Weston-super-Mare Free Church Housing Association Limited

Abbeygate

Inspection report

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Weston Super Mare
Somerset
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Tel: 01934621166

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12 December 2017

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Abbeygate is a care home for up to 20 people. The home provides accommodation and personal care. At the time of the inspection there were 16 people living at the 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.

At the last inspection in October 2016, the service was rated Requires Improvement.

At the last inspection we found breaches of legal requirements relating to unsafe care and treatment due to the environment and the management of medicines. There was also a lack of effective audits that identified shortfalls relating to the environment and medicines.

At this inspection we found some improvements to the environment although audits were not always identifying shortfalls relating to the environment, recording of medicines and lack of liquid hand wash and paper towels.

At this inspection we found the service remained Requires Improvement.

The inspection took place on the 11 and 12 December 2017 and was unannounced on the first day.

Why the service is rated Requires Improvement.

Audits had failed to identify shortfalls found during this inspection. There was no provider oversight in place that checked audits were effective.

People received their medicines from staff who were trained although records were not complete for people who were receiving prescribed creams. Where people required creams to be applied there was no body map or guidelines in place for staff to follow.

People could be at risk due to furniture not being secure or risk assessments being undertaken that identify what action needed to be taken to reduce the risk.

People, visitors and staff could be at risk due to lack of liquid hand soap and paper towels in people's rooms.

There was a registered manager managing the service at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe at the home and staff had received supervision, training and a yearly appraisal. All staff felt happy with the support provided by the registered manager.

People had their health monitored by staff and referrals were made to health care professionals according to their individual needs.

People felt supported by staff who were kind and caring and staff were able to demonstrated how they supported people with dignity and respect.

People were happy with the meal options and they had daily choice and control with the menu. People felt able to make a complaint and the service had a complaints policy in place.

People had access to a range of activities within the home and in the community.

Care plans were person centred and people and families felt involved in the planning of their relative's care.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service remains Requires Improvement.

Some environmental risks were not always identified through a risk assessment.

Prescribed creams were not being recorded to confirm people had received them as required.

People were not always protected from the risk of infections due to lack of liquid hand soap and disposable paper towels.

People were supported by staff who had checks undertaken prior to employment.

Staff were able to identify abuse and who to go to if there were concerns for people's safety.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service remains Requires Improvement.

The audits in place were not always effective at identifying shortfalls found during the inspection.

The provider had no system that checked the effectiveness of the audits in place.

People and staff felt the registered manager was approachable and all staff were happy working at the home.

The culture of the home reflected the provider's aims and objectives of the service. People had their views sought and were involved in residents meetings.	

Abbeygate

Detailed findings

Background to this inspection

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

This inspection took place on 11&12 December 2017 and was unannounced on the first day. It was carried out by one adult social care inspector on two days. On the first day an expert by experience and a specialist advisor also carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the providers completed Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the notifications we received from the service.

At our last inspection of the service in October 2016 we rated the service as Requires Improvement.

During the inspection we spoke with eight people who lived at the home, two relatives, two health care professionals. We also spoke with four staff, the senior and the registered manager.

We also looked at three staff files, four care plans, medicines administration records and records relating to the quality monitoring of the home.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found people were not fully protected from the risks associated with the environment. We also found staff were not always recording when ointments and lotions had been opened to ensure they remained within their expiry date. At this inspection we found some improvements were still required to the recording of medicines and the risks within the environment.

For example, at our last inspection we found wardrobes were not secured to the walls and window restrictors were not in place. At this inspection we found improvements had been made to window restrictors and most furniture at risk of falling and harming a person had been secured to the wall. Although we found three wardrobes and one glass display cabinet had not be attached to the wall. Two bedrooms were occupied, one was not. We raised this with the registered manager. Who confirmed following the inspection they had discussed these environmental risks with the two people and had taken action respecting their wishes.

People had their medicines administered by staff who had received training although records did not always confirm people had received creams as prescribed. For example, Medication Administration Record (MARs) were not recording if people had received their prescribed creams as prescribed as there were no records being completed. This is important as by having incomplete records means that there is no clear audit trail of when the cream has been administered and by who. We also found there was no guidance or body map that gave staff instructions on what cream should be administered where.

One person required their medicines to be administered as prescribed. For example, they should have had their medicines administered every 8 hours however they were at times having a gap of between 3-5 hours. This meant the person was not receiving their medicines when required. Action was taken during the inspection to ensure the record confirmed every 8 hours.

