

Abbey Care Complex Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 6th September 2017 and was unannounced. At the previous inspection of this service in April 2015 we rated them as good overall but found one breach of regulation. This was because they did not always have enough staff on duty to support people, especially during mealtimes. During this inspection we found this issue had been addressed.

The service is registered with the Care Quality Commission to provide accommodation and support with personal and nursing care to a maximum of 50 people. 45 people were using the service at the time of our inspection.

The service had a registered manager in place. 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.

During this inspection we found one breach of regulations because Deprivation of Liberty Safeguards applications were not managed effectively by the service. You can see what action we have asked the provider to take at the end of the full version of this report.

People told us they felt safe using the service and there were systems in place to help safeguard people from abuse. Risk assessments were in place which included information about how to support people in a safe way and mitigate the risks they faced. There were enough staff working at the service to meet people's needs and robust staff recruitment processes were in place. Medicines were managed in a safe manner.

Staff received on-going training and supervision to support them in their role. People told us they enjoyed the food and were able to choose what they ate. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service. Quality assurance and monitoring systems were in place. However, the registered manager did not effectively address all issues and there had not been any surveys of people's views carried out in the past year. We have made a recommendation about this.

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 was safe. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Medicines were managed in a safe manner.

Is the service effective?

Requires Improvement ●

The service was not always effective. Although Deprivation of Liberty Safeguard applications had been made, the service had not dealt with this effectively.

Staff undertook regular training to support them in their role. Staff had regular one to one supervision meetings.

People were able to make choices what they ate and drank and were supported to eat a healthy, nutritious diet.

People were supported to access relevant health care professionals as required.

Is the service caring?

Good ●

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Is the service responsive?

Good ●

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

People were supported to engage in various activities in the service.

People knew how to make a complaint and complaints were dealt with in line with the services procedure.

Is the service well-led?

The service was not always well-led. The registered manager had not effectively managed the process of applying for Deprivation of Liberty Safeguard authorisations for people.

People and staff spoke positively about the registered manager and systems were in place for monitoring the quality of care and support provided.

Requires Improvement ●

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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.

This inspection took place on the 6th September 2017 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor with a specialism in nursing 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 we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications they had sent us. 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. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with five people who used the service and six relatives. We observed how staff interacted with people and we spoke with 12 staff. This included the area manager, registered manager, administrator, head chef, three nurses, three health care assistants and two activities staff. We reviewed the recruitment, training and supervision records of nine staff. We looked at medicines records and records of various quality assurance and monitoring systems and staff rotas. We read minutes of various meetings and checked some of the policies and procedures. We spoke with a health professional who was visiting the service on the day of our inspection.

Is the service safe?

Our findings

At the previous inspection of this service in April 2015 we found they were in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not always enough staff on duty to meet people's needs. We found this issue had been addressed at this inspection.

People told us there were enough staff and that staff were able to respond in a prompt manner when they required support. One person said, "Yes I do like living here. It is good they are always there when you want them. Yes I feel very safe and we have enough staff."

Staff told us there were enough staff and they had time to carry out all their duties. One member of staff said, "Sometimes it can get busy, but we do have enough staff."

Staff told us that if a staff member cancelled their shift a replacement was always found. They said at most they had to wait two hours before the replacement staff was on shift. During the inspection we observed there were enough staff to support people. When call-bell alarms were sounded these were responded to in a prompt manner and staff were quick to attend to people as needed.

Records showed the service used a monthly dependency tool to determine the dependency level of each person. This enabled the staff rota to be drawn up so that more staff were allocated where there was the highest need. We checked the staff rota and found this accurately reflected the staffing situation on the day of inspection.

Staff told us and records confirmed that the service carried out various pre-employment checks of prospective staff. One member of staff said, "They did a DBS and references from my last employer." DBS stands for Disclosure and Barring Service and is a check to see if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records showed checks undertaken by the service on new staff included criminal record checks, employment references, proof of identification and a record of the person's previous employment.

