

Mr & Mrs R C Northover

# Abbey Retirement Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

- Abbey Retirement Home is a care home. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided. Both were looked at during this inspection.
- People living at Abbey Retirement Home were aged over 65 and had nursing care needs. Some people were living with dementia.
- Abbey Retirement Home is registered to provide care for up to 15 people. At the time of inspection there were 13 people using the service.
- Accommodation is spread over two floors. Bedrooms were a mixture of single and dual occupancy.
- For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

- People received care that was safe, effective, caring, responsive and well led.
- People and their relatives consistently provided positive feedback about all aspects of the care they received.
- People received safe care and were protected from the risk of suffering harm. The provider mitigated risks associated with people's health and ensured there was a safe environment for people to live in.
- Staff received appropriate training and support in their role.
- There was a warm and homely atmosphere at the service. Staff were caring and knowledgeable about people's needs, treating them with dignity and respect.
- People received responsive care in line with their needs and preferences, including in relation to their health and nutrition.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The registered manager had effective systems in place to monitor the quality and safety of the service.

Rating at last inspection:

- At the last inspection the service was rated Good (15 October 2016).

Why we inspected:

- This was a planned inspection to check that this service remained Good.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

# Abbey Retirement 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection team comprised of one 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. The expert for this inspection had experience working with people living with dementia.

Service and service type:

- Abbey Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

- This inspection was unannounced.
- Inspection activity started on 13 March 2019. We visited the office on 13 and 19 March 2019 to see the manager, people and staff, and to see care records, policies and procedures.

What we did:

- Before the inspection we looked at the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

- We spoke to one social worker and one healthcare professional about their experiences working with the service.
- We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.
- During the site visit we spoke with three people, two people's relatives, the registered manager, the provider's representative, the quality and training manager and four members of staff. We also observed people receiving care and support.
- We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
- We reviewed four people's care plans and medicines administration records. We also reviewed audits related to quality and safety in the service, the incident log, the provider's complaints file, infection control audits and staffing rotas for February and March 2019.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person said, "This is my home from home. I feel safe here." A relative told us, "This is a wonderful home."
- Staff received training in safeguarding adults. This training helped them to recognise the signs of abuse and take the appropriate action to keep people safe.
- There was information in communal areas of the home which displayed information about safeguarding procedures, including professional bodies people could contact if they had concerns about somebody's welfare.
- The registered manager worked in partnership with local safeguarding teams when concerns were raised about people's safety to help reduce the risk of harm.

Assessing risk, safety monitoring and management

- Risks associated with people's health and medical conditions were assessed, monitored and managed by the service. This included risks of falls, pressure injuries, malnutrition, dehydration and risks associated with people's medical conditions, such as diabetes.
- Where people were at risk of falls; the registered manager had assessed the steps needed to keep people safe whilst still maintaining their independence. For example, one person had a sensor mat, which alerted staff if they left their bedroom at night. This enabled the person to still mobilise around the home, but meant staff could attend to them to help keep them safe.
- Risks associated with the environment were managed safely. This included procedures around emergencies, such as fires.
- An external fire safety audit in August 2018, rated the fire safety at the service as 'very good'. There were minor actions from this audit, which the provider had attended to promptly.
- People had individualised evacuation plans. These detailed the procedures for staff to follow in the event of an emergency evacuation.

Staffing and recruitment

- There were enough suitably skilled and qualified staff to meet people's needs.
- There was a mixed view about the staffing levels at the service. People and relatives told us that staff were attentive to their needs including when they rung call bells for assistance. One person said, "I just ring my bell and the staff come." A relative commented, "There are always staff around when I visit."
- However, some staff felt that the lack of a designated housekeeper during the weekend meant that cleaning duties were not always carried out as diligently as during the week.
- On the second day of inspection, we checked the staffing rota for March 2019 and found that there were sufficient care staff in place during the weekends, but there was no housekeeper on duty. The registered

manager told us that in the absence of housekeeping staff, care staff would take on cleaning duties, but deep cleaning duties would be left until the housekeeper returned on Monday. The registered manager and deputy manager also were available during weekends to assist staff if required.

- The registered manager told us they would keep staffing levels at the weekend under constant review and night staff on duty would carry out additional cleaning duties if any concerns about cleanliness arose.
- The provider had effective systems and processes in place around safe recruitment of staff. This included checks into staff's character, experience and skills.

#### Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Only staff who had received training and competency assessments were able to administer medicines.
- Some people were prescribed 'when required' medicines for pain or anxiety. Plans for administration of these medicines included what the medicines were used for and how they should be appropriately administered.
- There were appropriate arrangements in place for the safe management of controlled drugs. A controlled drug is a medicine whose manufacture, possession and use is regulated by the government under the Misuse of Drugs Act 1971 and its subsequent regulations.

#### Preventing and controlling infection

- The home was clean and hygienic. One relative told us, "It is a nice clean place here."
- There were effective systems in place to reduce the risk of infections spreading. This included staff using personal protective equipment, such as gloves and aprons when supporting people with their personal care.
- There were appropriate systems in place for the safe disposal of clinical waste.
- The provider had recently replaced chair covers and carpets in some bedrooms after the provider's internal audits had identified infection control risks in these areas.
- The service's kitchen had received a five-star rating by The Food Standards Agency in July 2018. This reflects a high standard of cleanliness and hygiene.