We found one person's record was incorrectly showing what amount of medicines was in stock for the person. The amount recorded was more than the amount in stock. We fed this back and the error was immediately rectified and the record accurately amended.

We checked the storage of medicines that required refrigerating. The fridge was found to be at -2 degrees centigrade and had formed ice at the back. The temperature of the fridge had not affected any medicines being stored at the time of the inspection however was not set within optimum safe temperatures. We fed this back to the registered manager as the checks being undertaken had not identified the ice or the fridge being at such a low temperature.

People felt they received their medicines safely and as prescribed. People told us, "Medicines, they give them to you, on time". Another person told us, "I get my medicines on time. The staff give them to me". Another person told us, "I get my medicines regularly, they give them to me".

People's care plans did not always contain information relating to people's individual risks. For example,

there was no individual risk assessments in place for people who travelled on the provider's mini bus. This is important as by identifying any risks and support people need means measures can be put in place to ensure those risks are reduced. We also found three people's risk assessments had no information relating to furniture that could cause them injuries if it fell or the glass broke. Following the inspection the registered manager confirmed they had implemented these missing risk assessments.

Where people were at risk of developing skin problems their individual risk assessments were not always accurately undertaken. For example, one person had been incorrectly scored with their prescribed medicines. This meant their total was higher than it should have been therefore showing them to be at higher risk of developing problems. Another person had been scored high risk due to being unwell although they had now improved their score did not reflect this improvement. No one at the time of the inspection was receiving support relating to the risk of pressure sores. The registered manager following the inspection confirmed they had arranged for staff to receive refresher training in order that these assessments could be completed more accurately.

People could be at risk of cross infection due to poor infection control procedures within the home. For example, we observed not all rooms had liquid hand soap and we found bedrooms had no paper towels. This meant staff and visitors were unable to wash their hands effectivity with soap to prevent the spread of infections. There was also no disposable hand towels which is important as fabric hand towels can pass the spread of infections from person to person.

During the inspection we observed the laundry room door was left unlocked and could be accessed by anyone in the home. Within this room we found accessible items such as washing liquid and cleaning detergent that could cause harm if accidentally spilt or ingested. The registered manager confirmed the laundry room should be locked but we found on both days of the inspection the door was not locked and the room could be entered by anyone. We also found no risk assessment that identified the risks of leaving the door open or what arrangements were in place to reduce these risks. Following the inspection the registered manager confirmed they had taken action.

The service was clean and people were happy with the cleanliness of their room. One person told us, "It's lovely and clean". Staff had received infection control training.

Incidents and accidents were recorded. The registered manager had an overview log of all incidents and accidents so that any trends and themes could be identified and actions taken to prevent similar incidences from occurring.

People were supported by staff who had recruitment checks undertaken prior to starting their employment. Records confirmed a range of checks had been carried out on staff to determine their suitability for work. This included undertaking a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal background and whether they were barred from working with vulnerable adults.
Staff files also contained an application form, interview notes, references and terms and conditions of employment.

People and staff felt the home was safe. One person told us, "Safe, oh yes. It's the friendliness here that makes me feel safe". Staff were able to demonstrate their knowledge on the different types of abuse and who to go to. One member of staff told us, "Different forms of abuse are financial, sexual, mental, and physical. I would go to my manager, a senior, as well as my area manager, the police, CQC, and social services."

People had access to call bells and pendent alarms. The registered manager confirmed people could be given a portable alarm which they could wear around their neck.

People were supported by sufficient staff to meet people's needs safely. The registered manager confirmed the staffing levels for the home. This was confirmed by the rotas records.

People had personal evacuation plans (PEEPS) in place that confirmed their support and assistance required in an emergency situation. These confirmed what support and equipment the person could require in an emergency.

Good

Is the service effective?

Our findings

People continued to receive effective care.

People received care from staff who were well trained and competent. The provider's training matrix confirmed staff had received training in moving and handling, fire safety, safeguarding adults, infection control and emergency first aid. Staff were competent and felt they received enough training. Staff told us, "I have received training in moving and handling, first aid, equality and diversity, mental capacity, inflection control and dementia. Another member of staff told us, "Training is all up together".

