

Mr & Mrs R C Northover

# Abbey Retirement Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on 23 & 25 June 2015 and was unannounced. Abbey Retirement Home provides accommodation and care for up to 15 older people with mental health needs or people living with dementia. At the time of our inspection there were 14 people living at the home.

The home had a registered manager who has been registered since October 2014. 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.

We found people's safety was compromised in some areas. Infection control guidance issued by the Department of Health was not followed and the risks of cross infection were not managed effectively. The sluice room was being used to store some small items of people's personal clothing. The recommended process for dealing with clean linen was not used.

Staff sought consent from people before providing care or support. The ability of people to make decisions was

# Summary of findings

assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were taken in the best interests of people. However, we had not been informed where a person had a Deprivation of Liberty safeguarding authorisation in place.

People were supported to receive their medicines safely from suitably trained staff. There were enough staff to meet people's needs. Relevant checks were conducted before staff started working at Abbey Retirement Home to make sure staff were of good character and had the necessary skills.

People received varied and nutritious meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and offered alternatives if they did not want the menu option of the day.

People were cared for with kindness, compassion and sensitivity. Staff members knew about people's lives and backgrounds and used this information to support them effectively. Support was provided in accordance with people's wishes.

People (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. People were encouraged to remain as independent as possible. Their privacy and dignity was protected.

Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a wide range of activities tailored to their specific interests. 'Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service.

Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were taken in the best interests of people. However, we had not been informed where a person had a Deprivation of Liberty safeguarding authorisation in place.

People liked living at the home and felt it was well-led. There was an open and transparent culture with people able to access the community as part of their daily activities. There were appropriate management arrangements in place and staff and people told us they were encouraged to talk to the registered manager about any concerns.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and one breach of the Care Quality Commission (Registration) Regulations 2009.

You can see what action we have told the provider to take at the back of the full version of the report.

# Summary of findings

## 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.

Guidance on the prevention and control of infections was not always followed.  
Clean laundry was kept in a sluice area which presented infection risks.

Staff knew how to identify, prevent and report abuse.

There were enough staff to meet people's needs at all times.

Requires improvement



### Is the service effective?

The service was effective.

Staff received appropriate training, supervision and appraisal.

People were supported to access health professionals and treatments.

People received sufficient food and drink and could choose what to eat.

Good



### Is the service caring?

The service was caring.

People felt that most staff treated them with kindness and compassion.

People were involved in planning their care and were encouraged to remain as independent as possible.

People's dignity and privacy was protected.

Good



### Is the service responsive?

The service was responsive.

People received personalised care from staff who were able to meet their needs.

Care plans provided comprehensive information and were reviewed monthly.

An effective complaints procedure was in place and concerns were listened to.

Good



### Is the service well-led?

The service was not always well-led.

Notifications were not always sent in as required to the commission.

There was an open and transparent culture in the home. There was a whistle blowing policy in place and staff knew how to report concerns.

People and staff spoke highly of the registered manager, who was approachable and supportive.

Requires improvement



# Abbey Retirement 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 23 & 25 June 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience in dementia. 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 information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people living at the home, and three family members. We also spoke to the registered manager, a senior representative of the provider and five care staff. We looked at care plans and associated records for five people, staff duty records, five recruitment files, accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We also received feedback from a health care professional.

Following the inspection, we spoke to two health professionals, one family member and one entertainer who was a regular visitor to the home.

We last inspected this home in August 2013 and found no concerns.

# Is the service safe?

## Our findings

People we spoke to told us they felt safe, free from harm and would speak to staff if they were worried about anything. One person told us, “I love it here and I’d tell them anything that’s no problem.”

The registered manager and provider had not implemented the Department of Health’s code of practice on the prevention and control of infections and related guidance, ‘code of practice on the control of infections.’ This guidance sets out how the regulations should be met. Whilst not mandatory, if a service chooses not to implement the code they need to show they have other systems in place which are equal to, or better than the code. The home had not implemented the code or any other system to ensure the home was compliant with regulations in relation to infection control. As a result, some parts of the laundry system were not appropriate, and the risk of infection was not mitigated.

The failure to have adequate systems in place to manage clean laundry placed people at risk of infection. The sluice room was being used to store some small items of people’s personal clothing. This was not appropriate and increased the risk of the spread of infection in the home. Risk assessments for the laundry and infection control had not been completed, nor had an annual statement of infection control.

Failure to follow infection control procedures was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the home was kept clean. One person said, “they keep my room clean and tidy.” Feedback from a recent quality questionnaire sent to relatives by the provider included, “Clean, fresh smelling and tidy.” Another comment stated, “Always tidy and homely, carers always busy keeping everything up to scratch.” Staff followed a daily cleaning schedule and areas of the home were visibly clean.

