

Abbeville RCH Limited

Abbeville Sands

Inspection report

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 12 and 13 October 2016 and was unannounced. Our previous inspection carried out on 17 and 18 May 2016 had found that there were five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were wide ranging and had a considerable impact or the potential to impact upon the people living in the home. As a result the service was placed into 'special measures.'

This October 2016 inspection found that the service was still in breach of two of the same five regulations. The regulations still in breach related to staff training and the governance arrangements of the service. However, improvements had been made in all areas.

Abbeville Sands provides accommodation and care for up to 20 older people, some of whom may be living with dementia. At the time of our inspection 13 people were living in the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the registered manager wasn't managing the service on a day to day basis. The person we refer to as the manager in this report had been managing the home since February 2016. They told us that they were in the process of applying for registration.

Our April 2016 inspection found that all staff training had expired, putting people at risk of receiving care that was unsafe or inappropriate. This October 2016 inspection established that whilst staff training had now commenced that approximately 45% of training was yet to be completed. Half of staff supervisions were overdue.

The provider had over relied on the auditing tools supplied with the new computerised care records system. There had been no scrutiny as to whether these audits were effective. This was despite the provider's management consultant supplying guidance on what assurances the service needed about the standard of care people received and the safety and effectiveness of the service delivered.

We were satisfied that plans were in place to remedy the training issues. However, this was the third consecutive inspection where the provider has been in breach of Regulation 17 which relates to the governance of the service. Consequently, we have ongoing concerns about the provider's oversight of this service and their capacity to implement and sustain improvements.

The overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections.

The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe."

We also made a recommendation that the provider seeks appropriate guidance in relation to the identification and management of the risk of the legionella bacteria and applies this across all three of their services.

Improvements had been made in identifying and acting upon risks to people's welfare. The service had implemented a computerised care record system two weeks prior to our inspection. Staff were still getting to grips with this, but we were satisfied that whilst a few adjustments to risk assessments and care plans were needed, that people were receiving a good standard of care and support from staff.

People were given choices and their wishes were respected. Staff were clear about the value of helping people to maintain their independence as far as possible. People and their relatives were satisfied with the care provided and positive about the manager and staff supporting them or their family members.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Appropriate plans had not been implemented to help minimise the risk from the legionella bacteria.

Improvements had been made in relation to the risk management of people in relation to pressure areas, falls and nutrition.

There were enough staff to meet people's needs and the practices in place to support the safe recruitment of staff had been improved.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Whilst staff training had improved, a considerable proportion of the required training was yet to be carried out. However, there were plans in place to remedy this.

People were supported to make independent decisions and staff knew how to support people who lacked capacity to make their own decisions.

People were supported to eat and drink enough and their health needs were effectively monitored.

Is the service caring?

Good ●

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's individual preferences had been determined but further work was needed to ensure there was always clear guidance for staff to support people with specific health needs.

People were able to raise concerns with the manager and they had confidence that they would be dealt with fairly.

Is the service well-led?

The service was not well led.

Some audits had not been carried out and all audit tools needed to be reviewed for their effectiveness at identifying areas for improvement.

The manager had the support of the people living in the home, their family members and the staff. They had fostered a good culture in the home.

Inadequate 

Abbeville Sands

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 12 and 13 October 2016 and was unannounced. The inspection team comprised of two inspectors.

Prior to this inspection we reviewed information we held about the service. Before the inspection, the provider had 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 reviewed statutory notifications we had received from the service. Providers are required to notify us about events and incidents that occur in the home including deaths, serious injuries sustained and safeguarding matters.

During the inspection we spoke with four people living in the home and relatives of two people. We made general observations of the care and support people received at the service throughout the day. We also spoke with the manager, the provider's management consultant, three care staff and the cook.

We reviewed five people's care records and the medication records of three people. We viewed records relating to staff recruitment as well as training, induction and supervision records. We also reviewed a range of maintenance records and documentation monitoring the quality of the service.

Is the service safe?

Our findings

Our last inspection in May 2016 identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people's welfare were not always identified or mitigated.

This October 2016 inspection found that improvements had been made.

Risk assessments were in place and were being reviewed regularly, for example in relation to falls and pressure care. There was guidance for staff about how to manage risks to people's wellbeing. The home had implemented a computerised care recording system two weeks prior to our visit. The manager told us that they were continually making amendments to care records as they became more familiar with the system. Whilst we found the odd instance where some clarification was required, we were satisfied that risks to people's welfare were being identified and plans to minimise the risks were in place. We were also satisfied that staff took appropriate practical actions in accordance with people's risk assessments. For example, where one person required their legs to be elevated for part of the day, we saw that staff ensured that this was done.

