

Essential Healthcare 2020 Limited

Abbeyrose Court

Inspection report

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Haydock
St. Helens
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Abbeyrose Court is a residential care home providing personal and nursing care for up to 46 people in two separate ground floor wings. Each wing has separate adapted facilities. At the time of our inspection there were 40 people using the service.

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

Procedures were in place to keep people safe. People received their medicines when they needed them and sufficient staff were available to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support people's best interests.

People's needs were assessed, reviewed and planned for. People had access to local health care support when required. People were supported by staff who received support and training for their role. The service was clean, and a programme of re-decoration was in progress throughout the building.

People were supported to follow their faith pathway and to exercise their right to vote in local elections. People were supported by staff who knew them well.

Concerns and complaints about the service were investigated and wherever possible, actions were taken where areas for development and improvement had been identified. An activities co-ordinator supported people individually and in groups to offer stimulation.

Regular checks took place around the service to help ensure people's safety and wellbeing. The registered manager and area manager were in the process of reviewing all aspects of the service to identify any actions to improve the service for people.

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

Rating at last inspection

This service was registered with us on 03 November 2020 and this is the first inspection.

The last rating for the service under the previous provider which was under the name of Lymewood Court Nursing Home was good, (published on 16 October 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. We have made recommendations in relation to the deployment of staff during mealtimes; implementation of the MCA; laundry services and the providers awareness of the scope of regulations. Please see the safe; effective; caring and well-led sections of this full report.

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

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Abbeyrose Court

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 Health and Social Care Act 2008.

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

This inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch.

During the inspection

We spoke with nine people who used the service and five family members by telephone after the inspection visits. We spoke with nine members of staff including the registered manager, area manager, nurses, care staff, cook and activities co-ordinator. In addition, we spoke to the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included a number of people's care and medication records. We looked at five staff files in relation to recruitment and training and records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Effective safeguarding procedures were in place.
- Staff were aware of and had access to information about how to protect people from harm.
- Safeguarding concerns relating to people were reported to external agencies when required.
- Procedures were in place to support staff in responding and recording accidents and incidents which occurred. The registered manager monitored all incidents and accidents and took action to prevent any further occurrence. For example, following an incident changes were made to the staff that supported one person using the service.

Assessing risk, safety monitoring and management

- People were protected by systems that assessed, identified, and monitored risk.
- People's care planning documents detailed known potential risks for them and how these could be minimised.
- Identified risks to people were monitored on a regular basis and reviewed in the event of a change in a person's needs.
- Regular checks and monitoring of equipment and the environment took place.

Staffing and recruitment

- Sufficient staff were on duty to meet the needs of people. However, during mealtimes people were seen waiting in the dining room whilst staff were busy supporting people with their meals in their bedrooms. One person told us; "Often, if you have your meal in the room [bedroom] it's cold." The management team had identified this as an area for improvement.

We recommend that the provider continually monitors the deployment of staff during mealtimes.

- Systems in place for the recruitment of staff required reviewing.
- Not all staff applications had been fully completed. Following this inspection, a full review of staff records took place. Documents and information relating to staff recruitment implemented by the previous provider of the service and was not always relevant or correct. We discussed this with the provider. During the inspection process, new relevant documents were introduced.
- Checks had been completed prior to newly recruited staff starting their role. This included DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Systems were in place for the safe management of people's medicines.
- Stocks of people's medicines were monitored by the service's clinical lead.
- Records were maintained of people's administered medicines.
- People told us they received their medicines when they should. Comments included, "The nurses make sure I get all my tablets on time" and, "Staff know that I need my tablets at certain times."
- Where possible, people were supported to take part in administering their own medicines.

Preventing and controlling infection

- We were not fully assured the provider was promoting safety through the layout and hygiene practices of the premises. Open lidded soiled laundry bins were placed close to a trolley storing clean gloves; aprons and sanitizer products. We discussed this with the registered manager of the service who addressed the concern immediately. Consideration should be given to the re-location of soiled linen bins to prevent reoccurrence.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- Policies and procedure for visiting aligned with government guidance.

