

## The Abbeyes (Rawmarsh) Limited

# The Abbeyes

### Inspection report

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Rotherham  
South Yorkshire  
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Tel: 01709719717

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16 September 2016

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### Ratings

#### Overall rating for this service

Requires Improvement ●

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

# Summary of findings

## Overall summary

The inspection took place on 16 September 2016 and was unannounced. The home was previously inspected in December 2015 and the service was meeting the regulations we looked at, but were rated as requires improvement as some processes needed embedding in to practice. We completed this inspection due to concerns raised with us about the service.

The Abbays is a care home providing personal care and support for up to 80 people. Accommodation is provided in two separate buildings. The home is located on the outskirts of Rotherham and has good public transport links. At the time of our inspection there were 59 people using the service.

The service had a registered manager in post at the time of our 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.

The service had a medication policy which outlined how medicines should be safely managed. However, this was not always followed. People who required medicine on an 'as required' basis did not always have a protocol in place.

We looked at care files belonging to people who used the service and found, in most cases, the risks associated with their care had been identified. However, some records did not include an assessment of risks and how they could be prevented.

We looked at three staff recruitment files and found the provider had a safe and effective system in place for employing new staff.

The provider had suitable arrangements in place that ensured people received good nutrition and hydration. However, we found people did not always receive the specific diet in line with their needs, putting them at risk.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation was not always met. Some care plans did not include documentation to evidence that decisions had been made in the person's best interest.

Staff told us they received training appropriate to their job role. Staff told us that they attended training on a regular basis.

We observed staff interacting with people throughout the inspection. Staff engaged in a positive way which encouraged people to make decisions about how to spend their day. However, we saw some instances where this could have been done better.

Staff we spoke with explained how they maintained people's privacy and dignity. We also saw that care plans documented people's likes and dislikes.

People's needs were assessed and care and support was provided on an individual basis. However, we saw one person's plan did not reflect the support that was delivered to them.

An activity co-ordinator was employed at the home and delivered and organised activities.

The service dealt with complaints effectively. We saw evidence that the registered manager had acted appropriately to resolve concerns. People we spoke with told us that they could speak with the registered manager if they had concerns.

We saw several audits were completed on a regular basis with the intention of ensuring that a quality service was being provided to people who used the service. However, some of the issues we identified had not been identified as part of these audits and had therefore not been addressed.

There was evidence that people who used the service had a voice and were given the opportunity to complete a quality questionnaire. Relatives meetings had also been set up but were not well attended.

Our inspection identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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?

The service was not always safe.

The service had a medication policy which outlined how medicines should be safely managed. However, this was not always followed. People who required medicine on an 'as required' basis did not always have a protocol in place.

We looked at care files belonging to people who used the service and found, in most cases, the risks associated with their care had been identified.

We looked at three staff recruitment files and found the provider had a safe and effective system in place for employing new staff.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

The provider had suitable arrangements in place that ensured people received good nutrition and hydration. However, we found people did not always receive the specific diet in line with their needs, putting them at risk.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation was not always met.

Staff told us they received training appropriate to their job role.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

We observed staff interacting with people throughout the inspection. Staff engaged in a positive way which encouraged people to make decisions about how to spend their day. However we saw a couple of instances where this could have been done better.

Staff we spoke with explained how they maintained people's privacy and dignity.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

People's needs were assessed and care and support was provided on an individual basis. However we saw one person's plan did not reflect the support that was delivered to them.

An activity co-ordinator was employed at the home and delivered and organised activities.

The service dealt with complaints effectively. We saw evidence that the registered manager had acted appropriately to resolve concerns.

**Requires Improvement** 

### Is the service well-led?

The service was not always well led.

We saw several audits were completed on a regular basis with the intention of ensuring that a quality service was being provided to people who used the service. However, some of the issues we identified had not been identified as part of these audits and had therefore not been addressed.

There was evidence that people who used the service had a voice and were given the opportunity to complete a quality questionnaire.

