second floor did not always receive the support they needed, because there were not always the number of staff available on this floor to meet the need of people who may require assistance in their room. We discussed this with the registered manager who ensured immediate action was taken to enable staff to meet people's needs.

The staff in the home had identified one person whose behaviour had changed prior to the inspection. Staff had raised concerns about the person's well being. On the day

of the inspection the deputy manager contacted the person's community psychiatric nurse to come and review their medicines as they believed this was having a negative effect on the person's wellbeing. We observed this review was held in the afternoon of our inspection.

Three people were supported by staff with thickened fluids because they were at risk of choking. They had been assessed as at risk and speech and language therapist (SALT) guidance had been sought and followed. We observed staff prepare people's drinks in line with this guidance. Where staff had concerns over people losing weight they contacted the person's GP. People were supported with dietary supplements and were given support and encouragement to meet their nutritional needs. One person had a clear care plan which contained guidance from healthcare professionals about supporting them with their appetite, we observed these guidelines were being followed.

Is the service caring?

Our findings

People and their relatives spoke positively about staff and their caring nature. Comments included: "The staff are caring and patient. Carers only sometimes have time to talk to me but they always acknowledge to me as they pass the door"; "The staff are good without exception" and "I have no complaints." One relative told us, "The care staff show respect for Mum even though she has little response."

Two people spoke highly about staff who assisted them on regular basis. One person said, "She's magic and very good." Another person said, "They're really good. Very lively. They will help me."

Staff showed concern for people's well being. One person was agitated and told us they had toothache. A nurse was aware of this and offered the person some pain relief to make them comfortable, which the person was happy to take. The nurse informed the person they would make them an appointment with the dentist and reassured them. The person talked with the nurse and they were calm.

One person told a staff member they were thirsty. The staff member assisted them immediately and asked what they would like to drink. The person wanted a cup of tea and some biscuits. The staff member came back with a cup of tea and a tray of biscuits and gave the person time to choose what biscuits they liked. The person was happy and enjoyed their cup of tea. They told us, "It's good here, I feel looked after." The care worker told us, "I know what biscuits they like, however I always like to give them choice."

Staff clearly knew the people they cared for, including their likes and dislikes. When we discussed people and their needs, all staff spoke confidently about them. One staff member spoke to us about one person, what was important to them and changes in their healthcare, they knew when the person was due to go to hospital for an appointment. They told us it was important to know this information, especially if the person or their relatives asked

for an update. Another staff member told us about one person they spent time with. They said, "They have a very strong personality. They can refuse care. We go to them, laughing and smiling, this helps them, it encourages them."

We observed staff speak to people in a polite, friendly and respectful way. One staff member sat with a person who was agitated. They held their hand and talked to them about their life. The staff member asked if they would like to play a game or do a crossword. The person happily sat with the care worker as they did a word search. The staff member ensured the person was comfortable before excusing themselves.

Staff took time to reassure people when they were anxious. One person was anxious at lunch as they requested their pudding. A member of staff was assisting a person with their meal and excused themselves to reassure the person. They reassured the person in a calm and dignified manner, talking about their concern and explaining they were not being forgotten. Shortly afterward the person's pudding came. They told us, "The staff are lovely."

One person was asked for their views of where they would wish to be treated in the event of their health deteriorating. The person, with support from their family had decided they wished to be cared for in the home. A Do Not Attempt Cardio Pulmonary Resuscitation form was in place which stated they did not want to receive active treatment in the event of heart failure. The person and their family's wishes around their end of life care had clearly been recorded.

People were treated with dignity and respect. We observed staff assisting people throughout the day. One person liked to spend most of their day in their room. Staff checked on this person, knocking on their door and introducing themselves. When staff assisted this person with personal care they ensured their room door and curtains were closed to ensure their dignity was protected. People were asked if they preferred a male or female care worker providing their personal care. Their preferences were recorded in care plans and people told us their choices were always respected.

Is the service responsive?

Our findings

People who chose to or were cared for in their rooms did not always have access to stimulation from staff. We observed some people go for an hour at a time without any engagement from staff. One relative told us, "I don't think there are one to one activities in people's rooms." Staff told us they did not have time to provide this support to people on the second floor of the home.

We spoke with the home's activity co-ordinator who told us how they planned activities in accordance with people's preferences. They said, "I talk to people and ask what they want. We change the rota so it reflects what people like." They also said, "I support people in their rooms. On the second floor I try and provide one to one support (such as talking and reassurance)." The activity co-ordinator told us they came in on their days off and care staff were supposed to support people with activities, however this did not happen on the second floor as there was not always enough staff to assist people.

These concerns were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives spoke positively about activities and events within the home. Comments included: "There are little bits going on", "I know there is music today, I like music" and "I'm very happy with what goes on." A relative told us, "There is activities and church services."

We observed staff spending time with people in the morning in the lounges. They supported people to spend time talking with each other, playing board games and doing word searches. In the afternoon we observed people enjoying a musician play in the home. People were asked if they wanted to watch the musician and were supported to do so. One person told us, "I enjoyed that."