Visiting in care homes

The provider was supporting people to receive visitors safely at the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems and procedures were in place to obtain people's consent in a way which demonstrated decisions made on behalf of people were fully considered. However, this was not always implemented.
- CCTV equipment had been installed in communal areas throughout the building which included dining rooms and lounges. The provider failed to demonstrate appropriate decision making/consent had been implemented when needed under the MCA.

We recommended that the provider fully reviews and implements the procedures in place to ensure that people's rights had been considered under the MCA.

- DoLS applications and best interest decision meeting outcomes were recorded.
- A system was in place for the monitoring of DoLS to ensure they remained valid for the person.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice prior to them moving into the service.
- During the COVID-19 pandemic, changes were made as to how people's needs were assessed prior to moving into services. These changes included increased use of health and social care trusted assessors and local agency initiatives for discharging people from hospital.
- The registered manager had developed clear guidance and protocols for use when a person is admitted

into the service. This included gathering important information from other agencies and recording people's specific needs and wishes.

Staff support: induction, training, skills and experience

- People were supported by a team of staff of mixed skills and experience.
- Staff told us they felt supported in their role and that they received regular supervision from their line manager.
- A number of communication strategies were in place to keep staff up to date with changes with the service. For example, daily huddles took place to discuss plans for the day. A communication folder was accessible to staff containing changes to guidance, notes and messages they needed to be aware of.
- Staff told us that the registered manager was always available to speak to about their role and the needs of people.

Supporting people to eat and drink enough to maintain a balanced diet

- Systems were in place to protect people from the risk of poor nutrition and dehydration.
- Staff had access to information for the preparation of people's food where specific dietary needs were required.
- People had access to sufficient food to meet their dietary needs. People had mixed comments about the food available. Comments included, "Gammon was really lovely"; "The foods alright, can't grumble" and, "The portions are just right for me as I don't like being over faced."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Systems were in place for people to have access to healthcare support they required.
- Where people required support from health care professionals this was arranged. Family members told us, "Very supportive with the medical side of things" and, "Regularly check temperatures and look after her medically."
- During the inspection, an optician visited to test people's eyesight. Family members told us that their relatives had received support from external healthcare professionals, for example, Speech and Language Therapist (SaLT) for advice around their relatives eating and drinking needs.

Adapting service, design, decoration to meet people's needs

- The buildings facilities and bedrooms were situated on the ground floor and there was easy access into the service.
- Some of the areas had been newly decorated as part of a planned redecoration of the service. Signage to support people's orientation to around the building and to their bedrooms had not always been replaced following re-decoration. Action was taken to address this.
- People had access to equipment to meet their specific needs. Where required, the registered manager acted quickly to replace equipment that had been identified through audits that was not fit for purpose.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and staff respected their equality and diversity needs.
- People and their family members spoke positively about the support they received from the staff team. Comments included, "There are some excellent carers [Name] is great "; "Mum is happy here"; "Deal with nurses [Names] and they are fantastic"; "Staff seem to be nice, can't grumble"; "Staff are beautiful, they do a good job"; "The staff are excellent. The nursing care is very good" and, "Dad feels so much safer at the service."
- People's care plans gave the opportunity to record personal wishes, including any characteristics identifiable under the Equality Act 2010.
- People had access to local clergy to continue to follow their faith pathway.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were involved in making decisions about their care and support.
- Staff were seen to consistently offer people choice regarding the support they needed and the food they wished to eat.

Respecting and promoting people's privacy, dignity and independence

- People and their family members raised concerns in relation to the laundry service provided. We discussed this with the registered manager who had already taken action following people raising concerns.

We recommend that the laundry service is continually reviewed to ensure that it consistently meets the needs of people using the service.

