

Abbeycliffe Limited

Abbeycliffe Residential 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Abbeycliffe Residential Care Home (known as Abbeycliffe) is a residential care home providing personal care to 35 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

Abbeycliffe is one building over two floors, accessible by a lift. All bedrooms are single occupancy with an ensuite toilet. People shared the adapted bathrooms / shower rooms. The home has a large lounge and separate dining room.

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

Medicines records were not always accurately completed. We found discrepancies in the quantity of tablets held at the service and the medicines records. We observed the medicines administration procedure did not follow best practice. We have made a recommendation about all staff who administer medicines having their competency to do so regularly checked.

People's care needs were assessed and reviewed. Care plans and risk assessments were not re-written in a timely manner when their needs had changed. Reviews of people's care and support needs with their families had not always been completed on schedule.

The home was well decorated and maintained throughout. We have made a recommendation about using current best practice guidance to make the home more dementia friendly to assist people to orientate themselves within the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

An activities manager was now in post, who arranged a variety of external entertainment and trips out. Feedback about the activities was mixed, with staff not always having the time to organise the planned activities due to supporting people.

People received person centred care from staff who knew them well. Staff received the training and support to complete their roles. Staff were positive about working at Abbeycliffe. The registered manager and the management team were approachable and supportive.

People's health and nutrition needs were being met. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches at this inspection in relation to medicines management and the governance at the service.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 ●

Abbeycliffe Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The first day of the inspection was carried out by one inspector 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. The inspector returned for the second day of the inspection.

Service and service type

Abbeycliffe is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. A senior manager, who was also a director of the provider, also worked at the home.

Notice of inspection

This inspection was unannounced.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and nine relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, senior manager, senior care workers, care workers, the chef and activities manager. 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 a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. 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.

Using medicines safely

- Medicines were not always safely administered. The member of staff administering medicines dropped one person's tablet on the floor and then gave it to the person. They also put one person's tablets into their mouth and did not wash their hands before administering the next person's medicines.
- The quantity of tablets in stock did not always match the quantities stated on the medicines administration records (MARs). There were missing signatures on some of the MARs we checked. Two MARs had been signed for on the wrong day or time.
- Care staff applied topical creams. Information was available for where they needed to apply the cream and how often. However, care staff did not follow best practice guidance and sign to record they had applied the cream. At the time of our inspection two people were prescribed topical creams.

We found no evidence that people had been harmed, however, the lack of robust medicines administration procedures was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines that were not routinely administered, for example pain relief, were well managed.
- The senior manager checked senior care staff and the registered manager's competency in administering medicines annually.

We recommend best practice is followed and all staff members who administer medicines complete competency checks.

Assessing risk, safety monitoring and management

- The risks people may face had been assessed and guidance provided for the staff on how these known risks were to be managed. Senior care staff reviewed them monthly and any changes were recorded.
- Some risk assessments needed to be re-written so the most up to date information was easily accessible instead of having to go through the monthly review notes for the relevant information. The registered manager had a schedule in place for re-writing people's risk assessments, prioritising those where there had been a lot of changes.
- Equipment was serviced, checked and maintained in line with regulations and manufacturer's instructions.

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

- Everyone said they felt safe living at Abbeycliffe. One person said, "I always said I wouldn't go in a home,

but I had to. It had to come from me, but I needed to feel safe and I do here." A relative told us, "They're mustard on safety."

- Staff completed safeguarding training annually. Procedures were in place to report and record accidents or incidents.
- The registered manager reviewed all incidents and accidents to ensure actions had been taken to reduce the risk of a re-occurrence. Referrals were made to other professionals, for example the falls team, when appropriate.

Staffing and recruitment

- We observed there were enough staff to meet people's needs during our inspection. Staff members thought there were enough staff to meet people's needs. People and relatives gave us mixed feedback about the staffing levels at Abbeycliffe. One person said, "I don't have to wait when I need to go to the toilet" but a relative told us, "When it's full there never seem to be enough carers on. They work very hard, but they seem to be one or two short."
- Staff were safely recruited.

Preventing and controlling infection

- The home was clean throughout. Personal protective equipment (PPE) was available for staff to use. The last local authority infection control audit (in May 2019) rated the home as 92% compliant.
- At the time of our inspection staff only supported one person using a hoist. Therefore, they were the only person using the hoist sling. We discussed with the registered manager the need for additional slings if other people also needed to use the hoist in future to prevent cross infection. This issue had also been noted in the local authority infection control audit.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The home was well decorated throughout. People were able to personalise their bedrooms with their own photographs and possessions.
- Pictures and photographs of old TV series or films which would be familiar to people living at the home were hung in the corridors and communal areas. Items for people to fiddle with were located around the home, for example near the lift.
- There was little dementia friendly signage to support people to orientate themselves within the home. Corridors were painted in similar colours throughout the home. Each bedroom had a number, but no other way to distinguish whose room it was. The registered manager told us people were able to find their own rooms by recognising the numbers on their bedroom doors. However, this explanation did not support evidence-based best practice for supporting people living with dementia or memory problems.