#### Learning lessons when things go wrong

- The registered manager logged all incidents and accidents to help identify causes, trends and remedial action to reduce the risk of reoccurrence. This included a monthly analysis of falls people had in the home.
- The registered manager shared learning from incidents with staff to promote good practice.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager made detailed assessments of people's needs prior to admission to the home. They understood the spectrum of needs which the service could meet and where other referrals may not be appropriate for the home.
- They used a nationally recognised set of assessment tools to assess the risk of malnutrition and dehydration, falls and pressure ulcers
- Assessments were used to formulate appropriate care plans which met people's needs.

Staff support: induction, training, skills and experience

- People and their relatives told us that staff were skilled at meeting their needs. One relative said, "The staff understand [my relative] so well. They are really good at their job."
- Staff received training and induction suitable for their role. New staff received training in line with The Care Certificate. The Care Certificate is a nationally recognised set of competencies relevant to working in social care settings.
- The registered manager closely monitored how new staff were inducted into the service. They regularly met with staff to review their working performance and assess their ongoing training needs.
- Some staff had accessed additional training in providing effective care for people living with dementia. Other staff were working towards qualifications in health and social care.

Supporting people to eat and drink enough to maintain a balanced diet

- People received nutrition in line with their preferences and dietary requirements. One person said, "They have a menu but you choose what you want."
- Staff understood people's preferences around food and drink. One member of staff said, "I talk to the residents every day about their food. We do have a set menu but I also tailor food to individuals if they are unwell."
- We observed that people received appropriate support during mealtimes.
- Most people ate communally in the dining room. The dining experience was relaxed and staff were attentive to people's needs.
- Where people chose to have their meals in bed, they were given the support they required.
- Where people were at risk of malnutrition or dehydration, staff monitored their food and fluid intake appropriately and made referrals to external professionals where appropriate.

Staff working with other agencies to provide consistent, effective, timely care

- The provider was involved with the 'red bag' initiative, a hospital transfer pathway supported by the local



clinical commissioning group. The purpose of which was to ensure the smooth transition of people's information with them to and from hospital.

- The provider worked with the local authority to provide 'reablement care' for people who required short term assistance after hospital stay. People's needs were quickly assessed and frequently monitored with the aim of building up their health and skills in preparation for returning to their homes.

Adapting service, design, decoration to meet people's needs

- The home was suitable for people's needs.
- Some people and relatives felt the home needed decoration. One person said, "It looks a bit tired here, but I still like it." A relative said, "The home could do with some redecoration."
- The provider's representative told us how the service had a planned programme of redecoration. As part of this they had recently invested in profiling beds. Profiling beds help improve accessibility for elderly and disabled people with low mobility.
- The service had a service lift which people used to access different floors of the home.
- People had access to a secure garden space, which had seating and shaded areas, so people could sit outside in the summer.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend regular health appointments such as doctors and chiropodists.
- Staff kept accurate and up to date records of observations for people with ongoing health needs and consulted relevant medical and health professionals as appropriate.
- The provider was participating in a programme run by the Clinical Commissioning Group called, 'enhanced healthcare in care homes'. The aim of this programme was to improve the quality of life, healthcare and planning for people living in care homes. This was achieved through providers working in partnership with medical and healthcare providers to deliver preventive care to people at risk of having an unplanned admission to hospital.

Ensuring consent to care and treatment in line with law and guidance

- 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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people lacked capacity a best interest decision was documented involving relevant parties and this had been documented in people's care files.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were caring and kind. One person told us, "The staff are good. Really lovely, caring people and very efficient." Another person said, "The staff are very helpful and friendly." A relative told us, "We visit daily. The staff are brilliant."
- The service had a homely, welcoming and relaxed atmosphere. One relative told us, "[My relative] likes it because it's a very cosy home. The staff are lovely and friendly."
- Another relative commented, "[My relative] loves it. She likes the homely feel and is comfortable here. She was in another home which was bigger and she didn't like it so we moved her here. She is very happy here and the staff are wonderful."
- Staff understood people's preferences and were attentive to their needs. One member of staff said, "I love this job. You get to know people and what they like."
- Some people were unable to verbally express their needs. Staff were intuitive to their body language and gestures in and provided care accordingly.
- The provider had specific policies in place to help ensure people's individual beliefs and preferences were incorporated into the care they received. The provider supported people with their spiritual and cultural needs.

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

- People and their relatives told us they were included in decisions relating to their care. One relative told us, "We helped to write [my relatives] care plan. The staff asked about what [my relative] likes, what time they get up and things like that."
- One person told us they were supported to move to a room of single occupancy after expressing a wish to no longer share a bedroom. They told us, "I am happier now I have moved."
- People's relatives told us that the service was proactive when informing them about changes to their relative's health and wellbeing. "I am always kept involved by staff about [my relatives] care."
- The provider sent out annual questionnaires to gather people's views on the service provided. Results from the latest questionnaire were positive and no changes had been suggested.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them with dignity and respect. One person said, "Staff are very respectful."
- Staff were patient and discreet when supporting people. Where some people shared a bedroom, privacy curtains were used when people were supported with their personal care. This helped to maintain their privacy and dignity.

