

Abbey Care Complex Limited

Abbey Care Complex

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This unannounced inspection took place on 8 April 2015. The service met all of the regulations we inspected against at our last inspection on 19 March 2014.

Abbey Care complex is a care home with nursing provided on three floors. The service is registered to accommodate for a maximum of 42 people. At the time of the inspection there were 41 people using the service.

There were two people registered to manage the service at the time of our visit, however both were no longer working at or associated with the service. We have taken

action about this. A new manager started shortly before our visit and will apply to register with CQC when they have finished their probationary period. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

We found there were not enough staff deployed at the home, which left people at risk of not having their needs met safely and in a timely manner.

The service had good recruitment processes in place and we noted staff were provided with training, supervision and support. People and relatives spoke positively about the staff. They told us staff listened to them and that they found them caring. We noted staff had read the home's policies and procedures and were clear about their roles of providing care and support that met people's needs.

Assessments of people's capacity to understand and agree to their support were completed for some people and there were comprehensive policies in place regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS are legal safeguards that ensure people's liberty is only deprived when absolutely necessary. The manager was waiting for a decision regarding the application they had submitted for authorisation of DoLS for some people. We noted that the manager was completing DOLS applications for the rest of people. All the staff we spoke with told us that they had attended training on MCA 2005 and DoLS. This showed that staff had skills and knowledge to follow the principles of MCA to allow and encourage people to make decisions affecting them unless otherwise they did not have the capacity to do so.

Staff reviewed care plans and it was evident that people and their relatives were consulted. Care plans detailed people's needs and how staff should respond to them. We noted that changes in people's needs were monitored and appropriate help from professionals (such as GPs, dieticians) were sought. People and relatives told us the food provided at the home was good and that people could choose what they preferred. This meant the home ensured that people's individual needs were recognised and appropriate service provided.

Even though the manager was new to the home, he had started making some improvements. For example, a new filing system was being introduced with the aim of making it easier for staff to record and access people's files. We noted that relatives' meetings were held and that there was a plan to distribute a survey questionnaire to people, relatives and health and social care professionals. This ensured that people would influence the quality of service provided at the home.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have 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 safe. There were not enough staff deployed to provide the level of care people needed. Relatives told us there were not enough staff at the service. We saw some people had to wait for 30 to 40 minutes for staff to assist them with their lunch.

People and relatives told us that they were happy with the home. They told us they felt safe while living at the home.

Staff were vetted through interviews, criminal record checks and written references. They were provided with an induction programme when they started work at the home. This showed that people were supported by staff who were appropriately checked.

Requires Improvement



Is the service effective?

The service was effective. Staff had the knowledge and skills necessary to provide appropriate care and support that people needed.

Staff had attended training on Mental Capacity Act 2005 and DoLS. They knew the principles of the Mental Capacity Act 2005 and told us they would always assume people could make their own decisions about their care and treatment.

Staff supported people to eat a balanced, healthy and nutritious diet. People told us the food provided at the home was good and they could have meals of their choice.

Good



Is the service caring?

The service was caring. People told us staff listened to them and explained what they were doing when supporting them. Staff ensured people's privacy and dignity was respected by, for example, giving them choices and making sure that doors were shut when assisting them with personal care.

Staff knew people's likes and dislikes and had a "terrific rapport" with relatives. They communicated with relatives and kept them up-to-date with information about people's health and wellbeing. This showed that staff had sufficient information about people's needs (which they communicated with relatives) to ensure that people were appropriately supported.

Good



Is the service responsive?

The service was responsive. People told us the manager and staff listened to them and that they knew how to make a complaint if they had a concern.

Good



Summary of findings

People's and their representatives' views were included in the review of care plans. The home had made adjustments to respond to changes in the care and welfare of needs identified through reviews of care plans. This ensured that people's ongoing needs were met.

The home had a complaints procedure in place. Staff told us they had read the home's complaints procedure and said they would record and report people's concerns. This ensured that people's concerns were appropriately investigated by the manager.

Is the service well-led?

The service was well-led. People and relatives told us that the management of the home was good and they had no complaints.

Staff told us their line managers were approachable and supportive. They told us they liked and enjoyed their work. Staff informed us that they attended monthly staff meetings which they found useful to share experience and knowledge with colleagues.

The manager was new to the post. However, he had used relatives' meetings and informal conversations with people and relatives to seek their views about the quality of the service. The manager was developing a satisfactory questionnaire to distribute to people, relatives and professionals to ask them what they thought of the quality of the service. This would ensure that people, relatives and visitors had an opportunity to express their views and influence the quality of the service.

Good



Abbey Care Complex

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 was planned to check 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 8 April 2015 and was unannounced. The inspection was conducted by an adult social care inspector and one 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.