Some staff had access to additional training to enable them to support people's individual needs. For example, staff had received training in dementia, supporting people with their end of life care and pressure care. This meant people were supported by staff who received additional training to ensure they were able to support people individually.

Staff received supervision's and appraisals. These were opportunities for the manager to meet with staff, feedback on their performance, discuss training and offer support. Staff felt well supported and able to go to the manager if they needed to. One member of staff told us, "We have supervisions and appraisals when it's needed. [Manager] is always supportive".

People received care and support with their consent. Staff asked people if they required help and support before they provided people with their care.

People's care plans confirmed if people had capacity to consent to their care. The registered manager confirmed most people living at the home had capacity records confirmed this. We reviewed one person's mental capacity assessment which confirmed the person lacked capacity. On speaking to the registered manager they confirmed the person had capacity and the form had been filled in incorrectly. At the time of the inspection the registered manager confirmed one person was being assessed by a social worker as they felt they might lack capacity. Records confirmed the involvement of this professional.

People who lack mental capacity to consent to their care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager made applications as required to the local authority.

People were supported to have a diet which met their individual needs. People felt positive about the meals they experienced and that they had access to food and drink throughout the day. They also felt they had choice and control about what they ate. One person told us, "They tell you what the food is. If you don't like it, they do something special for you". Another person told us, "Food, fine. Snacks and drinks are available at any time. There is never any question about replacing drinks that have been left to get cold for hot ones". People could have their meals in the dining area or in a place of their choosing. One person told us, "They bring you tea in bed. You have drinks when you want. I have porridge for breakfast".

People's individual dietary requirements were catered for. For example, if people were diabetic or gluten free the chef confirmed people would receive this diet in line with their individual dietary requirements. The service had a menu that was seasonal and people could pick the day before from the various different menu choices so they could choose depending in their individual needs and preferences.

People felt they received effective care and support that promoted their independence. Care plan's confirmed if people had individual needs relating to their religion. Some staff had received training in how to provide person centred care. Staff demonstrated their understanding of the Equality Act. One staff member told us, We are all different, equality is about protecting us, "It's about a person's race, religion, colour, age, disability". The home had a hearing loop system within the lounge area which meant that people could be supported with additional hearing equipment should they require it. This was confirmed by the registered manager.

People were supported by the service to live healthier lives and have access to health care services and support. For example, people's day to day health needs were met by the GP and district nurse. People felt supported with their health needs. One person told us, "I have seen the District Nurse. The local authority has come to see me to set up a care package". Another person told us, "You can see the doctor if you are not well". One person told us how staff had supported them to lose weight. They told us, "I have been helped to lose weight by the staff". They confirmed this had helped their health. People who required specialist assessments and support also had referrals made when required. During the inspection we observed a visit from a continence nurse. The registered manager confirmed they had made a new referral due to changes to people's needs. Two health professionals were positive about the service. One health professional told us that they felt the communication in the service was good and that staff knew people well and where to find information. Records confirmed health visits and appointments including any outcomes.

Good

Is the service caring?

Our findings

The service continued to be caring.

People and relatives spoke positively about the care they received from staff. All people felt staff supported them with kindness and compassion. One person told us, "The staff couldn't be better". Another person told us, "The staff are very pleasant people, I'm very happy with what I've got". People spoke positively about how staff supported them with their daily care needs. One person told us, "I can have a bath when I like – usually once or twice a week. They sit you on a seat (electric bath) and lower you into the water. Lovely, I love it. They lift me out gently and dry me with lovely warm towels. What more do you want". One relative told us, "I have never heard anyone here use anything other than caring, encouraging language".

During the inspection we observed staff and the registered manager demonstrate a warm and friendly manner with people. All people and relatives felt staff treated them with dignity and respect. One person told us, "Yes everything is ok I am treated well". Another person told us, "Dignity and respect – excellent. They are nice to me – absolutely. I have never heard a cross word". One relative told us, "Dignity and respect – yes absolutely. They certainly respect [Name] wishes all the time. If [Name] doesn't want a shower or hair wash they respect it. It doesn't matter what I think it's what [Name] wants. They respect residents and what they want". The home had a member of staff who was a dignity champion. The home also displayed a dignity poster confirming what staff should do to respect people's dignity.

People were encouraged to maintain relationships that were important to them. People felt able to have visits from friends and family members at any time and there was no restrictions on receiving visitors to the home. People felt their visitors were made to feel welcome and were offered a drink. During the inspection we observed visitors coming and going throughout the day.

