

Acer Healthcare Operations Limited

Abingdon Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Abingdon Court is a care home. It is registered to provide personal and nursing care for up to 64 people across three separate wings, each of which has separate adapted facilities. At the time of our inspection 48 people were living at the service.

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

People living at Abingdon Court received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines safely and as prescribed.

The provider's care recording system had improved. People had access to meaningful activities which had been adapted in line with current guidelines. Staff consistency enabled people to receive good care from staff who knew them well. Staff knew how to support people during end of life care.

The home was well-led by a registered manager who had been in post since the last inspection and was committed to improving people's quality of life. The service had a clear management and staffing structure in place and staff worked well as a team. The provider had established an effective quality assurance system to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

Rating at last inspection

The last rating for this service was requires improvement (published 23 October 2019).

At this inspection we found improvements had been made.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 24 September 2019. We rated the service requires improvement in three key questions.

We undertook this focused inspection to check they had made improvements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Abingdon Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Abingdon Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 15 August 2020 and ended on 22 August 2020. We visited the location on 22 August 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the provider's previous inspection reports. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people and received feedback from three relatives. We looked at four people's care records and five medicine administration records (MAR). We spoke with the registered manager and five staff which included, a nurse, carers, hospitality assistant and an activities coordinator. We received written feedback from five staff. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Abingdon Court. One person said, "Yes, it is safe. I wouldn't be anywhere else. The carers keep me safe. I have no recent falls." Relatives also told us people were safe at the service. One relative said, "My Mum does feel safe at Abingdon Court and considers it to be her home." We observed people were relaxed around staff and staff were always aware of where people were to ensure safety.
- Staff had a comprehensive awareness and understanding of abuse and knew what to do to make sure that people who lacked voice were protected. People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "Abuse can be physical, emotional or sexual. I can report to nurse in charge. I can also report higher to manager or to safeguarding."
- The provider had safeguarding policies in place and the team reported concerns accordingly. Where required, investigations were thorough. There was a consistent approach to safeguarding and matters were always dealt with in an open and transparent way.

Assessing risk, safety monitoring and management

- The service embedded a proactive approach to anticipating and managing risks to people who lived in the home, which was recognised as being the responsibility of all staff. Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe.
- People's risk assessments included areas such as mobility, nutrition and medicine management. People were supported to take positive risks. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Staffing and recruitment

- There were enough staff to meet people's needs. Records showed staff deployment had improved. People told us they were attended to in a timely manner and staff were not rushed. The service regularly reviewed staffing levels and adapted them to people's changing needs. The registered manager told us they had introduced new roles of hospitality assistants to support care staff during busy periods.
- Relatives told us there were enough staff. One relative said, "I'm sure that as with everywhere, more staff would be wonderful, but we are all aware that that is not always possible. I have never felt that anyone has been ignored or not dealt with in a timely manner, and everyone always has time for a word, hug or smile."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. Records showed staff administered medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. Staff followed correct procedures to protect people with limited capacity to make decisions about their own care, treatment and support, when medicines needed to be given without their knowledge or consent.

Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it. We were assured the provider's infection control policy was up to date.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required. We were assured that the provider was using PPE effectively and safely.
- Staff received training in COVID-19 and general health and safety infection controls, food hygiene and good hand hygiene practice.
- Staff told us the provider ensured they always had plenty of PPE available. For example, disposable gloves, aprons and hand sanitiser.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following shortfalls identified at the last inspection.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs, preferences and routines. The provider's electronic recording system had improved and reflected people's needs. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care. People's care plans were regularly updated to reflect people's changing needs.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
- Staff had a good understanding of people's individual needs and made sure those needs were met. For example, one person smoked. Staff ensured the person was supported to smoke in a designated place safely.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to speak slowly and allow time for the person to respond.
- Information was accessible to people in different formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff ensured that people maintained relationships that mattered to them, such as family, friends and other social links. This helped to protect them from the risk of social isolation and loneliness as social contact and companionship was encouraged. Staff facilitated supervised family visits.
- People had access to a variety of activities which mainly included individual activities in line with current social distancing guidelines. For example, puzzles, aqua painting, lights therapy, hand massages and music therapy. More sensory activities had been introduced such as smells to bring back memories especially for people living with dementia