We recommend the management team use best practice guidance to make the home more dementia friendly to support people to orientate themselves within the home.

Staff support: induction, training, skills and experience

- Staff said they were well supported by the management team and could go to them at any time if they needed to. Staff training was up to date and staff had regular supervision meetings with a named manager.
- New staff completed an induction and shadowed existing staff to get to know people and their support needs. Staff who had not worked in care before completed the care certificate, which is a nationally recognised qualification for the principles of working in social care. Staff were encouraged to enrol on a nationally recognised qualification in social care when they had completed their probation.
- External medical professionals also provided training, for example the continence nurse.

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

- People's nutritional and dietary needs were being met. The chef was knowledgeable about people's dietary needs. The registered manager used a dementia mealtime assessment tool (DMAT) to assess the support people needed during mealtimes. Abbeycliffe had achieved an excellent rating in the Healthier Catering Awards.
- Staff supported people to have their meals in the dining room, which made meals a more social occasion as a lot of people were sat together. People said they enjoyed the food and there was a choice of meals available. One person said, "The food is lovely, and the cook accommodates all the medical conditions" and a relative told us, "The menu is varied and very nutritious."
- Staff monitored people's weights and those considered to be at risk of losing weight were referred to the

dietician or speech and language team. Staff recorded people's food and fluid intake if they were at risk of losing weight.

- Different sized plates were used to reflect different people's appetites. Plate guards and coloured crockery was available to make it easier for people to eat independently. Staff did not always check if people required a napkin or clothes protector whilst eating.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health. Staff acted promptly to refer people to medical professionals, for example the GP or district nurse, when required.
- The medical professional we spoke with said referrals were made appropriately and the staff were proactive, for example in getting samples before they visited. Staff followed any guidance they provided and if they had any concerns, the registered manager acted immediately to address them.
- Most people were registered with the same GP practice. A nurse practitioner from the practice visited the home every Tuesday. This enabled staff to refer people to be seen by the nurse practitioner at the early stages of any symptoms, with the aim of reducing hospital admissions.

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

- The registered manager completed a pre-admission assessment of people's needs, to ensure the home was able to meet the person's needs. Where appropriate this included the person's views, family views and input from relevant professionals involved in the person's care and support. Initial care plans were written from this assessment.
- Staff told us they were able to read the initial care plans and received a verbal handover about people's needs when they moved to Abbeycliffe. They felt they had enough information to meet people's needs when they first moved to the home.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Care plans detailed the support people needed to make day to day decisions. Where people did not have the capacity to consent to their care plans, it was recorded that the person's family had been involved in agreeing the care and support.
- DoLS applications had been made when people had been assessed as lacking capacity. The registered manager monitored these so that re-applications could be made prior to the DoLS expiry date.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were positive about the care and support they received from the staff team. We observed and heard positive interactions between people and members of staff throughout our inspection. One person said, "I like it here. There's always someone to talk to and they're friendly" and a relative told us, "The staff are lovely, all of them. They're kind, caring and honest people."
- Brief details of people's life history and preferences was contained in most, but not all, care files. The activities manager had started to discuss people's preferences and life history in more depth with people and their families. This information would help staff to start conversations with people.
- The registered manager gathered information about people's cultural needs and preferences during the initial assessment. Representatives from local churches visited the home to talk and pray with people if they wanted to. The chef told us they were able to order food to meet people's cultural needs if needed.

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

- Care plans included information about people's communication needs and how they would make day to day choices. Staff told us how they would involve people in making choices, for example, by showing them two different items of clothing so they could indicate which one they wanted to wear.
- Relatives and people told us they had been involved in agreeing and reviewing their care plans and were kept up to date about any changes for their relative.

