

Abbeyfield North Northumberland Extra Care Society Limited

Abbeyfield House - Alnwick

Inspection report

South Road
Alnwick
Northumberland
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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Abbeyfield House – Alnwick is a residential care home providing accommodation and personal care for up to 25 people some of whom are living with a dementia related condition. At the time of our inspection there were 22 people living at the home.

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

A system to manage accidents and incidents was in place. However, records did not always evidence that people's risk assessments were reviewed after every incident to help identify if the risk assessment remained relevant or whether any actions were needed to mitigate future risk.

Records relating to prescribed topical medicines/creams and ointments did not always document that these were administered as prescribed. The registered manager explained there had been stock issues with their pharmacy. They also stated they had made topical medicines administration records more visible by placing them on a clip board in people's rooms to help promote staff completion.

Records were not fully available to demonstrate how the provider was meeting their responsibilities under the duty of candour.

There had been a history of non-compliance with the regulations. The provider had been in breach of the regulations at six of the seven inspections since 2015.

A safeguarding system was in place. We spoke with the registered manager about ensuring the correct agencies were involved and notified regarding one safeguarding allegation. We have made a recommendation about this. People told us they felt safe. One person told us, "I've been here two years and I've never had anyone be nasty to me."

People and relatives spoke positively about the staff and the care provided. Comments included, "They love her and she really loves them" and "The staff are amazing - really lovely." Staff enjoyed working at the home and there was a positive atmosphere. One staff member said, "It's a happier place now." This was confirmed by relatives. One relative stated, "There's a very friendly atmosphere - not clinical, very friendly and the staff are approachable."

There were sufficient staff deployed to meet people's needs. One person told us, "There's a lot of staff to look after me." Safe recruitment procedures were followed.

Improvements had been made in relation to infection control since our last inspection. Staff now followed government guidance relating to infection control and the safe use of PPE. One person told us, "They are always good with wearing their masks." Relatives told us they could visit when they wished and raised no concerns about any restrictions.

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 (published 15 June 2021). There were breaches of regulation in relation to safe care and treatment and good governance regarding infection control. We issued a warning notice and told the provider they needed to improve. At this inspection, whilst the provider had met the requirements of the warning notice and improvements had been made in relation to infection control; shortfalls were identified regarding the maintenance of records and the provider remained in breach of the regulation relating to good governance.

Why we inspected

We undertook this focused inspection to check they had met the requirements of the warning notice, 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 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 remained requires improvement based on the findings of this inspection. Please see the safe and well-led sections of this report.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified one continuing breach of Regulation 17 (Good governance). 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 and meet with the registered manager and provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Abbeyfield House - Alnwick

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Abbeyfield House - Alnwick 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. Abbeyfield House - Alnwick 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 CQC 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. Inspection activity started on 2 March 2022 and ended on 17 May 2022. We visited the home on 2 and 10 March 2022.

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 three people, two relatives and emailed a further two relatives for feedback. We spoke with six staff including the registered manager, care staff, hospitality, the activities coordinator and chef. We also contacted a health and social care professional. We reviewed records relating to people's care, the management of the service, one staff member's recruitment records and policies and procedures.



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 the same. 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; Learning lessons when things go wrong

- A system to manage accidents and incidents was in place. However, records did not always evidence that people's risk assessments were reviewed after every accident or incident to help identify if the risk the assessment remained relevant or further actions were needed to reduce the risk of future reoccurrence.
- Lessons learned had been identified following an incident and furniture was being attached to the wall to reduce the risk of injuries. However, the method used to attach the furniture was not robust.
- Records relating to prescribed topical medicines (creams and ointments) did not always evidence that these were administered as prescribed. The registered manager explained that there had been stock issues with their pharmacy.

The failure to ensure accurate records relating to topical medicines were maintained and the timely review of people's risk assessments was carried out, was an ongoing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the registered manager told us that people's risk assessments were now reviewed after any accident or incident to ensure timely action was taken when required. Bedroom furniture had now been attached securely to the wall. In addition, they were organising topical medicines training for staff and had included topical administration records on the staff delegation sheet so senior care staff could check that these records had been correctly completed.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding system was in place. We discussed with the registered manager about ensuring the correct agencies were involved and notified regarding one safeguarding allegation.

We recommend the provider reviews their safeguarding procedures to ensure the correct agencies are involved and notified in a timely manner.

- People and staff raised no safeguarding concerns about staff practices or people's care.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs. People and relatives confirmed staffing levels were appropriate. One relative told us, "There's enough staff, mum says there's always someone popping in to talk with her."

- Safe recruitment procedures were followed. Checks including Disclosure and Barring Service (DBS) checks were obtained. 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

At our last inspection, government guidance relating to infection control, including the safe use of PPE was not always followed by staff. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had made improvements at this inspection and were no longer in breach of Regulation 12.

- 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 in care homes

- Relatives told us they could visit when they wished and raised no concerns about any restrictions when visiting the home.

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 remained the same. 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; 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; Continuous learning and improving care

At our last inspection an effective system was not fully in place to assess, monitor and manage infection control. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst improvements had been made in relation to infection control; new shortfalls were identified in relation to the maintenance of records and the provider remained in breach of Regulation 17.

- Checks were carried out to monitor the quality and safety of the home. However, these had not highlighted the shortfalls regarding topical medicines records or the timely review of people's risk assessments following an accident or incident.
- Records were not fully available to demonstrate how the provider was meeting their responsibilities under the duty of candour. The duty of candour regulation tells providers they must be open and transparent with people about their care and treatment, as well as with people acting on their behalf. It sets out some specific things providers must do when something goes wrong with someone's care or treatment, including telling them what has happened, giving support, giving truthful information and apologising.
- There had been a history of non-compliance with the regulations. The provider had been in breach of the regulations at six of the seven inspections since 2015.

The failure to ensure accurate records were in place and compliance with the regulations was maintained was an ongoing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a positive atmosphere at the home and people were happy with their care.
- People, staff and relatives spoke positively about the registered manager and described her as approachable. They also said she managed the home well and contributed to the positive atmosphere.
- People and relatives spoke positively about the staff. Comments included, "She's very happy, she can't praise the staff enough – they're amazing," "She loves it, every day I go, she will say 'I'm really happy here'"

and "It's very pleasant here, the girls are lovely."

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

- System were in place to involve people, relatives and staff in the running of the home. Relatives told us they had been kept up to date with events at the home during the pandemic.

Working in partnership with others

- Staff worked with health and social care professional to help ensure people's needs were met.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records relating to topical medicines were not always accurately maintained. Records did not always evidence that people's risk assessments were reviewed after every accident or incident to help identify if the risk assessment remained relevant or whether any actions needed to be undertaken to help reduce the risk of any reoccurrence. Records were not fully available to demonstrate how the provider was meeting their responsibilities under the duty of candour. There had been a history of non-compliance with the regulations. Regulation 17 (1)(2)(c)(f).</p>