As part of the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR 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. The PIR also provides data about the organisation and service.

During the inspection we spoke with five people using the service, six relatives, twelve staff and the registered manager. We reviewed nine people's care files, five staff files and other records such as the staff rotas, menus, and the provider's policies and procedures. We also had a guided tour of the premises and observed people's interaction with staff.

Is the service safe?

Our findings

We asked people about their experience of the service. One person said, “I am happy as one can be in a care home.” Another person said, “It is very, very nice here. I feel safe here.” A relative told us that they had “no issues with the home” and that “everything was fine” as far as they knew.

However, we found there were not always enough staff at the home. Information we received from a relative before the inspection stated that there were not sufficient number of staff at the home to meet people’s needs. A relative told us the service needed at least four care workers on each floor. We observed lunch time and saw that there were not enough staff to help people with their meals. For example, we saw some people had to wait for 30 to 40 minutes before staff could help them with their meals. This meant some people had to wait to be assisted when others were having their lunch in the same dining room. Conversation with staff and people’s files showed that 12 out of 15 people on the ground floor needed two-to-one care support, and on the first floor 10 out of 15 people required two-to-one support for personal care and transfers. After the inspection the provider sent us an email confirming that the home had provided two extra staff to help people with lunch. However, on the day of the inspection the staff rota showed that there were three care staff and a nurse working on each of these floors. This showed that people were not safe because there were not always enough staff deployed to provide the care and support that people needed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the action we have asked the provider to take can be found at the back of this report.

Staff confirmed that they had attended training which included adult safeguarding, moving and handling, infection control and basic food hygiene. They told us that their training helped them improve their knowledge, understanding and skills of providing appropriate care that met people’s needs. For example, when we asked them

their understanding of safeguarding, they were able to tell us examples of adult abuse and the actions they would take to record and report incidents of abuse to ensure people were safe.

Care files showed that risk assessments had been completed and guidance about how to manage the risks had been put in place. We saw that the care plans were comprehensive and reviewed regularly by staff. There was equipment for transferring and moving people safely. We saw staff were able to use the wheelchairs and hoists for moving and transferring people. Staff told us they had training on how to use the equipment. They told us they had read risk assessments and were confident of assisting people safely, for example, with their personal care and with moving and handling. However, a relative informed us that “staff did not read [a person’s] files carefully enough” to provide appropriate support. The staff we spoke with and observed during the inspection were able to demonstrate their knowledge of people’s preferences. The manager said he would review the filing system to make it easier for staff to use.

Staff files contained documents such as completed job application forms, criminal record checks, written references, and person identification records. We noted new staff had completed an induction programme before starting job. The manager told us that all staff employed at the home had been interviewed and that there was a probationary period before they confirmed permanent members of staff. These indicated that the provider had a recruitment process in place which ensured that staff were vetted and trained before starting work at the home.

We observed that medicines were kept securely and that there were no gaps in the administration records. We saw that medicine administration sheets (MARS) were signed and dated by staff confirming that medicines had been administered as prescribed. The nurses, who had relevant training and experience, administered the medicines. This showed the service had a good system in place for administering medicines.

Is the service effective?

Our findings

People told us they were happy with the care they received. One person said, “[Staff are] on the whole absolutely wonderful. 70% of staff listen to you.” Another person told that they were happy with staff because they were “very good” in providing appropriate care and support. However, relatives’ comments about staff were mixed. One relative told us staff at the home “are always good” but “agency staff are a bit rough”. The relative did not specify what they meant by “rough” but we discussed this with the manager who confirmed that staff received supervision and training to ensure they provided compassionate care. Staff records showed staff had attended a range of training programmes including adult safeguarding. When we asked staff how they would ensure people’s dignity and respect they were able to tell us that they gave people choice, listened to them and treated them with respect. We noted that the home had employed a member of staff who was able to communicate with a person using the service who did not speak English. This showed that home made efforts to meet the needs of people who spoke other languages.

We found that the home had three sets of files for each person. This made information difficult to access easily by staff. The manager told us that he had a plan to improve the filing system to make it effective and accessible to staff and people. He told and showed us the new filing system which was being introduced. We noted that the new plan would be two rather than three sets of files for each person. This was expected to be fully implemented within two months. This would make it easier for staff to store and retrieve information about people’s needs and how to support them.

Staff team meetings took place on a monthly basis, covering various topics relevant to the service. We saw the minutes of the meeting dated 16 September 2014 and noted staff attended and discussed matters relevant to the service. The manager told us that the last staff meeting was held two weeks ago but the minutes were not yet available. Staff confirmed they attended the meetings and found them useful in sharing information with their colleagues. They told us they worked as a team supporting each other and that they were happy working at the home. They told us they received individual monthly supervision sessions

with their line manager and regular annual performance reviews. Staff stated that they found their line managers approachable and helpful in advising and supporting them at work.