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they maintained people's privacy and dignity whilst supporting them. A senior carer said, "All the carers are experienced to know (how to maintain people's privacy and dignity). I've no concerns from the observations I've made."
- We observed members of staff prompting and supporting people to mobilise independently. Care plans detailed the tasks, or parts of tasks, people were able to complete for themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans were in place to identify people's support needs and provide guidance for staff in how to meet these needs. Senior carers reviewed the plans each month and recorded any changes. Not all care plans contained enough detail for the staff to follow, for example how often a person needed to be re-positioned to reduce the risk of pressure sores developing.
- Some people's needs had changed significantly since the care plans had been written. The registered manager had a schedule planned to re-write them, however this had not been completed in a timely way. The re-written care plans would ensure the most up to date information was easily accessible instead of having to go through the monthly review notes for the relevant information.
- The deputy manager arranged review meetings with people and their families to discuss their support needs and any changes to the care plans that were required. These were due to be every six months, although this timetable had not always been met. The deputy manager had a schedule in place to ensure all outstanding reviews were completed in early 2020.
- Staff recorded the support that had been provided for each person, for example personal hygiene and re-positioning, on separate daily record forms.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The activities manager arranged for external entertainers, school choirs and local community groups to visit the home and ensured there was equipment and craft supplies for the staff to use with people. A weekly plan of activities was in place, including games, crafts and doing people's nails. Most months a trip was arranged to a local dementia café or rotary club event.
- We received mixed feedback about whether there were enough activities planned. Activities did not always take place as planned as at times the staff may be busy with other tasks. Staff had also raised this in the last staff survey in October 2019. One relative said, "Regarding activities, there was nothing happening in the past. I would have rated it three. Now it's 10" but another told us, "There are not enough activities. I know a lot of them sleep in the afternoons, but they've stopped doing bingo completely." However, the manager told us that the twice weekly bingo sessions still take place.
- One relative had bought several dolls and 'twiddle muffs' for the home. However, we observed these were not out in the lounge for people to pick up and use themselves, as staff put them away each night during the cleaning of the lounge area.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included information about their communication needs. Most people living at Abbeycliffe at the time of our inspection were able to communicate verbally.
- One staff member had been nominated to check people's hearing aids were working correctly so they were able to communicate effectively with people.

Improving care quality in response to complaints or concerns

- The service had a formal complaints policy in place. No formal complaints had been received since our last inspection. The registered manager had introduced a suggestion box in the entrance to the home, so people could raise ideas at any time.
- Relatives said they could speak directly with the staff or management team if they had any issues or concerns. One relative said, "I'm straight in there (registered manager's office) if I have concerns or frustrations. They always listen and are understanding."

End of life care and support

- The registered and senior managers had completed training in the Six Steps of end of life care. The Six Steps is a recognised programme for improving end of life care.
- The registered manager used an advanced care planning tool when people were identified as approaching the end of their life. They discussed the person's wishes for their end of life care with them, their family and GP. This included if they wished to stay at Abbeycliffe and what, if any, religious ceremonies they wanted.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. 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

- The management team used a range of audits to monitor the service. Weekly medicines checks were completed as well as a monthly medicines audit. However, we found issues with signatures on the medicine's records and the quantities of tablets being held not matching the records.
- Risk assessments and care plans audits were now completed monthly from November 2019 instead of quarterly to ensure care files had been reviewed. However, the care plans and risk assessments had not been re-written in a timely manner when there were major changes in people's needs.
- Members of staff informed us that they sometimes struggled with personal care when people required support in bed due to the beds being low, resulting in them having sore backs. This was dependent on how many people required support when they were in bed at any one time. A visiting medical professional had also previously raised this concern with the home. We discussed this with the registered manager, who said they would investigate further.

The care plans and risk assessments not being re-written in a timely way when major changes in needs had been identified was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff members had been identified to be 'champions' in different areas, for example, continence, infection control and dysphagia (choking). They had responsibility for regular checks in their specific areas.

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

- We received positive feedback about the registered manager. A relative said, "The Registered Manager is spot on. She knows how everybody is, what they've eaten and how they're doing."
- Staff said the registered manager and the management team were supportive and approachable and they could raise any issues or ideas with them. The management team were visible within the home, including completing the morning medicines round during the week.
- Abbeycliffe had organised wellbeing events for their staff to promote healthier lifestyles. An employee of the month award was used to recognise the contribution made by members of staff to the home and people's lives.

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

- People and relatives said they were involved in developing and reviewing their care and support plans. One relative said, "I'm always involved in the care plans." Regular resident and relatives' meetings were held, and a quarterly newsletter produced to keep relatives informed of what had been happening at the home and planned events coming up.
- Staff meetings were held, as well as separate meetings to discuss people's dietary needs with the chef.
- The registered manager used six monthly surveys for relatives, people and staff to gain feedback on the service. The most recent survey results (October 2019) were positive. The registered manager produced a summary report from the surveys highlighting positive comments and suggestions and comments made to help improve the service, along with the what the home was doing to try to meet these suggestions.

Continuous learning and improving care; Working in partnership with others

- The registered manager reviewed all accidents and incidents at the home and checked that actions had been taken to reduce the risk of a re-occurrence.
- The service worked with medical professionals, community services and local authority social workers. Information was shared appropriately where required.
- The registered manager was part of a management forum facilitated by the local authority. This enabled them to share experiences and best practice with other care home managers.

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

- The registered manager notified the CQC and safeguarding teams of any accidents and incidents as appropriate.
- The registered manager dealt with any queries or issues raised by people or relatives informally which meant there had not been any formal complaints made since our last inspection.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicine administration systems were not robust. Medicine records were not always accurate.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality audits had not been robust to identify the issues found in medicines administration and recording. Care plans and risk assessments had not been re-written in a timely way when there had been significant changes in people's care and support needs.