People told us they felt safe using the service. One person said, "Yes I think so, I am safe with the staff. They support me with my medicine." Another person said, "I do feel safe here. I have no reason to think they are going to do me any harm. Yes I do trust them." A relative said, "[Person] is safe here with the staff."

The service had systems in place to protect people from the risk of abuse. The service had appropriate policies in place including a whistle blowing policy and a safeguarding adult's policy. The former made clear that staff had the right to whistle blow to outside agencies and the latter made clear their responsibility for notifying the local authority and the Care Quality Commission of any safeguarding allegations. Staff had undertaken training about safeguarding and understood their responsibility for reporting any concerns. One staff member said, "I have to inform the manager and if it was her I have to inform the area manager." Another staff member said, "Straight away go to the manager and write a statement." We saw that

allegations of abuse had been dealt with in line with the service's policy.

The service held money on behalf of people where they lacked the capacity to do so themselves. In these instances family members accessed people's bank accounts and brought money as required to the service. This was stored in a locked safe in the registered manager's office. Records were kept of monies held and spent and receipts were kept. We checked the amounts of monies held for people and found these tallied with the recorded amounts. This meant the service had taken steps to reduce the risk of financial abuse.

The service had taken steps to help ensure people were supported in a safe manner. Risk assessments were in place which included information about the risks people faced and action to be taken to mitigate those risks. For example, risk assessments about moving and handling included details of the number of staff and equipment required to transfer people from their bed to a chair. Other risk assessments covered risks associated with the use of bedrails, medicines, falls, hydration and nutrition and skin integrity.

Risk assessments were also in place about supporting people who on occasions exhibited behaviours that challenged the service. The registered manager told us the service did not use any form of physical restraint when supporting people who exhibited these behaviours and staff confirmed this was the case. Staff had a good understanding of how to de-escalate the situation if people were becoming distressed or anxious. One member of staff said, "I stand next to [person], not in front of them. I shift their interest to something else. It might be a picture on the wall or a TV programme. That usually works to calm them down."

Medicines were managed in a safe manner. People told us they were supported with their medicines. One person said, "If I am not feeling well there is always somebody here. Yes they always give me my medicine. I don't have to wait very long." We observed staff administering medicines. They wore a red top which had 'Do not disturb' written on it. This meant they were able to concentrate solely on administering medicines which decreased the chances of them making mistakes.

Medicines were stored securely in designated and locked medicines cabinets. Controlled drugs were stored in separate controlled drugs cabinets and appropriate recording of controlled drugs were in place. Medicine administration records were maintained which included the name, strength, dose and time of each medicine to be given. Staff signed these charts after they administered each medicine and we saw these charts were completed correctly and up to date.

All medicines in the service were administered by registered nurses. The registered manager told us since they became the registered manager in September 2016 nurses had not had any assessment of their competence to administer medicines, but this had been arranged with the supplying pharmacist for late October 2017.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that DoLS applications were not managed effectively by the service. Records showed that DoLS applications had been made for some people. The local authority had responsibility for either authorising or declining these applications. The area manager told us that the local authority had emailed the service the decision about each DoLS application using security protected emails which the service had not been able to access. They told us that at the time they were received the service had not attempted to resolve this issue and said the registered manager did not know that the password protected emails contained details of the DoLS applications. This meant where the service believed they needed to deprive a person of their liberty they were not aware of whether or not they had the legal authorisation to do so. The area manager told us by telephone the day after our inspection that they had re-submitted new DoLS applications for people. Six of the original applications were more than a year old at the time of our inspection.

The service did not have systems in place to ensure that people were not deprived of their liberty without lawful authority. This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had carried out mental capacity assessments of people to determine if they had the capacity to make decisions about their care. Where people had capacity they told us they were able to make choices. Staff told us how they supported people to make choices. One member of staff said about supporting a person to get dressed, "I present her with three or four t-shirts and several skirts and she says this one or that one." Where people lacked capacity we found that this was documented and family members had been involved in making decisions about people's care.