People were supported to receive their medicines safely. People told us that medication was administered on time and that supplies didn’t run out. People said, “I have lots of medication and I always get what I should have,” and, “They do know me well, for example I’m asthmatic and they know if I’m wheezing a bit, they know to give me my inhaler, and that’s what I need.”

All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medications as prescribed. Training records showed staff were suitably trained and had been assessed as competent to administer medicines. Monthly audits were carried out of MAR charts and medicines in the trolley. MAR records were detailed and had a photograph of the person on the MAR record and their medicines containers as well.

Everyone told us that there were enough staff on duty at all times to care and keep people safe. People told us they could easily get the attention of staff, and that staff responded in a prompt and timely fashion. One person told us, “If you call your button they come in no time at all.” Staff felt staffing levels were sufficient. One staff member told us, “Staffing is really good, not many phone in sick. If they do phone in sick, we will cover with other members of staff or management.”

Robust recruitment procedures were followed that meant staff were checked for suitability before being employed in the home. This included an application form and interview, references and a check with the Disclosure and Barring service (DBS). The DBS helps providers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

All staff had been trained in safeguarding adults from abuse. They said if they had any concerns would report them straight away to the registered manager, who would take appropriate action. The provider had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.

Assessments were undertaken to assess any risks due to the health and support needs of the person and were very clear on what to look for. An example of this was for a person with diabetic needs, it clearly stated what to do if their blood sugar levels were above a certain level.

There were plans in place to deal with foreseeable emergencies. The provider had arrangements with a local care home to share resources if the need arose. Staff were

## Is the service safe?

aware of what action to take in the event of a fire and fire safety equipment was maintained appropriately. Safety checks of gas and electrical equipment were conducted regularly.

# Is the service effective?

## Our findings

People and their relatives spoke positively about the quality of the food. One person said, “The food was good.” Another person said, “I have a grapefruit for breakfast, I’m the only one but they get it for me. They do a cooked breakfast once a week, if you want it but I prefer my grapefruit.”

A family member told us, “The food is second to none; my relative had lost weight but has now put weight back on.”

Feedback from a recent quality questionnaire sent to relatives by the provider included, “Mum is always happy with meals and its home cooked.” However one person told us, “One thing I’d change is the food, the vegetables are always soggy.” Another person told us, “it’s the same vegetables each day.”

The dining room was welcoming and tables were attractively laid out with tablecloths and fresh flowers.

People told us that they could choose where they wanted their meals and that they usually had two choices on the menu. One person said, “Yes there’s choice and if you don’t fancy it at the time they’ll save it for you to have later if you like.”

People were encouraged to eat well and staff provided one to one support with their meal where needed. When people did not eat their meals, staff offered them alternatives, such as sandwiches and fresh fruit and gave people time to eat at their own pace. They closely monitored the food and fluid intakes of people at risk of malnutrition or dehydration and took appropriate action where required.

Staff were skilled and knowledgeable about how to care for people living with dementia. One person told us, “Oh yes the staff definitely know what they’re doing. I’ve every confidence in them.” Staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range and quality of training and told us they were supported to complete any additional training they requested. The provider’s training monitoring system identified when people were due to receive refreshers or updates on training. In addition a high proportion of staff had completed or were undertaking vocational qualifications in health and social care. New staff to Abbey Retirement Home completed a comprehensive induction

programme before they were permitted to work unsupervised. One staff member said, “I wanted some training on diabetes, so I could have a better understanding when looking after people and someone was brought in to provide training for us all, to improve our knowledge.”

Staff had one-to-one sessions of supervision every three months; supervisions provided opportunities for them to discuss their performance, development and training needs. As well as a yearly appraisal and regular staff meetings The provider had processes in place to monitor when staff supervisions and appraisals were due to occur. One member of staff told us, “I feel very supported in my supervision, my manager is very good.”

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought consent from people and gave them time to respond. People had signed their agreement to some aspects of their care plans. In other cases, people’s verbal consent had been recorded. A staff member told us, “we have one person where we have to get consent by gestures.” Staff recognised that people could make some decisions but not others and supported them to make as many as possible. There were best interest decisions in place for some people for their daily care.

The provider had appropriate policies in relation to Deprivation of Liberty safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after that person safely. DoLS authorisations were in place for one person and four further applications were being processed by the local authority. Staff were aware of the support people who were subject to DoLS needed to keep them safe and protect their rights.

People were supported to access healthcare services and staff knew how to access specialist services for people. One person told us, “the nurse comes in everyday to give my insulin injection.” Another person told us, “I had a fall once they had a doctor to me straight away.”

## Is the service effective?

Feedback from a recent quality questionnaire sent to relatives by the provider included this statement. “All hospital appointments or request to see a doctor are always met or arranged promptly.” Another comment said, “intervened when mum had an eye infection. Arranged for the chiropodist as mums diabetic.”

