

Abbey Village Limited

Abbey Village

Inspection report

34 Wrawby Street
Brigg
Lincolnshire
DN20 8BP

Tel: 01652225548

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Ratings

| | |
|---------------------------------|-------------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Requires Improvement ● |
| Is the service effective? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Abbey Village is a residential care home providing accommodation and personal care for up to 34 younger adults and older people who may be living with dementia. At the time of our inspection there were 32 people using the service.

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

Systems were in place to store, administer and record medicines used. However, information to support staff to safely administer medicines was not always available. We made a recommendation regarding the safe management of medicines.

People felt safe using the service. Staff were trained to identify and respond to any safeguarding concerns. We received mixed feedback about staffing levels and made a recommendation about continuing to monitor staffing levels and staff deployment in response to this feedback.

People's needs were assessed; care plans and risk assessments provided guidance for staff on how to provide safe and effective care. Systems were in place to ensure lessons were learned if things went wrong.

Staff followed appropriate infection prevention and control guidance. The environment was generally clean, tidy and appropriately adapted to meet people's needs. The provider had a plan in place outlining further planned renovation and redecoration work.

Staff were safely recruited. A robust system was in place to induct and train new staff and monitor their performance.

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.

The service was well-led. The registered manager promoted a person-centred culture within the service. Audits and checks were used to monitor the service provided and support continuous improvements.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 September 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced focused inspection of this service on 9 and 16 July 2020. Breaches of legal requirements were found. We undertook this focused inspection to follow up on action we told the provider to take at the last inspection and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey Village on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Abbey Village

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by 2 inspectors 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.

Service and service type

Abbey Village is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbey Village is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We sought feedback from Healthwatch, and the local authority. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 5 people's relatives about their experience of the care provided. We received feedback from 5 health and social care professionals who worked with the service. We spoke with 9 members of staff including the registered manager, area manager, compliance manager, a team leader, senior carer workers, care workers and the cook. We also spoke with the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records and 15 people's medicines administration records. We looked at 3 staff files in relation to recruitment, training and supervision. A variety of other records relating to the management of the service, including audits and policies and procedures were also reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was an increased risk people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People's medicines were mostly managed safely. However, some information to support staff to safely administer medicines was not available.
- Detailed guidance on how to administer medicines prescribed as and when needed, known as "when required or PRN" medicines was not always available to staff.
- Topical MARs were in place to record the use of creams and ointments. However, body maps were not always available to show staff the site of application.
- There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of the potential for abuse). However, staff did not carry out regular balance checks in accordance with national guidance.
- Individual fire risk assessments were not in place for people who were prescribed paraffin-based skin products.
- Thickeners used to thicken fluids for people with swallowing problems were not recorded when they had been used.

We recommended the provider review good practice guidance relating to the safe management of medicines.

- The registered manager was responsive to feedback and took immediate action to begin addressing the concerns identified.

Staffing and recruitment

- People gave mixed feedback about staffing levels. Comments included, "I think they are short of staff. I ring my bell and sometimes have to wait quite a time" and, "The staff are very nice and work hard to please, but you do get a sense that they are stretched."
- We found staffing levels were safe, although recognised the availability of staff sometimes impacted on people's experiences.

- The registered manager used a dependency tool to continually assess staffing levels and plans were in place at the beginning of our inspection to increase staffing levels as people's needs had changed.

We recommend the provider continues to develop their approach to monitoring staffing levels.

- People were supported by safely recruited staff. Appropriate recruitment checks had been completed to help make sure suitable staff were employed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess and manage risks. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People felt safe living at Abbey Village. Comments included, "I feel very safe here knowing there are staff about and they are all very kind and caring" and, "I'm very happy and settled living here. I am well looked after. I have a roof over my head, and I feel safe so that's all that matters."
- People's needs were assessed, risks identified, and generally detailed plans put in place to support and guide staff on how to safely meet their needs.
- Health and safety checks had been completed to help ensure the safety of the home environment.
- Regular simulated evacuations had been completed to help make sure staff could safely evacuate the service if there was a fire. We spoke with the registered manager about continuing to develop their approach to completing and recording simulated evacuations of different zones.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained to help them identify and respond to any safeguarding concerns.
- Safeguarding concerns had been appropriately reported to the local authority safeguarding team who gave positive feedback about how staff worked with them to ensure people were safe.