Staff told us and records confirmed they had access to training. One staff member said, "I had fire safety, infection control, dementia, safeguarding, food safety and medicines [training in the past 18 months]." Another staff member said, "The company provides the training on a regular basis. It's quite a lot." We saw that training was taking place on the day of inspection about Control of Substances Hazardous to Health (COSHH). Where staff were behind with their training this had been identified and the service had taken steps to ensure staff undertook the required training.

New staff undertook an induction programme on commencing work at the service. This included classroom based training and shadowing experienced staff. One newly recruited staff member said, "I was shadowing

my senior, going round watching what she was doing." Although new staff did not undertake the Care Certificate, records showed they completed an induction programme that was based on the Care Certificate. The care Certificate is a training programme designed for staff who are new to working in the care sector.

Staff were supported in their role through one to one supervision with a senior member of staff. One staff member said of their supervision, "I have it with the manager or a nurse. If there are any concerns, we go over different procedures, if we know how to report safeguarding. If they have any concerns about me."

People told us they were happy with the food. One person said, "Yes I like the food, every meal, the best is midday. Yes there is plenty [to eat]." Another person said, "I get enough food and it is nutritional. Yes they ask me about my likes and dislikes." A relative told us, "The food looks very nice." Another relative said, "Yes he likes the food. He never leaves a thing."

We observed people were offered a choice of food. The head chef told us they regularly spoke to people about the menu to gain feedback and that if people did not like the main meals on the day they would prepare something different for them.

Records showed that people's weight was regularly checked so the service was aware if a person had any significant weight loss or gain. Where this was the case we saw referrals were made to the GP and dietician so people were able to get appropriate support. We also found the service had involved the speech and language therapy team where people had difficulty swallowing. Guidelines were in place to support people with eating and staff were knowledgeable about these. Care plans included information about people's needs in relation to food. For example, the care plan for one person stated, "[Person] is allergic to chocolate and tomatoes."

Where people required their food to be pureed, we saw that each item of food in the meal was pureed separately so people were able to enjoy the individual flavours. If people required support with eating we saw that the staff member sat with them until they had finished their meal and gave gentle encouragement to eat, going at the pace that suited the person.

People told us their health care needs were met. One person said, "I see the GP, optician and the chiropodist." Relatives told us they were kept informed of any health related issues. One relative said they were informed 'immediately' if their family member was unwell. Records showed people were supported to access health care professionals as appropriate. This included GP's, opticians, dentists, podiatrists and tissue viability nurses.

We spoke with a visiting health care professional during our inspection. They told us staff had a good understanding of the relevant health care needs of people they supported and were good at following medical advice they were given to support people. The professional added, "They are very good nurses."

Is the service caring?

Our findings

People told us they were treated in a caring and kind manner and that staff were respectful. One person said, "Yes the staff are friendly and caring. Most of them do treat me with respect. Yes I suppose they do respect my privacy." Another person said, "Yes I would say they do treat me with respect. Yes they respect my privacy and they do listen." A third person said, "I find the staff good. Yes they are friendly and caring and yes they treat me with respect. They do care. Yes they respect my privacy and yes if they are free they do listen."

A relative said, "They are very good, everybody here is lovely. We are very happy with the care." Another relative told us, "They are outstanding. The staff in here couldn't be better. It is lovely here." We observed staff interacted with people in a caring and friendly manner. Staff were seen chatting and joking with people and people were seen to be at ease with staff and enjoying their company.

Staff had a good understanding about how to promote people's privacy, dignity and respect. One staff member said that when supporting people with personal care, "Most important I'm talking to them about what I'm going to do and if they want me to do it. I ask them if they want a shave or a wash. I make sure the person knows that I am about to do to." The same staff member added, "I make sure the doors and curtains are closed [to ensure privacy]." Another staff member said, "We always gain permission first, always speak with them, let them know what we are doing. If we are giving them a bed bath we keep them covered up to give them dignity." The same staff member said, "I've been here four years and I love my job, it's a passion caring, it's something in you."