- People were supported by staff who were respectful and promoted privacy and dignity.
- People were supported to exercise their right to vote in the imminent local elections.
- People's personal records were stored securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- People's care needs were assessed and planned for.
- Care delivered to people was recorded in their own personal records.
- People's care plans were reviewed on a regular basis. This enabled staff to review people's care and support to ensure that care plans met the needs of people. A 'resident of the day' review considered all aspects of people's care and support needs and wishes.
- People had access to activities. An activities co-ordinator was employed at the service who knew people well. The co-ordinator spent time with people both individually and in groups offering stimulation via discussion and activities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported by staff who understood their individual communication needs.
- Staff took time to communicate with people in a positive manner. This gave time for people to express themselves. Family members told us "Mum will hold her hands out to some staff to embrace them" and, "Staff communicate with mum well."
- People's care planning documents gave the opportunity to record their communication needs and wishes.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place and accessible.
- People told us they would speak to staff if they had a concern. Family members were aware of who they would speak with if they had a concern about the service. Comments included, "If I had any concerns I would contact [Name] the nurse as he is fantastic and is fantastic with mum."
- A system was in place for to record and monitor the outcomes of complaints received about the service. Concerns and complaints about the service were investigated and wherever possible, actions were taken where areas for development and improvement had been identified.

End of life care and support

- Care planning records gave the opportunity for people's specific wishes to be considered. This included how they wanted to be cared for at the end of their life.
- Specific care planning was available for people who were on an end of life care pathway. This included anticipatory medicines being available for use when needed.
- Where required, GP services were involved in the planning of a person's end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 provider had developed and continued to develop policies and procedures for use within the service. These documents replaced the policies and procedures from the previous provider. Not all of the newly developed procedures considered the scope of the regulations linked to the registration of the service. For example, procedures relating to the use of CCTV around the building stated that no delivery of personal care would be filmed. However, the provider had failed to acknowledge that supporting a person to eat and drink in a communal dining room was considered as personal care.

We recommend that the provider reviews all procedures in place to ensure that consider the scope of regulations linked to the registration of the service.

- Systems were in place to monitor and ensure quality and safety of the service.
- Daily, weekly and monthly checks relating to the overall management of the service were carried out and monitored by the registered manager.
- The registered manager took action to make improvements identified during the on-going monitoring of the service.
- The registered manager had developed clear guidance for staff as to what actions were needed in specific situations. For example, a 'resident admission support checklist' had been developed to ensure that all actions needed to support a safe and comfortable admission to the service were carried out.
- The registered manager, together with a newly recruited area manager were systematically working through all areas of the service to identify and address areas of improvement to enhance people's experience of living at the service.

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

- There was a clear line of accountability within the service. The registered manager and staff team understood their role and responsibilities.
- The registered manager and the area manager had a clear understanding of their responsibilities. This included responding to people who use the service under the duty of candour following incidents and when things had gone wrong.
- Staff spoke positively about the support they received from the registered manager to carry out their role.

Comments included, "Gives the tools to do the job well. Manager and deputy manager are very approachable."

- Family member spoke positively about the registered manager. Comments included, "[Name] is excellent as the manager. She listens and tries her best and wants the best for the service"; "The manager is approachable and tries to fix anything" and, "From day one the manager has been helpful and lovely"

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

- A system was in place to gather people's views on the service. The registered manager explained that it was planned that more people and their family members would be approached for their views on the service. A discussion took place with the registered and area manager around arranging meetings for service users and family members following on from the pandemic.
- Family members told us the registered manager communicated with them via email regarding any changes at the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff team worked in partnership with the Local Authority; Clinical Commissioning Group (CCG) and community based healthcare professionals to improve the service.
- Staff had access to training initiatives developed by the Local Authority and the CCG to promote good practice and consistency within the local area.
- Learning took place from incidents to minimise the risk of re-occurrence.