- People had signs on their door which indicated when they were receiving personal care. This helped alert staff and visitors that it may not be appropriate to enter the room at that time.
- Staff understood people's preferences around their personal appearance. One person enjoyed dressing formally and was supported to choose smart clothes, where as another person preferred casual attire and was supported to dress in this fashion.
- Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it.
- Staff discussed people's care discreetly, ensuring people's personal information could not be overheard.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider complied with the Accessible Information Standard, this is guidance which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.
- One person had been assessed as requiring additional communication aids due to a hearing impairment. We saw staff effectively use these resources to promote effective communication.
- People's care plans included details about their preferred daily routines. This included preferences around, sleeping, washing, eating and exercise. Staff understood these preferences and could accommodate them within people's everyday routines.
- The provider had made provision for residents who wished to smoke. They had arranged for an area in the garden to be a designated smoking area. This meant that people had the facility to smoke without impacting another people's use of the garden.
- People's care plans contained personalised information about their life histories. The registered manager had completed life stories for people which used pictures from their past. Staff told us they used these documents to reminisce with people, as it helped to give them reassurance and comfort.
- The registered manager organised activities for people in line with their interests. This included, games, crafts, themed talks, external entertainers. A member of staff told us, "There are activities like painting their nails, crafts, music and other entertainment (a singer comes in), exercise classes once a fortnight."
- The provider also arranged for themed days around events and cultural festivals. One relative told us, "They [the provider] did a fabulous Christmas party for family and relatives. They had a lovely buffet spread and drinks. Relatives didn't have to pay the home paid for everything."

Improving care quality in response to complaints or concerns

- There were appropriate policies and procedures in place to respond to complaints.
- The provider had an information board near the entrance to the home, which detailed how people could make a complaint. People and relatives were also given a 'service user guide', where this information was also found.
- People and relatives told us they felt confident in raising a concern. One person said, "If I was unhappy, I would speak to the Manager or Deputy Manager."
- The registered manager kept a record of all complaints and concerns that had been raised. They investigated concerns thoroughly and wrote back to people with outcomes of investigations.
- One person told us they were not happy with the resolution of a complaint they had made. We looked at records of this concern and found the provider had taken appropriate action to investigate concerns and put actions in place to address concerns.

#### End of life care and support

- People had end of life care plans in place. These plans detailed their preferences around care arrangements during their last days.
- Staff had received training in end of life care which helped understand the principles of providing compassionate and effective care during people's last days. The registered manager and deputy manager had completed additional training in end of life care with a local hospice.
- The provider worked in partnership with other stakeholders to help ensure care provided met people's changing needs. This included working with doctors and district nurses.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was a clear management structure in place. The registered manager oversaw the day to day running of the service and was supported by the deputy manager.
- The provider had a quality and training manager, who supported the registered manager by providing training and auditing.
- The provider's representative also regularly visited the service and completed audits around the quality and safety of the home.
- The registered manager had a good understanding of the day to day culture within the service. They regularly worked care shifts alongside staff and a mixture of weekdays and weekends. This helped to ensure they were available to provide guidance and support to staff.
- People and relatives told us the registered manager was caring and approachable. One person said, "I like the manager, she helps out with the care."
- A relative told us, "I can't speak highly enough of the registered manager. She has grown immensely in her role since starting."
- The provider had a whistleblowing policy in place. A whistleblowing policy details external organisations people can report concerns to if they feel unable to with the provider. This policy was clearly displayed in communal areas of the home.

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

- The registered manager understood their regulatory responsibilities in reporting significant events to CQC.
- The registered manager had a series of audits in place to monitor the quality and safety of the service. These included; medicines, health and safety, infection control and a daily walk around the service to pick up any areas of concern in relation the home environment.
- The provider's representative held management meetings with registered managers of the providers care homes. At these meetings, learning and best practice was shared.

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

- The provider sought feedback from people, families and staff in order to make improvements to the service. This included using questionnaires, staff and resident's meetings.
- The registered manager used feedback from these meetings to make changes and improvements.

#### Continuous learning and improving care

- The registered manager had made improvements since registering as manager with CQC in August 2018.
- Improvements included, broadening the training available for staff and making changes to how falls were monitored and followed up in the home.
- The registered manager had also implemented clear job roles for staff, which detailed their specific responsibilities whilst working. This helped to ensure that staff understood their responsibilities.

#### Working in partnership with others

- The provider worked in partnership with other agencies to help provide positive outcomes for people.
- The provider made referrals to external healthcare professionals when people's needs changed including, doctors, nurses and other healthcare professionals. This helped to ensure that staff had the support and guidance necessary to provide safe and effective care.
- The provider had engaged with external professionals to carry out audits of key areas of the service. This included audits from the local authority.
- The last audit carried out by the local authority's quality and safeguarding team had led to improvements in fluids recording records for people at risk of dehydration. This demonstrated that the provider was responsive to feedback given.