The activity co-ordinator told us they made arrangements for groups from the local community to come into the home, such as brownies, local churches, students undertaking the Duke of Edinburgh award and a toddler group. They told us how this helped stimulate people living in the home. They said, "They love to see children or have someone different to talk to, it brings a lively atmosphere to the home."

People's care plans included information relating to their social and health care needs. They were written with clear instructions for staff about how care should be delivered. They also included information on people's past work and social life as well as family and friends.

The care plans and risk assessments were reviewed monthly and where changes were identified, the plans were changed to reflect the person's needs. Relatives told us they were involved in planning their relatives care. We also saw, where appropriate, people's relatives signed documents in their care plan which showed they wished to be involved. One relative explained how they were involved in discussing their relatives changing care needs with staff. They told us, "I know what's going on."

One relative told us they were always involved or contacted if their relatives needs had changed. They spoke positively about how staff identified changes in people's needs and took appropriate action. They told us, "If there is a medical problem there is a rapid response." A healthcare professional told us the service was quick to respond to changes and contact them for support and advice. One person told us, "I get medical treatment pretty quickly, once the dentist actually came to the home and filled a tooth."

People and their relatives told us they knew how to raise concerns if they needed to. Comments included: "I would tell the nurse and report it", "I know how to make a complaint" and "I've made a complaint and it was responded to quickly."

There was a complaints policy which clearly showed how people could make a complaint and how the manager and provider would respond to this complaint. Complaints had been responded to in accordance with the provider's complaints policy. The registered manager kept a record of all the compliments they had received from people and their relatives and these were available for people and their visitors to look at.

The registered manager and provider used quality assurance surveys and resident and relative meetings to seek and understand people's views on the service. People and their relatives views were recorded at people's care reviews and in family liaison notes. One relative told us they felt their views were listened to and respected.

Is the service well-led?

Our findings

The registered manager and provider had detailed systems to monitor the quality of the service people received, this included systems which sought the views of people and their relatives. However, these systems were not always effective. We saw survey results included negative comments from people and their relatives around staffing levels, activities and the environment. While these concerns had been summarised there were no documented actions which had been set by the registered manager or provider to act on these concerns. We discussed this with the registered manager who informed us some relative's concerns were dealt with informally, while others were related to complaints they had received which had been responded to.

The registered manager had not completed audits in 2015 for medicines, care plans and daily care notes. The registered manager told us this was because they had been without a deputy manager in post at the service. The concerns we identified around people's on-going care records and turn charts at this inspection had not been picked up by the registered manager.

These concerns were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the registered manager sent us detailed plan of the actions they were taking to address our concerns around staffing, pressure area care and people's nutritional needs on the home's second floor. This included planning to review people's needs and do observations on the floor to ensure people's needs were being met. When we showed the registered manager our concerns on the day, they took clear action and addressed our concerns with staff in the home.

The registered manager operated some systems which gave them a detailed overview of the service. Every month and at the end of the year the registered manager carried out a report which reviewed complaints, staff turnover, incidents and accidents, training and complaints. Following the managers end of year audit they had identified that it would be good to summarise complaints

for the following year. Additionally they had identified concerns, such as the need for more training around pressure area care. The manager used these systems to identify there was a shortfall in training and a need for a new deputy manager. A new deputy manager had been appointed and the registered manager was waiting for information on training from the provider.

People and their relatives told us the registered manager and deputy manager were approachable. Comments included: "The manager is very good", "She is friendly and approachable" and "As far as I'm concerned it's a well run home. I have no complaints."

One staff member spoke positively about the manager and told us they had the information they needed to meet people's needs. They told us how they could go to the registered manager if they had any concerns. They said, "If I don't know something, I'm more than happy to ask." Another staff member said, "They have been so supportive."

The service was involved in two research projects, one of these was around the EPIC (enhancing person-centred care in care homes) study. A research assistant from King's College, London was working in the home on the day. They spoke positively about the openness of the service.

Staff all understood the need to whistle blow if they felt concerns were not effectively dealt with. One staff member said, "I am happy to raise concerns." Another staff member told us, "I would go to safeguarding if I needed to, however I haven't had to."

Staff spoke positively about their roles, and told us they had accountability. The deputy manager told us they felt supported and had suggested a number of ideas to improve the quality of the service. This included reviewing people's medicines. They spoke positively about the service and were enjoying their role. We observed senior care workers organised staff and ensured staff were treating people with dignity and respect. One senior care worker identified one member of staff was not assisting someone with their meal in a dignified way, they addressed this quietly and assisted the member of staff to support the person.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: There were not effective systems in place to assess, monitor and improve the quality and safety of the services provided to people. Regulation 17(1)(2)(a).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The service did not have sufficient numbers of suitability qualified, competent, skilled and experienced persons deployed in order to met the requirements and people's needs. Staff employed by the service provider did not always receive appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they are employed to perform. Regulation 18(1)(2)(a).