Our May 2016 inspection had identified concerns in relation to risks to people in respect of their nutrition. This October 2016 inspection found that improvements had been made. People were being weighed regularly and nutritional screening was being carried out at the same time. Where people had been prescribed food supplements, we saw clear records to show that people were receiving these. Where the home had identified that some people might be at risk of not eating enough dieticians had recommended homemade milkshakes. The cook was making these for people deemed to be at risk and the people concerned were happy to drink these twice a day. Whilst not prescribed, these were being recorded in the same way as prescribed food supplements. We were satisfied that the service had made improvements in supporting people with their nutritional needs.

Our May 2016 inspection found that there was no legionella risk assessment or actions being taken to reduce risks. The water system had last been sampled in May 2013. This October 2016 inspection found that the water system had recently been sampled and no concerns had been identified. The manager had carried out a risk assessment for legionella but had no prior knowledge of or training in this area. Maintenance tasks such as routine water temperature testing had not been carried out, but the manager told us that they planned to implement these.

We recommend that the provider seek guidance and advice from a reputable source about the assessment of risk and control mechanisms required in relation to the legionella bacteria.

Our May 2016 inspection had also identified concerns in relation to the management of people's medicines. This October 2016 found that improvements had been made and we had no concerns in this area.

Consequently, although improvement was required in relation to the management of risks relating to the

legionella bacteria, we determined that the provider was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our last inspection in May 2016 identified a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the recruitment practices in place were not robust and did not fully mitigate the risks of employing staff unsuitable to their role.

The manager told us that they had not recruited any new staff since the May 2016 inspection. We had found two staff members where suitable references had not been obtained. One of the two staff members had since left the home. The manager had taken suitable steps to obtain references for the other staff member. Photographs and proof of identity had been obtained for the majority of staff, but a few were still outstanding.

We determined that appropriate improvements had been made and that the provider was no longer in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were safely managed and administered to them when they needed them. Guidance was in place for staff relating to the administration of medicines prescribed to people on an 'as required' basis. Medicine Administration Record (MAR) charts were appropriately completed, identified known allergies and contained photographs of people to help ensure correct administration. We noted medicines were stored securely and the temperatures recorded were within safe parameters. We randomly checked medicine stock levels against records and found the stock to be accurate. We reviewed ordering and medication disposal processes and found them to be robust. The manager described a recent occasion where they had not administered a person's medicines to them because they had consumed some alcohol. They had taken a suitable course of action which had reduced the risk of the person's medicines having an adverse reaction to alcohol.

There were enough staff available to meet people's needs. Three care staff were available during the day to support the 13 people living in the home. In addition there was a cook and a cleaner. At night two staff were on duty. People told us and we observed that the manager often helped to support people and spent time with them. People told us that staff had time to chat with them generally as well as being available when they needed their assistance. One person's relative told us that their family member, who was a smoker, was assisted by staff to go for a smoke when they wished. One staff member told us, "We have the staff we need here."

One person told us, "I'm safe here." Staff we spoke with were knowledgeable about safeguarding people from harm and understood about different types of abuse that could occur. We reviewed recent safeguarding records. There was evidence the service had responded appropriately and had liaised with the local authority and notified the Care Quality Commission as required.

Is the service effective?

Our findings

Our last inspection in May 2016 identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received sufficient training and support to carry out their roles and responsibilities.

Our May 2016 inspection had found that all staff training had expired. At this October 2016 inspection the manager told us that 13 staff needed to complete training in 11 mandatory subject areas. Information provided showed that 45% of the necessary training staff required was still outstanding. The registered manager had prioritised training for staff at the provider's neighbouring home which was where training was carried out. This had meant that the training for staff at this home had not progressed as intended.

The manager told us that staff supervisions were due every three months and that approximately 50% of these were overdue. However medicines administration competency testing was up to date.

Consequently, the provider was still in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst staff training was not up to date we were satisfied that plans were in place to remedy this. Staff members told us about training that they were due to attend. The manager and one of the senior staff members were undertaking 'training the trainer' courses so that they would be able to train staff themselves in certain areas. They were also attending an enhanced safeguarding course.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The manager told us that they had made an application to the local authority in order to restrict the freedom of one individual in order to keep them safe. Some staff had not received up to date training in the MCA. However, staff we spoke with were able to describe their responsibilities in order to ensure that people were supported to make their own decisions if necessary. They also understood the circumstances in which decisions could be taken in people's best interests. Throughout our inspection we observed staff supporting and encouraging people with decision making when appropriate.