Care plans included information about people's preferences such as what they liked to be called and when they went to bed. For example, the care plan for one person stated, "[Person] likes to go to bed between 9 and 9.30pm."

All bedrooms were single rooms. They all contained ensuite toilet, shower and sink facilities, except one bedroom which just had a toilet and hand sink. This helped to promote people's privacy. We looked at bedrooms with people's permission. These were homely in appearance and included people's personal possessions such as family photographs and television. This meant people were able to personalise rooms to their own tastes.

People were able to maintain contact with family and friends. During the course of our inspection we observed several people were visited by family and friends and we saw one person speaking with a relative on their own mobile phone.

The service sought to meet people's needs in relation to equality and diversity issues. For example, representatives from different faiths visited the service to minister to their flock. One person said, "The minister comes round." People were able to eat food that reflected their cultural background. One person said, "The staff know me well. I am [religious denomination] and at night I have [food traditionally associated with person's religion]." People had access to television channels in their bedrooms from their

culture.

Is the service responsive?

Our findings

People's needs were assessed before moving into the service. After receiving an initial referral a senior member of staff met with the person to carry out an assessment of their needs. This included meeting with the person's relatives where appropriate. The purpose of the assessment was to determine what the person required support with and if the service was able to meet those support needs. A senior staff member who carried out assessments told us on occasions they had not accepted the referral as they could not meet the person's needs

Care plans were based on the initial assessment of the person and on-going observation and discussion. A member of staff with responsibility for writing care plans said, "We monitor the resident for one week [after they moved in] and we talk to the family to get more information from them." Care plans included sections on the identified need, the planned outcome and how to achieve the outcome. Care plans provided information about how to meet people's needs in relation to personal care, eating and drinking, medicines, continence and activities.

Care plans included information that was based around the individual needs of people. For example, the care plan for the night time routine for one person stated, "They like to sleep with bottom and top sheets and to wear nightgown and socks during the night. Staff to ensure that the bathroom light is on during the night and the door is open." The care plan for another person stated, "They do not like to wear make-up, but like their hair to be washed with Palmolive shampoo."

Care plans were reviewed on a monthly basis which meant they were able to reflect people's needs as they changed over time. In addition, daily records were maintained so it was possible to monitor the care given to the person on a continuous basis.

We saw that care plans were followed. For example, one person had a pressure ulcer. Guidelines were in place in the care plan which had been drawn up with the involvement of the tissue viability nurse and these said the person should be re-positioned every two hours. Turning charts were in place which confirmed this was happening.

Care plans included consent forms. These were signed by people or relatives to give consent or otherwise to various things such as having a physical examination, having their photograph taken and having their records shared with relevant persons. People were able to choose which if any of these individual things they wished to give consent to.

People were supported to take part in various activities. One person told us, "I join in all the activities such as jewellery making, colouring, collage, gardening and trips to the vet. They bring Bertie [a dog] three days a week for pet therapy. I love pet therapy and Bertie he jumps up on my bed." We observed various activities taking part during the inspection. We saw some people were supported in a drawing activity and others were involved in a ball throwing game. Staff supported people in a sing-a-long which they were seen to be joining in with and enjoying. A dog was brought into the home and people were seen to be enjoying playing

with it. The service employed activities coordinators specifically to provide activities at the service. They told us that in addition to group activities they also provided one to one activities for those who preferred this or were bedbound. Records showed other activities taking place including a zoo lab with small animals and insects and the service was planning for a Halloween party.

People told us they knew how to make a complaint and that complaints were responded to. A relative said, "I have complained to [registered manager] once in the past. [Person] was prescribed an air ventilator by the doctor but the staff were keeping it in the nursing station when [person] needed it at his bedside. Once I complained they sorted it straight away."