People had choice and control with how they spent their day. Some people choose to spend time in the communal areas of the home and others spent time in the privacy of their own room. We observed people moving around the home and using the outside areas. People spent time sitting in the dining area, lounge, sitting /conservatory area or using the outside patio area.

People could view which staff were on shift as this was written up on the notice board each day. People were supported by the service to understand their care and treatment and referrals were made to these services when required. For example, during the inspection one person had recently been referred to an external organisation. The registered manager confirmed the visit the person had received and that they were awaiting the outcome of this involvement.

Most people at the time of the inspection were independent with their care needs. People and relatives felt if support was needed staff would gain consent before helping. This they felt was working together. One person told us, "I am independent staff will help if I need it". "One relative felt staff gained consent and if there were any concerns they would refuse the care. They told us, "Consent. As far as I'm aware [Name] would certainly refuse if they didn't want to do anything".

Good

Is the service responsive?

Our findings

The service continued to be good.

People were involved in planning their care and it was personalised to their wishes. People told us, "Care planning, I would say so. They talk to me regularly". Another person told us, "Yes, we do have care discussions; we do it together (with the staff)". Another person told us, "I am able to express my needs". One relative when asked confirmed, "Care planning, I am involved with my (family member). We do it together with the staff."

People received personalised care that was responsive to their needs. Care plans were reviewed monthly and updated as required. Daily records confirmed if people needed assistance and what this assistance was. Staff and the registered manager knew people well and care plans included information about people's needs including their marital status, their age, health and wellbeing, likes and dislikes and their religion and beliefs. People had individual risk assessments relating to any equipment they used and if they were at risk of falls.

People felt they had choice and control. They told us, "I choose when I go to bed and when I get up. I get up at 06.30 put the blinds up and have a cigarette. I choose not to take part in activities". Another person told us, "I go to bed when I want and I'm always up at 7am. I've never known any hindrance to what I want to do". People's rooms were personalised with pictures, photos, cards, flowers and their own furniture. One person told us, "Yes, we had an input in choosing the room. We have personalised it a little bit. They have changed it to an en-suite toilet and basin".

People were able to follow their religious and spiritual beliefs which were recorded in people's care plans. One person told us, "Church is very important to me. I am a Catholic, my friends take me to Mass". The home was visited regularly by a local vicar and people could access local services if they wished. The chef confirmed the home celebrated certain festivals such as, Easter. This was an opportunity for people to participate in making Easter cakes and biscuits.

People accessed a range of social and community activities. People felt positive about these opportunities and we observed these being popular with people. For example, on the first day of our inspection people were offered the opportunity to attend a local church to have lunch and a sing and dance. Ten people choose to be part of this outing. People spoke highly of this outing. On the second day of our inspection the home planned to take the mini bus out in the evening so people could see the local Christmas lights. The registered manager and staff confirmed they planned to make flasks of hot chocolate up and take mince pies adding to the festive experience for people. One person told us of a planned pantomime trip later in the week. They told us, "We're all going to the panto on Thursday". They seemed excited to be going.

People enjoyed the activities that were important to them. They told us, "I join in all the activities and do my exercises before bed. I go to coffee mornings, services anything that's going on. We do different trips, garden centres, shopping". Another person told us, "Activities, there is something going on every-day". Another

person enjoyed model making. We observed an area of the home where their model making kit had been set out. They told us, "Models, that's all I want to do". Some people were observed watching TV and listened to different radio stations of their choice. One person told us, "I enjoy the radio, Classic FM".

People felt able to raise any complaint and people had access to the complaints policy in their room. All people confirmed they would speak to the registered manager, senior care or a member of staff if they had any complaints or worries.

People's care plans had information relating to any end of life wishes they had made. For example, if they had a funeral plan or other arrangements in place. No one at the time of the inspection was receiving end of life care.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found quality assurance systems were not effective and had failed to identify shortfalls relating to window restrictors and the environment. At this inspection we found although there were audits in place these were not always effective at identifying shortfalls found during this inspection. There was also no overall review of these audits in place at the time of the inspection. This meant the provider had failed to put in place systems to effectively assess the quality and safety of the service.