**Requires Improvement** 

# The Abbeyes

## **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.

The inspection took place on the 16 September 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority to gain further information about the service.

We spoke with four people who used the service and seven relatives, and spent time observing staff supporting with people.

We spoke with three care workers, the cook, the activity co-ordinator and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at five people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. One person said, "It's my home, I feel safe and staff look after us all." Another person said, "The staff are kind and considerate and look after us well. One relative we spoke with told us that they were confident in the staff's ability to keep their family member safe. Another relative said, "My [family member] is very settled. They were having a lot of falls at home and we were constantly worrying if they were safe. Now we have peace of mind and staff tell us if they have fallen which up to now they haven't."

We spoke with staff about how they would safeguard people from abuse and they knew what to look for and how to report abuse if it happened. They told us that they had completed training in this area and this was repeated on an annual basis to ensure they were kept updated.

The service had a medication policy which outlined how medicines should be safely managed. The registered manager told us senior care workers were responsible for administering medicines on the different units. During our inspection we observed staff administering medication to people living on the ground and first floors. They did this in a safe way that reflected good practice guidance, such as signing for medicines only when they had been taken by the person. One of the senior care workers described the system for ordering and managing medicines going in and out of the home. This included a safe way of disposing of medication refused or no longer needed.

Where people required covert medication [this is when essential medicines are hidden in people's food or drink] meetings had been held and recorded to show this was in the person's best interest. The senior care worker described in detail how the medicine was administered to one person living at the home.

The temperature of the room and the fridge where medicines were stored had been checked and recorded regularly. Senior staff who were responsible for administering medication had received training to update their knowledge and skills. We also found periodic competency checks were carried out to make sure staff were working to expected standards.

However, we found some improvements were required to ensure that people's medicines were safely managed. Medication was securely stored with additional storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked the controlled drug (CD) book against the actual drugs stored in the cabinet. We found controlled drugs for two people which were no longer in use but had not been returned to the supplying pharmacy to be destroyed.

When people were prescribed medicines 'to be given when required' [PRN] some people had protocols in place to tell staff what the medicine was for, when and how to give it and how the person presented when they required the medication. For example, when paracetamol was prescribed for specific pain relief. However, we found that although the files we checked had a medication care plan, not everyone had a protocol in place for PRN medicines, this meant staff may not always be aware of when people required PRN medicines. We discussed this with the registered manager and one of the senior care workers who had

responsibility for administering medication.

There was a system in place to make sure staff had followed the home's medication procedure. For example, we saw regular checks had been carried out to make sure that medicines were given and recorded correctly, and remaining medication tallied with the stock held. We also saw the dispensing pharmacy periodically audited the medication system in place and at their last visit they found no concerns. However, the most recent audit on medication had not picked up that end of life medication had not been returned.

We looked at care files belonging to people who used the service and found risks associated with their care had been identified. We saw specific risk assessments were in place for people who were at risk in areas such as choking, falls, and malnutrition. However, we saw one person who had no risk assessments in place and was unable to use the call system due to their cognitive ability and had a sensor mat in place due to poor mobility. The registered manager sent an email the following day to say this had been completed to ensure their safety.

Throughout our inspection we observed staff interacting with people who used the service and found there were enough staff around to meet people's needs. We spoke with staff who felt that there were enough people working with them and they worked as a team. However, one care worker told us that sometimes they work with one care worker short and that this was difficult.

We looked at three staff recruitment files and found the provider had a safe and effective system in place for employing new staff. Staff we spoke with confirmed that they had completed pre-employment checks prior to them commencing work at The Abbays. The three files we looked at confirmed pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

We spoke with people about the home and if they thought the accommodation was clean and fresh. One person we spoke with said, "I think the home is a little tired and some areas needed decorating." They took us to their bedroom and showed where there was damage to the paint work. A relative we spoke with said they had chosen the home because there were no unpleasant odours when they visited.