The service had a complaints procedure in place. This was displayed in the communal areas of the service and people and relatives were provided with information about how to make a complaint when first moving into the service. The complaints procedure included timescales for responding to any complaints received and details of whom people could complain to if they were not satisfied with the response from the service. Records showed that complaints had been dealt with in line with the procedure and that appropriate action had been taken including disciplinary action against staff where warranted.

Records of compliments were kept. A relative wrote, "[Registered manager] is capable, caring and understanding the needs of my [relative] has always been paramount to her." Another relative wrote, "My [relative] was cared for to a very high standard, with consistent dignity and respect."

Is the service well-led?

Our findings

The registered manager told us that there was supposed to be an annual survey of people and staff to gain their views on the running of the service. However, they said this had not happened within the past 12 months. They were unable to say when the last survey took place. This was because many archived records were destroyed by a flood in the basement around September 2016. As noted in the effective section of this report we found that the registered manager had not taken prompt action to clarify which people using the service had had their Deprivation of Liberty Safeguards applications authorised or otherwise by the local authority. We recommend that the service implements systems so that any important issues relating to people are addressed in a timely manner.

People told us they found the registered manager to be helpful and approachable. One person said, "The manager looks after us all, she is very kind and affectionate. She means it, she is very caring she is not just putting in a show that is just how she is naturally." Another person said, "I think the manager is an absolute treasure. She is a very charming lady." A relative said, "We think [registered manager] is doing a very good job."

Staff spoke positively about the registered manager and the working environment and culture at the service. One staff member said, "[Registered manager] is ok, she used to be a nurse. When you have a problem she helps you, she is able to listen. We can call her anytime." Another member of staff said, "She is a good manager. She has a lot of patience. If I have any problems I won't be afraid to ask for help in sorting it out." A third staff member told us, "I think [registered manager] is fair, she is good. She listens to staff. If you have any concerns she is very accommodating." The registered manager was supported by the area manager who was present during the inspection and told us, "I am in the home at least once a week." We noted the service had sent in notifications to the Care Quality Commission (CQC) in line with their legal responsibility to do so.

The service held three monthly staff meetings for all staff to attend. A staff member told us, "We do have staff meetings for all staff every two to three months. It is about staff behaving appropriately, treating the residents with dignity at all times, if staff have any issues they want to raise." Minutes of staff meetings showed they included discussions about health and safety, staffing issues and people that used the service. Meetings were also held for relatives. One relative said, "There are meetings here once or twice a year." The most recent relatives meeting took place on 7 August 2017 and included discussions about food, laundry, staffing levels and activities.

There was a weekly meeting of senior staff. A nurse who attended those meetings said, "Every Monday we have a meeting for all the nurses and the senior carers and the manager. We give all the feedback from the weekend, about the residents, maintenance, any issues we have." The same staff member said of the working atmosphere at the service, "It's good. We work together, we support each other."

Various audits were carried out. These included care plan audits which checked that people's views were represented in care plans, that they were up to date and had been reviewed and updated if a person's needs

had changed. Other audits carried out included medicines audits, pressure ulcers and infection control practices at the service. The registered manager completed a weekly report for the area manager which included details of any deaths, admission's to hospital, safeguarding allegations and maintenance issues. A more thorough monthly quality assurance summary was also produced for senior management. This included details of complaints and compliments received, health and safety reports and checking that all other audits were being carried out appropriately. This enabled senior management to keep abreast of developments within the service.

The area manager carried out a three monthly monitoring visit of the service. They said of the monitoring visits, "It's a top to bottom check of everything. We go through care plans, medicines, and infection control. It's backing up the audits that are done internally." We looked at the report of the most recent visit and saw it was carried out in line with inspections by the CQC. That is, it looked at five overall questions, was the service safe, effective, caring, responsive and well-led.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	The service did not have effective systems in place for depriving service users of their liberty for the purposes of receiving care or treatment without lawful authority. Regulation 13 (5)