For example, the weekly medicines audit had not identified shortfalls relating to the recording of prescribed creams or the lack of body maps providing staff with guidance on what to apply and where. The audit had also failed to identify the -2 degrees centigrade temperature of the fridge where medicines were stored and the build-up of ice. The registered manager confirmed an external audit had been undertaken by a pharmacist team. The audit undertaken by this team in May 2017 had found no shortfalls relating to the fridge temperature and at this time it had been found to be within safe parameters. The external audit had not identified the shortfall relating to records for prescribed creams or the lack of body maps. The provider had no additional audit that was undertaken to identify the shortfalls found during this inspection. The registered manager confirmed new audit tools were in the process of being implemented this meant at the time of the inspection the medicines audit had failed to identify the shortfall found during this inspection.

Risks relating to the environment had not been identified prior to our inspection. For example, we found two wardrobes in one person's room which had not been secured to the wall or identified as a risk. Another bedroom was empty but had a wardrobe not secured to the wall. Another bedroom had a glass cabinet which had no risk assessment completed of the potential risks to it being broken or that it had not been secured to the wall. We also found the laundry room was left open with no risk assessment that identified this risk or the access to potentially hazardous items. The premises audit undertaken in November 2017 had failed to identify these shortfalls found during our inspection.

We found during the inspection people, staff and visitors could be at risk of cross infection due to the lack of liquid hand soap and paper towels available within areas of the home. We reviewed the November 2017 audit for the prevention and control of infections. This shortfall had failed to be identified during this audit. The provider had no additional audit that was undertaken to identify shortfalls found during this inspection.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The home had a registered manager in post who was responsible for managing the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had informed us of untoward incidents or events which occurred at the service. For example, statutory notifications had been received in relation to accidents and safeguarding concerns which had occurred at the service.

The registered manager was supported by a team of care staff including seniors, domestic and kitchen staff. The area manager was also based on site in a different office. The registered manager confirmed they were available should they need to raise or discuss anything with them.

The registered manager and staff had a good knowledge of people who lived at the home. The manager spent time chatting to staff and speaking to people. People felt that the registered manager was approachable. People told us, "The manager always stops for a chat". Another person told us, "[Name]… is the name of the manager. If there is a problem I tell any of the staff".
Staff told us, "If you have an issue you can go to [Name] or the seniors. I feel I can say what I need to say."

The provider's statement of purpose confirmed the service aim is, 'Our care home's aim to provide a home with a friendly atmosphere, offering comfort and care with sensitivity, provided by friendly, happy and very approachable staff.' The home's objectives, 'To actively promote independence and offer physical, emotional and spiritual support either within the home or through external support groups. To provide regular social activities, included in-house entertainment and trips out in our minibus to places of interest and to our other homes in order to encourage social interaction. We understand that everyone has spiritual needs – and for meaning and purpose in life.' People and relatives all spoke positively about the home. The registered manager and staff demonstrated in their practice and activities the provider's aims and objectives were being implemented.

The home had positive links with the community and the provider's other home's. The registered manager confirmed that people could attend other activities in the provider's other homes. People resident in those home's were also able to visit Abbeygate. The registered manager confirmed that they liaised with the other manager to ensure people had these opportunities. Some activities experienced and planned for December were, A pantomime trip, visiting the local church, local school choir singing, shopping in town to buy cards and gifts, Christmas lights in a local street, trip to the local garden centre'.

People's and relatives views were sought with yearly satisfaction surveys. These enabled the provider and manager to gain feedback about the home and care experienced. Most feedback was positive for example people were very satisfied with the management, catering and food although two out of the 10 responses felt repairs and general maintenance of the premises could be improved.

Staff meetings were held and detailed minutes were completed so everyone could see who had been present, what had been discussed and what actions agreed. Minutes confirmed discussions relating to changes in the service, holidays and training.

The registered manager did a monthly newsletter. One person told us, "There is a Newsletter each month. It focuses on particular residents and activities". This newsletter confirmed the planned activities for the month, news updates including birthdays, a bit about a resident and a monthly quiz. Records confirmed this. Resident meetings gave people opportunities to contribute and give feedback. For example, records confirmed people discussed what activities they wanted and if they were happy with the menus. One person told us, "I go to the Residents meetings. They ask you where you'd like to go or do that's different."

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 17 HSCA RA Regulations 2014 Good governance Audits had not identified shortfalls relating to the recording of prescribed creams, lack of risk assessments and risks within the environment.