## Is the service effective?

### Our findings

Most people that we spoke with told us that they liked the food provided at the home. One person said, "There is always plenty of food and I like most of the meals. We can have snacks and there are always plenty of drinks." Another person told us that they didn't have a very good appetite. They said, "I didn't like the fish and chips today but staff offered me a number of things that I could choose from but I just fancied bread and jam and that's what I had."

The provider had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at five people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people's nutrition. These assessments were being reviewed on a regular basis. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice.

The cook told us that the quality of food being delivered from the main supplier was good quality. She said she would challenge the supplier if food was not up to standard. The cook confirmed to us that they had looked at the guidance from the 'Food standards agency.' Posters were displayed for people to ask the cook if they had allergies to certain foods. This was in relation to the 14 allergens. The Food Information Regulation, which came into force in December 2014, introduces a requirement that food businesses must provide information about the allergenic ingredients used in any food they provide. The cook told us they had been awarded 5 stars by the regulators of kitchens. This is the highest award that can be achieved.

We joined a group of people eating their meals. We carried out a SOFI during lunch and observed breakfast on the upstairs unit. We saw that people had a choice of hot and cold drinks, and squash and water. The majority of the people were able to eat their meals independently, where people needed support this was done discreetly by staff. However, we saw one person was assessed by the speech and language therapist [SALT] as requiring a fork mashable diet. We saw this person was given battered fish and chips. The person should also have thickened drinks to prevent the risk of choking. We saw the drink at lunch time had not been thickened. Staff told us that the person did not like the drinks thickened and often would pour the drink onto their meal. We looked at the food and fluid charts for this person and found the person had received several meals which was not fork mashable. This included cheese sandwiches and pastry dishes. This meant the person may be put at significant risk of harm as staff were not following the instructions of the SALT assessor.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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 looked at care plans in relation to consent and capacity and found one person's file showed that they lacked the capacity to give consent to the use of a sensor mat in their room. There was no evidence to show that the use of this mat had been considered against the person's best interest, nor was there any information to evidence who had contributed to the decision making process. We spoke with the registered manager who said they would take action to address this.

The service employed a training co-ordinator who organised training for staff. The registered manager told us that all training was completed face to face. Training was recorded on a matrix which identified when training was due to be completed. We were sent this following our inspection as the up to date version was not available at the time of our visit. The training matrix showed that some training was not up to date. We spoke with the registered manager about this and were told that they were in the process of developing a new system for documenting training which had been completed. Staff we spoke with were knowledgeable about their roles and responsibilities and confirmed that training had taken place.

We spoke with staff about training and they told us they received training frequently. One care worker said, "The training is frequent and it's good and interesting." Staff also told us that they received regular supervision sessions with their line manager. Supervision sessions were one to one meetings with their line manager.

## Is the service caring?

### Our findings

People we spoke with told us that they were happy to live at The Abbeyes. They said they thought the staff were caring and compassionate and were available to help them when needed. One person said, "We look after ourselves over here [Abbeydale] but staff are there if we need them." Another person said, "We the staff treat us with respect. They are really good. I have my favourites but they all do a good job." A relative said, "I have always found the staff to be courteous and respectful." Another relative said, "I come most days and the staff are always friendly. I can always find staff if I need to ask them anything."

We observed staff interacting with people throughout the inspection. Staff engaged in a positive way which encouraged people to make decisions about how to spend their day. We did however observe three staff attending to a person in the dining room during breakfast. The person was wearing a blue plastic apron to protect their clothing but none of the staff noticed that it had not been put on correctly and was caught behind their ear. The inspector pointed this out to a staff member who adjusted the apron to fit correctly. This was not dignified for the person who was sat at a table with three other people. We observed another person being assisted with breakfast in another dining area and the staff member did not know the person's name.

When we arrived at the service we visited the lounge area upstairs and found a relaxed atmosphere with appropriate music playing. One person was dancing and other people were singing. People appeared to be very happy.