The service was meeting people's individual nutritional needs and people were supported to eat and drink

enough. Staff were mindful of people's specific dietary needs. We observed a staff member gently suggesting that a person who was living with diabetes might prefer a dessert with less sugar. The person readily agreed.

Where people required help with meals this was given and at a pace that suited them. Staff were observant and noticed when people were not eating their food or appeared to be having difficulty with cutlery. Staff didn't assume, but asked questions of people to establish what the issue was before setting out to remedy it. Consequently, we observed that alternative foods were offered and changes to cutlery made.

One person told us, "The cook asks if I like what he's cooking and if I don't he'll cook me something else." The cook was flexible and explained how people were given choices for meals and how they made changes to planned meals based on people's likes and dislikes. A relative told us how their family member had joked about four course meals and the cook had returned with cheese and biscuits after the person's dessert.

People's health needs were managed and they had access to appropriate health care professionals. A health professional had completed a questionnaire in September 2016 and had stated, "There's an excellent team here. We have effective and professional multi-disciplinary relations with the staff here."

We saw a notice informing people that a visiting optician's service would be coming to the home in a few weeks time. Records showed that staff sought the advice of the appropriate health professional to support people with their health care needs when required. One person told us, "Yes they [staff] get the doctor if I need them." One relative we spoke with told us that their family member had a recurring health condition but that staff always picked up on issues early and ensured the person received the required treatment promptly.

Is the service caring?

Our findings

People were complimentary about the staff. One person told us, "The staff are good here. They come up and have a chat with me. A relative told us, "The staff are patient and understanding. [Family member] has a lot of clothes that needed sorting out. Staff have spent time helping to sort and arrange it all."

Staff had developed strong relationships with people they cared for. They were aware of who and what was important to each person and chatted easily with people about this. We also observed general conversations about other things, for example, what perfumes people liked. These general conversations helped people to engage with others. We saw that staff sought to bring people into these conversations.

It was clear staff had respect for people they worked with. When discussing matters with colleagues they talked about people in a way which showed they cared about their social, emotional and physical needs. Staff maintained people's dignity. For example, they ensured that care was provided in the privacy of people's rooms. Staff were discrete when necessary and ensured that sensitive conversations with people were not heard by others, for example when asking if someone needed the bathroom.

We saw that staff were observant and attentive to people's needs. We saw that cushions were provided promptly when a person was uncomfortable in their chair.

People were offered choices and staff understood the importance of ensuring these were offered and respected. One person told us, "I choose when I go to bed and when I get up." Although staff liked to encourage people to socialise, they respected the fact some people preferred to spend most of their time in their room. Staff said they tried to make time to chat with people who spent time alone in their room. People we spoke with confirmed this.

People were encouraged to maintain their independence as far as was possible and some people had tasks they carried out in the home. One person told us that they folded the napkins for the table, but that if they didn't feel like doing it some days that staff didn't mind. We saw that one person was encouraged to administer their own eye drops with staff watching discretely to ensure that this was done effectively. Others were offered gentle guidance and suggestions about how using cutlery could be made easier. A relative told us, "Staff encourage [family member] her to do what they can for themselves to maintain their independence and mobility for as long as possible."

People were involved in their care arrangements. We saw that staff provided explanations to people, for example what the tablets they were taking were for or why some foods weren't suitable. One person told us, "I tell them what care I want." Another person said, "They are always careful to make sure I am happy with everything." Care records contained details about people's likes and dislikes and how they wished to be supported.

Is the service responsive?

Our findings

Our last inspection in April 2016 identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had not assessed people's needs on an individual basis or ensured that their social needs were regularly met.

This inspection found that people's care needs had been assessed and that improvements had been made. We saw that people's assessed needs had been personalised. For example, we saw specific details showing how one person preferred to eat their food in small bite sized pieces. We noted personalised guidance for staff on how to support one person with their loss of memory in relation to the recognition of people.

The service had implemented a computerised care records system two weeks prior to our inspection. Care plans covered people's specific health and care needs. For example plans were in place to support people with health needs such as respiratory conditions and comprehensive guidance was in place for this. However, some care plans required further development but the manager was aware of this and we saw that this work was underway.