People received access to health care services and received ongoing support from external professionals on a regular basis or when required. We noted that people’s health needs were regularly monitored and recorded by staff. Records showed people were referred to a dietician, Speech and Language Therapist, doctor and district nurse. During the inspection we saw a doctor who came to the home to treat a person using the service. This showed the home met people’s health needs by regularly monitoring and seeking appropriate medical assistance. However, a relative told us they were not happy with the service because staff did not check and provide an item needed for the health and wellbeing of a person. We discussed this with the manager who told us that it would be investigated and addressed.

Records showed that the home had completed assessments of people’s capacity to understand make decisions about their support for some people and there were comprehensive policies in place regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS are legal safeguards that ensure people’s liberty is only deprived when absolutely necessary. The manager told us that the home was waiting for a decision regarding the application they had submitted for authorisation of DoLS for some people. The manager told us that they were in the process of completing DoLS application forms for the rest of people. Staff told us that they had attended training on MCA 2005 and DoLS. This was confirmed in the staff files we checked. When we asked staff about MCA 2005, they told us that they would always assume people had the right to make decisions unless they were assessed and it was decided they lacked capacity. This indicated that staff had skills and knowledge to follow the principles of MCA to allow and encourage people to make decisions affecting them unless otherwise they did not have the capacity to do so.

People told us the food provided at the home was good. One person said, “The food is very, very good. I cannot complain about it. If you don’t like something they will change it.” Another person said, “I get lots to drink. I am satisfied with what I get. I can ask for more [if I wanted].” Relatives also made positive comments about the food. For

Is the service effective?

example, a relative told us that they had attended a meeting where food was discussed. They told us that people were able to choose what they wanted. We observed lunch and saw that people were offered choices. We saw that staff assisted people who needed help with

their meals. However, people were not helped with their meals at the same time as there were not sufficient number of staff. The menu showed that alternative meals were provided and people were able to choose their preference.

Is the service caring?

Our findings

People and relatives told us that staff were caring. One person said, "Staff work very hard. I feel like a queen. I love it here. I am lucky to be here." Another person said, "Staff listen [to me]. [They are] very nice people." A relative told us they visited the home twice a day and felt that a person was "well cared for". We observed staff were not rushed when communicating with and assisting people, for example, with meals and activities. We saw staff explained to people what they were doing and waited and gave them time to understand and respond. This showed staff were considerate and caring.

People's privacy and dignity were respected. Staff knocked on doors before entering people's rooms, this was confirmed when we spoke with people. Staff explained how they ensured people's privacy. They said they would ensure doors were shut when they assisted people with personal care and would ask people how they wanted to be supported.

Staff maintained people's confidentiality. We observed that confidential documents were stored securely in the home. Staff were able to tell us how they ensured confidentiality by not discussing about people in public areas or by not sharing personal information about people with others without people's permission. Staff demonstrated their knowledge about when and with whom they should share information about people. This showed staff had knowledge and experience to ensure people's privacy.

Relatives told us the staff communicated with them. They said staff kept them up to date with information about people's health and wellbeing. A relative said, "I do not have issues with the home. My family and I are here all the time and we all are happy with the communication with staff." Another relative told us they were happy with the service but the home could improve communication with families by introducing, for example, a seasonal (monthly or quarterly) newsletter. We mentioned this to the manager who said that he would look into introducing it.

People were satisfied with the care they received. One person said, "Staff on the whole are absolutely wonderful. I sleep very well here. It's like being on a health farm." Staff knew people well and had built good relationships with them. For example, a relative told us they had "a terrific rapport" with staff. We noted staff knew people's likes, dislikes and needs and they told us they had read people's care files. Staff told us that reading people's care files and working with them helped them know people's needs and appropriate ways of supporting them.

The visitor's book and observation during the inspection showed that relatives and others such as healthcare professionals visited people. The manager told us relatives and visitors were welcome to the home and were encouraged to maintain relationship with people. People told us they had regular visitors. We saw some families spending time with people in their rooms. Relatives told us that when visiting it gave them the opportunity to provide extra help, for example, in assisting people with their meals or helping with social activities.

Is the service responsive?

Our findings

People told us they had had no cause to complain. They told us they knew who to go to if they had a complaint. For example, one person said, "If I have a problem I can go to the manager. I am happy here." A relative told us that they were happy with the service but they had complained about a light bulb that was not working in a person's bedroom. They told us this had not been addressed in a timely manner. The manager told us all maintenance concerns were recorded on a book for the relevant member of staff to deal with them. He said he would investigate this and ensure that the problem was resolved immediately.