We looked at care plans belonging to people and found they contained a 'map of life.' This had been completed with people's likes and dislikes and hobbies and interest they had. We also saw 'my lifestyle profile,' which gave a breakdown of how people liked to spend their day.

We spoke with staff about how they ensured privacy and dignity was maintained. Staff told us that they closed doors and curtains when delivering personal care. Staff also told us that they put a sign on the door to make sure people knocked and waited prior to entering. One care worker said, "It's really important to explain to people what you are doing and to build up a good relationship with them."

## Is the service responsive?

### Our findings

We looked at care plans belonging to people and found that some people had their needs identified and a plan in place as to how best to support the person. Care plans were in place for things such as weight loss, moving and handling and personal care. We spoke with people and their relatives and they told us that they felt involved in care planning and discussions about their care and support.

However, we saw one person's file did not contain any care plans. We spoke with the registered manager about this and we were told this would be actioned immediately. We saw that a clear assessment of the person's needs had been completed which provided some information to staff on how to support the person.

We saw staff providing care and support to and interacting with people and in the main this was in line with their individual care plan. However, we observed an instance where staff were not carrying out a specific task in line with the persons care plan putting them at risk of harm. This has been detailed in the 'effective' domain.

People were able to access activities. We saw there was an activity coordinator who had developed a schedule of activities. During this inspection we saw people could join in a game of bingo which the coordinator said was popular.

We also observed a group of people taking part in a movement to music activity and some people were joining in doing line dancing to one of their favourite songs. The activity coordinator told us a volunteer ran this group. The coordinator showed us a mobile tuck shop which she took around the home several times a week. People told us that they like the shop as it saved relatives having to bring in things like toiletries and sweets.

The provider had a complaints procedure in place which was displayed in the entrance of the service. We saw a log of complaints were kept and we found four complaints had been made during 2016. We saw these had been followed up and action taken to resolve the concerns rose. We spoke with the registered manager regarding the concerns which had been brought to our attention. We were shown documentation which supported that the registered manager had dealt with the concerns.

## Is the service well-led?

### Our findings

The registered manager was supported by a deputy manager and senior care workers. This made up the management team. People we spoke with and their relatives told us that they felt the registered manager was approachable. Staff we spoke with told us the registered manager had an open door policy and they were able to discuss issues as they arose.

We saw several audits were completed on a regular basis with the intention of ensuring that a quality service was being provided to people who used the service. However, some of the issues we identified had not been identified as part of these audits and had therefore not been addressed. For example, we found people who required medicine on an 'as required' basis, did not always have a protocol in place. We saw that medication audits had been completed, but this had not been identified. We also saw some issues around care plans and risk assessments. These concerns had not been identified as part of the care plan audits. We spoke with the registered manager who informed us that this would be looked into.

Provider visits were carried out by the service manager and this was last completed in January 2016, in response to the last inspection completed by the Care Quality Commission.

The registered manager told us that she completed daily walk rounds to ensure the service was operating to a required standard. This was not recorded and the registered manager could not evidence what action they had taken to address issues which had been highlighted as a result of these.

We looked at the accident and incident log and found that there was a list of accidents which had occurred on a monthly basis. However, we spoke with the registered manager about completing an accident analysis so that contributing factors could be identified and risks of reoccurring accidents prevented. There was an analysis section on each accident form for the registered manager to complete. We found that this had not been completed. This meant any triggers or themes had not been identified to reduce the risk to people who used the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The monitoring systems in place had failed to identify the issues we picked up during our inspection

The service arranged relatives meetings but the registered manager told us that they were not well attended. The service sent out a quality survey to people living at the service and their relatives and to professional visitors to the home. This was last completed in July/August 2016 and we saw positive comments had been made about the service. One professional said, "It could do with modernising and decorating but overall it's good." Relatives had commented saying, "My relative is very well cared for and looked after," and "We are very pleased with the care and attention."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always ensure that they assessed risks to health and safety of service users receiving care .</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The monitoring systems in place had failed to identify the issues we picked up during our inspection</p>