We found that whilst one person's nightly checks were recorded, there were no repositioning records. The manager had not been aware of this and was not sure how this worked on the system. However, we were satisfied that the person was receiving the appropriate support. The staff were not fully conversant with the system and detailed training had been cancelled at the last minute. However, the registered manager had been helping the manager and staff implement the system. The manager told us that they would go through the recording of repositioning with the night staff that evening.

Time set aside for a specific staff member to support people socially was still restricted to two or three, four hourly sessions a week. During this inspection this staff member was not at work. We saw pictures of activities that had taken place. One person told us, "They took us out once to the sea front in the summer. We lack fresh air here." Some people were able to go out with friends and family members or were happy to spend their time in their rooms. However, there was not enough time set aside to support people with their specific interests, but staff were able to spend time chatting with people on occasion.

We judged that whilst there was room for improvement that the provider was no longer in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that they discussed with people and their relatives if appropriate about moving rooms if this might be beneficial to them. For example one person on one of the upper floors tended to call out rather than use their buzzer. When a room became available on the ground floor the manager asked the person whether they would like to move downstairs as there would be more staff around to hear them when they called. Other people had been offered other rooms that were larger and could better accommodate their belongings and equipment. People told us they had been happy to move rooms and appreciated the consideration of their comfort and welfare.

One person told us, "If you want a cup of tea, they'll get you one." Another person said, "There's always someone around when I need them." A third person told us that the staff supported them well with their emotional needs.

People were satisfied that any concerns would be addressed appropriately. One person told us, "I told the manager that some staff weren't washing me the way I wanted. This has now been sorted out." One relative told us, "If anything needs addressing, the manager will be on the case straight away." No complaints had been received since our previous inspection in April 2016.

Is the service well-led?

Our findings

Our last inspection in April 2016 identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the governance arrangements in the service were poor.

The registered manager was not in day to day charge of the home. They managed a neighbouring service also belonging to the provider. The manager had been in post approximately eight months and told us that they were in the process of applying for registration. Our April 2016 inspection established that the manager had received limited support from the registered manager or the provider and that they did not have a job description. This October 2016 inspection found that the manager still did not have a job description or contract.

The service had begun using the audits that were built in to the computerised care system. Some audits were up to date, including the medicines audit and the care plan audit. Others including a health and safety audit and infection control audit had not been carried out.

However these audits had not been reviewed for effectiveness. For example, the infection control audit asked about procedures, cleaning equipment, refuse arrangements and protective clothing. It did not ask whether the home was visibly clean or require physical checks of the premises. The management consultant had provided a guidance schedule of what the provider's audits needed to be able to demonstrate. However the provider had not considered whether the audits built in to the computerised system were meeting the guidance they had received.

There was no system in place to ensure that recording charts such as food, fluid and repositioning charts were completed as required. Staff required clear guidance on how to do this so that information wasn't missed or recorded in different parts of the system. For example, we had found that staff were not recording repositioning details at night. We also found that staff were recording fluid intake on different parts of the system which meant that the fluid intake totals the system held were incorrect.

The manager had started a risk assessment relating to the risk of legionella in the service. This included a diagram of the plumbing system in the home. Whilst the manager was doing their best in relation to this, it was not reasonable to expect them to be able to identify all risks in the water system. The provider had failed to ensure that the necessary expertise was available to support the manager in relation to this.

Whilst some improvements had been made the provider was still in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been an improvement in support that the manager received. The provider had engaged the services of a management consultant for one day a week. The consultant's main duties were to support and supervise the managers of all three of the provider's services, facilitate service manager meetings, to conduct service visits and carry out reviews on behalf of the provider. This had resulted in improvements

that had meant that the manager now had access to support, albeit for one day a week only.

The manager had fostered a good culture in the home. People living there were familiar with the manager who spent time talking with them and supporting them. People's relatives also had confidence in the manager and felt that they were doing a good job in managing the home.

The manager was considerate to their staff. We saw that they had asked for staff to volunteer to work shifts over Christmas and New Year rather than designate shifts as the first option. Staff had responded positively to this approach. We saw that staff were considerate of each other, asking their colleagues if they thought they might need help with something.

A staff member told us, "Things have really improved. The manager is very approachable and between us we always get things done." Another staff member said, "Things have definitely improved, we're on the up now." They added, "I love coming to work here, well it doesn't really feel like work."