Learning lessons when things go wrong

- Any accidents or incidents that occurred were recorded and analysed to help make sure appropriate action had been taken to keep people safe.
- Staff gave positive feedback about how issues were dealt with and lessons learned. One member of staff explained, "If you make a mistake, it gets looked into and a procedure is put in place to stop it happening again."

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up-to-date.

Visiting in care homes

- People were supported to safely meet with visitors in line with current guidance on best practice. Visitors to the service were encouraged, whilst staff ensured appropriate precautions were followed to help prevent the spread of infection.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

- People's needs were assessed before they moved into the service. This information was used to develop person-centred care plans to guide staff on how to effectively meet their needs.
- Regular reviews helped make sure information about how best to support people was updated as their needs changed.
- The provider used a range of nationally recognised tools to help assess and monitor risks, for example, in relation to the risk of malnutrition.
- An electronic recording system was used to help monitor and make sure people's needs were met. We spoke with the registered manager about continuing to audit and address minor recording issues with this system to ensure it remained effective.

Staff support: induction, training, skills and experience

- People gave largely positive feedback about the effective care and support staff provided. Comments included, "All the staff seem to know what they are doing, they are pretty well trained" and, "They are looking after me really well. The staff are lovely."
- A robust process was in place to induct, train and support new staff in their roles. A newer member of staff explained, "If there is anything you don't feel comfortable with you can tell the manager - I feel confident, because they give you that time and don't pressure you."
- Staff completed and regularly updated their training to help support them provide safe and effective care.
- Supervisions, spot checks and competency assessments had been used to monitor and make sure staff provided effective care.

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

- People gave positive feedback about the quality and choice of food available. Comments included, "The meals are good" and "I can have anything I want really. There's always a snack or fruit available. I have put on quite a lot of weight since I came to live here."
- Staff completed food and fluid charts alongside monitoring people's weight to help reduce the risk of malnutrition or dehydration.

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

- People were supported to meet their health needs and access appropriate medical attention when needed. One person explained, "If I need a doctor the staff sort it. Nothing is too much trouble."

- Healthcare professionals told us staff made appropriate and timely referrals for advice and guidance and explained, "The advice we give is taken and used."

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

- The service was designed and adapted to meet people's needs. For example, bathrooms and toilets had handrails and adapted equipment, which aided people's independence.
- There were various communal areas and private spaces for people to use and enjoy.
- People had been encouraged to decorate and furnish their bedrooms according to their individual personal preferences.
- The provider had an improvement plan in place recognising some areas of the service would benefit from redecoration.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff sought people's consent and included them in decisions about their care.
- People's human rights were protected. Appropriate applications had been made where necessary to legally deprive people of their liberty.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was well managed and led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- People gave positive feedback about the registered manager and told us the service was well-led.
- Whilst the inspection identified some areas where further improvements could be made, overall, the service was well managed and led. The registered manager was very responsive to feedback and continued to develop their approach to ensure people received person-centred care. A professional explained, "I find [the registered manager] is very conscientious, very proactive and keen to work with other teams to improve the service."
- The provider and registered manager completed a range of audits to help monitor the quality and safety of the service. We spoke with them about continuing to develop these in light of our findings relating to the management of medicines.
- Supervisions and team meetings were used to discuss issues or concerns and to drive improvements.

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

- People praised the person-centred service provided. A person explained, "I can't fault any of the staff and [registered manager's name] in particular would do all they can to help you."
- The registered manager was committed to providing a person-centred service and to supporting people to achieve good outcomes.
- Staff felt supported by the registered manager. A member of staff told us, "[Registered manager's name] is very good at what they do. You couldn't wish for a better boss."

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 understood the need to be open and honest with people if things went wrong.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff worked with other professionals to meet people's needs. Professionals told us staff were approachable, provided any information they needed and followed their advice and guidance.
- People's relatives praised the communication and felt they were involved in decisions and in making sure the care and support met people's needs. A person told us, "[Registered manager's name] is very good. If I go to them with a query, they will sort it, they are approachable and helpful."