Staff knew which professionals were visiting each day and arranged appointments for people when required. People told us they had received visits from doctors, nurses, chiropody and opticians. One person told us, “Yes they all come here it’s all taken care of.”

A visiting health support worker told us, “the home now reports concerns straight away. Rather than waiting for someone to come in, so a lot better, they take my advice and I have no concerns.”

People’s bedrooms were personalised with pictures and personal items. One person said, “I would most definitely recommend it, its home from home. It’s the atmosphere it’s not elderly with horrible smells and no air fresher to hide the smells either. It’s a clean homely place. Another person told us, “I would recommend it, I’m happy here nothing could be better.”

People told us that the building was easy to navigate; good signage was used around the home. The home had two separate lounges which provided sufficient areas with a choice of seating in quiet or busy areas, depending on their preferences. The rear garden was accessible, where people were able to come and go as they pleased. However, we noted that there wasn’t a handrail on the upstairs landing, which we brought to the attention of the provider.



# Is the service caring?

## Our findings

People said they were cared for with kindness and compassion. One person said of the staff, “The girls are good they’ll try and do anything for you.” Another person told us “I’ve got friends here and you can’t beat it, it’s like family to me.”

Relatives said that they were always made to feel welcome when they visited and found the environment friendly. One relative said, “They are very kind to me; they even ask if I want to join my relative for lunch.” A family member told us, “Staff are wonderful; they really go out of their way for us. If we are in the garden, they will always come out and offer us drinks.” Another family member said, “staff are brilliant, really caring.” A visiting health support worker told us, “I can’t praise the staff enough.”

Feedback from a recent quality questionnaire sent to relatives by the provider included, “Abbey is a very open, friendly and homely environment, with caring staff.” Another comment said, “I feel mum is well cared for and looked after well.”

Staff were kind and compassionate: for example, staff got down to people’s level, put an arm around their shoulders, were polite and respectful in their manner, gave good eye contact and listened to people. They smiled and laughed with people as they went about their work. One member of staff noticed when someone’s glasses had slipped and asked if they could put them back on the person.

One person with no verbal communication gestured and was spontaneously offered cuddles and hugs from more than one person. The atmosphere was relaxed and friendly. People were supported in an unhurried way and staff kept them informed of what they were doing. A family member told us, “They have been here for 11 years and they know her really well. They understand her moods and her body language. The staff use pictures as well to help her. They’re very good I couldn’t expect anymore.”

Staff said they got on well with people and “loved” working at Abbey because of the people. They described the home

as “like a family”. One staff member said, “If they feel something so do you, it’s part of you.” Another staff member told us, “Good teamwork, good communication, residents are amazing.”

Staff told us that privacy and dignity was always adhered to. A staff member told us, “I knock on the person’s door, and wait for an answer before entering.”

People’s privacy was protected by staff knocking and waiting for a response before entering people’s rooms. People were asked if they wanted to share a room and where people shared rooms, a screen was provided in the middle of the room to provide them with privacy when needed. A family member told us, “Staff know him really well and treat him with dignity. The staff have a joke with him, which is brilliant to see, they really treat him well, no question about it.”

People and relatives were involved in the assessment of their needs and care plans. One person said, “We get together twice a year and the carer will leave me and my relative with the registered manager and we go through everything, it is discussed with us both thoroughly.”

People were encouraged to be as independent as they wanted to be. One person told us, “I can do as I please here within reason.” We observed one person using their own mobile phone to call a family member. People’s preferences, likes and dislikes were known, support was provided in accordance with people’s wishes and staff used people’s preferred names.

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people’s care and treatment they were discreet and ensured conversations could not be overheard.

Feedback from a recent quality questionnaire sent to relatives by the provider included this statement, “Staff always helpful, can speak in confidence at any time, happy and professional.”

# Is the service responsive?

## Our findings

People received personal care from staff who supported people to make choices. One person said, "If you want to have a lie in and stay in bed all day you can if you want to." Another person told us, "I can do as I please here within reason." A family member told us, "I was involved in their care plan, and it was agreed by my family member. We spent a lot of time at the beginning as they getting to know them. Now staff know them really well."

Care plans provided comprehensive information about how people wished to receive care and support. For example, they gave detailed instructions about how they liked to receive personal care, how they liked to dress, and where they preferred to spend their day. Staff confirmed the care plans provided all the information they needed to care for people appropriately and enable them to meet people's needs effectively.

People were involved in their care planning and care plans were reviewed monthly. Staff used a 'handover book' to communicate important information about people. Entries showed any concerns about people's health or welfare were identified quickly and followed up promptly.

Activities were held in the morning, where five people were playing a game of bingo. People were encouraged and asked if they required help to check their bingo cards before helping them. The activity was made fun with conversations about dropping the bingo balls and chats about the prizes.

