

# Caring Homes Healthcare Group Limited

# Abbeycrest Nursing 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

Abbeycrest Nursing Home is a care home providing personal and nursing care for up to seventy people with a range of conditions, including people living with dementia. At the time of our inspection there were 70 people using the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated good:

People were safe living in the service. Medicines were managed safely and people received their medicines as prescribed. There were sufficient staff to ensure people's needs were met in a timely manner. Risks to people were assessed and there were plans in place to manage the risks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People received support from staff who had access to training. This ensured they had the necessary skills and knowledge to meet people's needs.

People had access to food and drink to meet their nutritional needs. Where people required support from health professionals this was sought in a timely manner to ensure people's health and well-being was managed effectively.

Staff supported people in a kind and caring manner. People had developed positive relationships with staff who knew them well. People and their relatives were encouraged to be involved in all decisions about people's care.

Care plans reflected people's needs and staff followed guidance to ensure people's needs were met. People's changing needs were responded to promptly and relatives told us people's condition had improved when they had moved to the service.

The service was well led by a registered manager who promoted a caring, person-centred approach. Everyone was positive about the management of the service. There was an open culture that encouraged feedback to improve the service.

## 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 good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Abbeycrest Nursing Home

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 22 March 2017 and was unannounced.

The inspection was carried out by one inspector, a specialist advisor in dementia care 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.'

Before the inspection, the provider completed a 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.

During the inspection we spoke with 12 people and nine relatives. We spoke with the registered manager, the clinical manager, two nurses, three care staff and the chef.

We Looked at eight people's care records, medicine administration records, and records relating to the management of the service.

# Is the service safe?

## Our findings

The service continued to provide safe care to people.

People felt safe. Relatives were confident people were safe. One relative told us, "We have complete trust in them here".

Staff had a clear understanding of their responsibilities to identify and report any concerns relating to potential abuse. Staff knew the outside agencies to report to if they felt their concerns had not been dealt with appropriately. There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Medicines were stored safely. Staff responsible for the administration of medicines had completed training and their competency was assessed annually to ensure they had the skills and knowledge to administer medicines safely.

There were sufficient staff to meet people's needs. During our inspection we saw people's requests for support were responded to promptly. Call bells were answered in a timely manner. Staff felt there were enough staff to meet people's needs.

People's care plans contained risk assessments and where risks were identified there were plans in place to manage the risks. Risks assessments included risks associated with: falls; behaviour; nutrition and pressure damage. One person's care plan included a risk assessment in relation to behaviour that may be seen as challenging to themselves or others. The care plan guided staff in how to respond to the person if they displayed this behaviour. We saw staff following the guidance when supporting the person.

## Is the service effective?

### Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. One new member of staff told us, "I had a good induction. I completed the academy training and then training in the field to get to know the residents". Staff were supported through regular supervisions. One member of staff told us, "I have supervision every two to three months. It's to see where you are with your role. I can ask for training and any updates". Staff were supported to achieve qualifications in social and healthcare.

People were supported by staff who understood their responsibilities to act in line with the principles of the Mental Capacity Act 2005 (MCA). 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. Some people's care records contained capacity assessments relating to specific decisions. However, we found that there were not always decision specific capacity assessments. We spoke to the registered manager who told us the provider was trialling a mental capacity document. We saw a copy of the document and saw that the document prompted capacity assessments where there were indications a person could not make some decisions for themselves.

The registered manager was aware of their responsibilities to make applications to the supervisory body where people were assessed as lacking capacity to consent to arrangements for necessary care or treatment. People 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).

People were complimentary about the food and told us they had a choice of meals. One person told us, "We have a choice, I'm having fish pie today". People had a wide range of different meals on the day of the inspection. Where people required support to eat and drink we saw the support was provided. People's specific dietary needs were assessed and met.

People were supported to access health professionals appropriately. There was a weekly visit from the GP. Records showed people had been visited by the care Home Support Service (CHSS), Speech and language Therapy (SALT), opticians and community mental health teams.

## Is the service caring?

### Our findings

The service continued to provide a caring service to people. People told us staff were kind and caring. One person said, "The staff are wonderful, they are so caring and always have time for everyone". Relatives were also confident that people were supported with kindness and compassion. One relative told us, "The carers are very kind, they try to do the right thing. They are always very respectful".

There was a cheerful and relaxed atmosphere throughout the inspection. People and staff had clearly developed positive relationships and we saw staff singing, chatting and laughing with people. We saw many kind interactions between people and staff. For example, one person was showing signs of becoming anxious. Care staff responded immediately and knew how to reduce the person's anxiety. The person was supported in a quiet and calm environment.

People were treated with dignity and respect. For example, staff knocked gently before entering people's rooms and confirmed the person was happy for them to enter. People were addressed by their chosen name. One relative told us, "[Person] is dressed in matching clothes and her hair is always brushed".

People and their relatives were involved in decisions about their care. Records showed that people's decisions were sought and care plans showed people's choices were respected. People were offered choices in relation of all elements of their care and we saw care staff respected people's decisions.

## Is the service responsive?

### Our findings

The service continued to be responsive. Relatives told us people's conditions had improved since moving to the service. One relative told us, "[Person] was very agitated, she used to go around knocking on doors. Since being here her behaviour has improved. She has improved physically and mentally".

People's care plans gave clear guidance to staff in how to support people. For example, one person's care plan identified the person could present with behaviour that may be seen as challenging to themselves or others. The care plan guided staff to "use simple words, short phrases and give time to process. Use a calm, gentle manner". We saw staff using this guidance to support the person and that the approach was effective in calming the person's anxiety.

Care plans were regularly reviewed. Where people's needs had changed these were reflected in care plans and identified the changes required to continue to meet people's needs.

People had access to a variety of activities. During the inspection we observed people enjoying a word game. People and their relatives were encouraged to take part in the activity. Throughout the activity the coordinator ensured that everyone was able to participate, going over to and assisting those who found it more difficult saying "Shall we look together"?

People were supported to maintain relationships that were important to them. Relatives told us they were welcome at any time and were encouraged to take part in activities taking place in the home. One relative told us, "We can come at any time, we've been here at 9am and 9pm, we are always welcome".

Relatives were confident that any concerns would be dealt with in a timely manner and resolved. One relative told us they had visited and found the person alone in a communal area of the home. The relative told us, "After our visit I phoned the manager, she immediately followed up and called me back to explain there had been an issue with another resident". The provider had a complaints policy and procedure in place. Throughout the service there were posters displayed with details of how people and relatives could raise concerns both with the registered manager and the provider. Records showed that complaints had been dealt with in a timely manner and to the satisfaction of the complainant.



## Is the service well-led?

### Our findings

The service continued to be well led. There was a registered manager in post. 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.

Relatives were positive about the service. Comments included; "We're very happy with the care they receive, it couldn't be better" and "It's fabulous, what a wonderful place. It's such a relief that he is here".

Staff enjoyed working at Abbeycrest Nursing Home and felt the home was well managed. One member of staff said, "It is well managed. [Registered manager] is always about. If I have any problems I can go to her. For me it is very rewarding. I have built relationships and have found joy in it". Staff felt valued and listened to.

The registered manager promoted a caring culture that promoted person-centred care. The registered manager spent time speaking with and supporting people; demonstrating a kind and caring manner.

There were systems in place to effectively monitor and improve the quality of the service. Regular audits were completed which included audits of medicines, care plans, staff training and infection control. There was an annual home audits which resulted in an action plan addressing any areas requiring improvement.

The service carried out annual surveys and monthly relatives meeting to ensure feedback was used to improve the service. This had resulted in plans being developed to improve the gardens.