The home's complaints procedure explained how people could complain and the procedures in place to investigate any concerns reported. A copy of the complaints procedure was included in "service user guide", which was given to each person when they were admitted and kept in their files. The manager also told us that relatives could raise any concerns they had with staff when they visited or during the relatives' meetings. He said the home welcomed complaints and comments from people because they could learn from them and improve the quality of the service.

The manager told us two verbal complaints had been received since September 2014. The manager informed us that both concerns were fully investigated and addressed without delay. This showed people's complaints were taken seriously and addressed by the manager.

All the care plans we viewed showed that a detailed assessment of needs had been undertaken by staff and

that people and their representatives were involved. Care plans were based on the assessment of needs and were structured outlining the needs, goals and how staff needed to respond. Ongoing changes and needs such as medical and social were reviewed and recorded so staff could make adjustments by referring people to appropriate professionals such as dieticians, speech and language therapists and GPs. We saw evidence in the files that staff monitored people's blood pressure and blood sugar levels were checked and appropriate medical help was sought. Staff kept records of people's social, medical, wellbeing and significant events on a daily basis and this ensured each person working with them knew the most up to date information about people and how to respond to their needs.

Where possible people were encouraged to maintain their independence. We saw that risk assessments were completed for each person to identify possible risks to them while maintaining their independence. People's risk assessments included risk of falls and pressure sores. We saw turning charts were formulated and signed by staff to ensure the risk of pressure sores was managed. Staff were aware of the home's complaints procedure and what they would do if people or relatives raised concerns with them. They told that they had read the complaints procedure and said they would talk to a senior member of staff or the registered manager if they had any concerns or any complaints were raised with them. This showed that people were supported by staff who were clear about what to do to respond effectively to their concerns.

Is the service well-led?

Our findings

People made positive comments about the manager. One person said, “[The] manager is very nice, he waves and speaks to me.” Another person said, “The manager is OK. I have no complaints.” Relatives also told us that the management of the home was good and they were happy the way the home was run. However, one relative said they would like to be regularly updated with information about the home. When we spoke with the manager about this, he told us that the newsletter he intended to introduce and regular relative’s meetings would enable to update relatives with information about the service. He also said that people were welcome to speak to him by telephone or when they visited if they had any questions about the home.

Staff told us that their line managers were visible, approachable and supportive of them. They told us they could ask and receive support from their line managers and were happy doing their work. A member of staff said, “I enjoy working here. If I didn’t, I wouldn’t be here.” Another member of staff told us that they attended monthly staff meetings and also had supervision. They said the home arranged training for them to ensure they knew and were able to care for people.

The manager was new to the home having been employed recently. We found that the manager was experienced and knew what steps to take to improve the service. For example, he had already started reviewing the filing system which, he believed, could be simplified in order to make it easy for staff to access.

The manager told us that he was completing necessary forms as part of his application to register with the CQC. We noted that the manager was supported and supervised by the operations’ manager, who visited the home regularly. The operations’ manager told us that part of his visit was to monitor and check how the home was running. He said, for example, he had identified the need to replace the corridor floors with laminated wood.

There were systems in place for testing, servicing and maintaining equipment and the facilities of the home. We saw, for example, records and certificates confirming fire alarms and emergency lights were tested, and that equipment such as the wheelchairs and the lifts were serviced. The manager told and showed us records confirming that portable electrical appliances were tested annually. We saw incidents such as falls were recorded and relevant people (for example, families) were informed. The manager confirmed that each incident was investigated and appropriate action taken to manage the incidents. This included the reviewing of risk assessments following each incident.

The manager kept a training matrix which showed the dates of training programmes staff attended. We found out that one member of staff was not in the list. It was not possible to say that this member of staff had attended some or all of the training programmes listed in the matrix. The manager said the matrix was regularly updated and the name of the member of staff had been left out by mistake. We asked the manager to make sure that each member of staff received relevant training to be able to provide quality and safe care.

Staff told us they had regular supervisions. We saw supervision notes for six people and noted that staff were supervised. The supervision notes were kept safely in separate files.

The manager gathered people’s views about the service through relatives’ meetings. We looked at the minutes of the last meeting held on 16 September 2014 and noted that 13 relatives attended and discussed various issues relating to the service. The manager told us that he asked relatives and people if they were happy with the service. He said he was planning to develop a satisfaction questionnaire to distribute to people, relatives and professionals to ask them what they thought about different aspects (for example, staffing, cleanliness and food) of the home. This would ensure that people, their relatives and visitors had an opportunity to express their views and influence the quality of the service.

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	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing People's health, safety and welfare were not safeguarded because there were not sufficient number of staff deployed to meet their needs.