A family member told us, "My relative enjoys bingo, their eyesight is failing and they found it hard to see the card, so the home got bigger bingo cards for them. As their sight has deteriorated they can't see the bingo card, so they have a member of staff sit with them to help them, so they can still join in."

A relative told us about activities, "they love singing and they have music on, make birthday cards that sort of thing. There's a lady that comes here to do a sing song with them." We spoke to one of the entertainers who visits Abbey once a fortnight who told us, "People join in singing or play musical instruments. One lady likes to sing her own songs with the karaoke. It is one of my favourite places to visit."

The registered manager was aware and responding to what people wanted. As some people would like to get out and about more and found some of the activities too easy. The home had recently employed an activities co-ordinator, for people who wanted to go out more and they spent time talking to people to find out their wishes and preferences.

The first language of one person was not English, so staff downloaded movies for them, on a tablet, so they could watch them in their own language. One staff member told us, "They really enjoy these movies, and it's good as they can't get involved in a lot of other activities."

Resident's meetings were held monthly. One person told us, "It is a well-run place and quite organised but only one or two go to the residents meetings and not much is said."

The registered manager told us, "we were finding it hard in a group, for everyone to have their say, and all get together. So we now go round and see everyone individually, so no one misses out."

People knew how to complain or make comments about the service and the complaints procedure was prominently displayed. Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy. The registered manager described the process they would follow as detailed in their procedure.

Feedback from a recent quality questionnaire sent to relatives by the provider included, "All the staff are open to discussing any questions so if there was a need to complain, and I would approach them first."

# Is the service well-led?

## Our findings

People and their families told us the home was run well. One person said of the registered manager, “You only have to speak to the manager, she always says to tell her so she can put it right.” Another person told us, “You can speak to anyone, but the manager knows everything so you can tell her anything.” A family member told us, “manager is brilliant gets on really well with her. Very approachable. Never had to complain.”

The provider did not notify us about all incidents as required. A notification is information about important events which the service is required to send us by law. The provider had sent us notifications relating to most incident's, including, serious injuries, safeguarding and deaths. However, they did not tell us about an incident where a person had a Deprivation of Liberty Safeguarding authorisation in place. The registered manager told us they were not aware that such authorisations needed to be notified to CQC.

Failure to notify the Commission of a DoLS authorisation was a breach of Regulation 18 (4A) of the Care Quality Commission (Registration) Regulations 2009.

The registered manager carried out quality surveys with people using the service and their relatives every six months. The most recent of these were in December 2014 and almost all people using the service were happy with the care they were receiving at Abbey Retirement Home. The registered manager told us that following the survey, activities have now been addressed as they have employed a part-time co-coordinator. They brought in some large board games to play inside or outside, including, giant dominos, giant Ludo and giant snakes and ladders. However an analysis of the surveys was not completed in order to evaluate the quality and safety of the care and treatment people received. This meant outcomes were not identified and recorded, to make the necessary changes as required.

There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had

appropriate policies in place for all aspects of the service, which were reviewed yearly. However, some of these needed updating as they had the previous manager's name as the infection control lead for the home.

A senior representative of the provider carried out monthly environmental reports of the home which included all internal rooms and the outside area and garden. They would also gather feedback from the residents living at the home. The registered manager would then carry out a health and safety audit. These reports contained details of actions found and if improvements were required how these would be met. Audits were also completed on complaints, medication, care plans and risk assessments and supervision records.

There was an open and transparent culture within the home. Visitors were welcomed and there were good working relationships with external professionals. A visiting health care support worker said, “manager and deputy manager both brilliant and work well together, can't praise them enough.”

Staff meetings were carried out every three months and minutes showed that staff were involved in the running of the home, and asked for their ideas. Staff felt listened to at meetings. Staff were encouraged to open up and have their say. One staff member told us, “If we have a concern, will tell the registered manager, and they will listen and we will have a discussion.” One member of staff had an idea of bringing in old time music for the residents, the home then brought some old time music and the people really enjoy listening to the music.

A staff member told us, “If you have a problem you can go and see the manager, or any of the other staff who are very supportive.” Another told us, “The manager is brilliant, very supportive. If any staff have a problem they will try to help in any way they can.”

One person living at the home had visits from a priest who visited every Sunday morning to provide communion, as this was very important to them. Staff told us they were trying to get the local community churches more involved with the home.

People also told us about the owner of the home, one person told us, “The owners often popping in and always

## Is the service well-led?

doing something. The place isn't left falling to pieces." A staff member told us, "Provider brilliant can phone them anytime, and they will be here straight away. If needed anything they would go out and buy it."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not ensured that service users and others were protected against the risk of infection  
Regulation 12 (1) and 12 (2) (h)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

The registered person did not notify us of Deprivation of Liberty safeguarding authorisation Regulation 18 (4 A (b))