- The home had a dedicated and enthusiastic activities coordinator who made sure people were involved in activities they liked. They told us they had adjusted to the current climate and became more creative with activities to keep people engaged. The registered manager told us they had recruited a second activities coordinator to ensure people had activities continuously.
- People told us they enjoyed activities. One person told us, "There are activities. I do crosswords, read and use the laptop. I love what I do every day. When staff have time, they will stop and talk with you. Or I wander down the corridor and talk to staff. The activity lady is back in. She does themes, quizzes and countries. We had a singer who sang to us from outside through the windows. There is a chart of activities pinned on the lounge door. Since lockdown they don't have people come in to entertain."
- Staff told us they facilitated activities during weekends. The team were also trying to re-introduce small group activities for people with similar interests.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints.
- People and their relatives told us they knew how to make a complaint. One person told us, "I have never complained. If anything untoward was to happen I would be confident to say so. If anything goes astray, they fix it. They are very good with any problem that goes wrong." There were many compliments received regarding good care.
- We saw the complaint procedures displayed throughout the home.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The team worked closely with other professionals to ensure people had a dignified and pain free death. Staff had established close links with a local hospice to provide a dignified and pain-free death that was as comfortable as possible. Staff knew how to support people and families during and after end of life care. Records showed there had been discussions with staff around bereavement and staff support.
- People were supported by staff who understand their needs, were competent and had the skills to assess their needs. This included specific needs, such as those for people living with dementia who were at the end of their life. Staff involved family and friends as well as others with legal authority in decisions about the care provided, to make sure that the views of the people receiving the care were known, respected and acted on.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had been in post since the last inspection. They had made significant changes in the home which had resulted in better care provision. People told us the home was well run. One person said, "Its run well. They are on top of everything. Hospital appointments are organised. Oh, yes the staff are happy, not crying and work together well." Relatives told us the home was well led. One relative said, "I do think the service is well managed and I have confidence in the management team that the care of the residents is paramount and that the needs of staff are considered."
- Staff were complimentary of the support they received from the registered manager and provider. Staff said, "My manager is open and honest, she is a very kind person, approachable and supportive. I have chances to speak to her regarding any problems during the work. She listens to me. She tries to help me to resolve the problems always in a professional way" and "Manager very flexible with personal circumstances. She always asks if we need anything and her door is always open."
- There was a clear, person-centred vision that included involvement, compassion, dignity, respect and safety. The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by an area manager and each floor of the home had a unit manager. They had just successfully recruited a deputy manager who would work closely with the registered manager. There was a clear management and staffing structure which aided in the smooth running of the service.
- Most of the staff had been working at the service since the beginning and this allowed continuity of

support and had a positive impact on people's care. Staff understood their roles and responsibilities, were motivated, and had confidence in their management team. They received constructive feedback about their performance and allowed them to develop beyond their roles.

- The provider had introduced a more robust quality assurance system since the last inspection which were used to drive improvement within the service. These included, audits of care plans and medicine records. These provided an overview to ensure improvements were made where necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and meetings. The information gathered was used to improve the service in areas such as nutrition and activities.

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. There was also a suggestion box which could be used for feedback.

- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "Yes, we can make suggestions, such as our home maintenance staff if he has some idea to make home nicely looking. our manager listens and agrees if it is suitable." During the inspection we observed effective team working. The atmosphere was very pleasant, and staff looked relaxed and happy.

- The registered manager facilitated a staff employee of the month to boost staff morale. Staff contributions were also recognised at a national level. For example, one member of staff had been nominated for nurse of the year.

Continuous learning and improving care

- The service had a strong focus on continuous learning at all levels of the organisation. Learning was shared across the organisation.

- Staff had objectives focused on improvement and learning. Some staff had been supported to develop into senior roles such as practitioners and nurses. Staff told us they really appreciated this from the provider and the registered manager.

- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys.

Working in partnership with others

- The service was transparent, collaborative and open with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care. Since the last inspection, the service had worked very closely with the commissioners to improve people's care.

- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.

- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.