

Abbey Court Nursing and Residential Homes Limited

Abbey Court Nursing and Residential Home

Inspection report

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Derby
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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 

Summary of findings

Overall summary

About the service: Abbey Court Nursing and Residential Home is a care home that provides personal care for up to 40 older people. At the time of our inspection, there were 38 people using the service.

People's experience of using this service:

- People did not always receive safe care because the provider had not always or effectively assessed the risks to the health and safety of people or taken timely action to mitigate potential risks.
- Systems and processes to monitor the quality of the service were not undertaken consistently and were not always effective in identifying where improvements were required.
- Some areas of the premises and equipment were not sufficiently maintained to ensure people were always protected from the risk of infection. Staff understood their role in managing the risk of infection.
- The provider had not used a systematic approach to ensuring sufficient numbers of staff were always deployed to meet people's needs.
- Staff had completed safeguarding training and knew how to protect people from the risk of abuse. People received their medicines safely and as prescribed. Staff were safely recruited; the provider was reviewing their policy on the frequency of criminal disclosure checks for existing staff.
- People's needs were assessed before they began to use the service. People, and those important to them, were at the centre of the care provided. Staff knew people well and had the knowledge and skills they needed to meet people's needs.
- People received support to ensure they had sufficient amounts to eat and drink and had access to healthcare to maintain their health and well-being. Staff had developed effective partnership working with key healthcare agencies to achieve the best possible outcomes for people.
- People were supported to have maximum choice and control over their lives. Staff supported people in the least restrictive way possible, the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) 2005 were followed.
- Staff were kind and caring, treated people with respect and provided care that maintained their dignity and supported their independence as far as possible.
- Care plans provided guidance and information for staff to enable them to provide personalised care that helped to protect people from discrimination. People and relatives knew how to raise concerns and complaints if they needed to. Activities were limited at the time of our inspection; this was being addressed by the provider.
- People, relatives and staff had confidence in the leadership of the service and felt involved and consulted in the service. They were supported to share their views and these were used to make improvements to the service.

Rating at last inspection: At our last inspection in January 2018, we rated the service as Requires Improvement overall. At this inspection, the service remained rated as Requires Improvement.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with the Care Quality Commission scheduling guidelines.

Follow up: We will continue to monitor the service through the information we receive until we return as per our re-inspection programme. If any information of concern is received, we may inspect sooner.

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

Details are in our Safe findings below.

Requires Improvement ●

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 Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-led findings below.

Requires Improvement ●

Abbey Court Nursing and Residential 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector, a specialist advisor who was a nurse 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: Abbey Court Nursing and Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. 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 meant 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: The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service. This included information received from notifications of significant events and incidents in the service that the provider is required to notify us about by law. We also contacted the local authority to gather their feedback about the service. The provider had not been sent a Provider Information Return. 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 gave the provider the opportunity to share this information during our inspection visit.

During the inspection, we met with the provider, the registered manager, two nurses, three care staff and three visiting healthcare professionals. We also spoke with six people, two relatives and five visitors to gain their views about the service and the care provided.

We looked at four people's care plans and records to see if they were receiving care that met their needs. We also reviewed three staff recruitment files and other records relating to the management of the service. These included medicines, staff training, complaints and accidents, minutes of meetings and quality assurance audits and checks.

Is the service safe?

Our findings

Safe - this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management:

- At our last inspection, we found people were at risk from unlocked doors and chemicals were not stored properly. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. We found the provider had taken action to address these concerns. However, the monitoring of critical risks to people from their environment required improvement.
- The provider had not ensured people were protected from the risk of burns from hot surfaces as some radiators did not have protective covers in place. These included radiators in people's rooms and in communal areas.
- We checked surface temperatures of a sample of radiators and found these were extremely hot to the touch.
- The provider told us radiator covers were in the process of being fitted and some covers were on site. Priority had been given to people who were assessed as being most at risk from exposed radiators.
- The provider told us all radiators would be fitted with covers following our inspection as a priority. Following our inspection visit, they confirmed this work was in progress and provided a completion date.
- The provider had not undertaken risk assessments to ensure the premises were safe and well maintained.
- The provider told us they undertook audits which were developed into plans of work to upgrade and maintain the premises. They did not maintain any records to evidence how they ensured the safety of their premises and the equipment within it.
- There were no systems and processes in place that assured compliance with statutory requirements, national guidance and safety alerts.

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

- Staff knew people well. People told us they felt safe using the service.
- One person told us, "I feel quite safe even when staff are using a hoist."
- Staff had developed a good understanding of individual risks to people's health and well-being, and the measures they needed to take to reduce risks.
- People's care plans included risk assessments detailing potential risks to people. For example, how to move safely, what equipment was needed and how to use it.
- We saw staff followed guidance in risk assessments. For instance, staff supported people to move using equipment safely and compassionately.
- Staff knew how to comfort people and were quick to intervene to reduce people's anxiety. This reduced the risk of people displaying behaviours that challenge to others.

Preventing and controlling infection:

- There were ineffective measures in place to ensure people were consistently protected from the risk of infection.
- We found some equipment in people's rooms, such as bed rail protectors, commode seat covers and mattresses, had rips and tears in them, making it difficult for staff to undertake the cleaning required to protect people from potential infection.
- The clinic room in which medicines were stored did not support safe infection control. We found significant damage to the floor, walls and ceiling of the room with peeling paint falling from the ceiling. This made the room very difficult to clean and presented a risk of cross infection.
- The laundry rooms also had significant damage to walls and ceiling, with peeling paint falling from the ceiling, presenting a risk to people's clothing and linen.
- The laundry rooms were excessively dusty and were difficult to clean due to the structural disrepair. For example, excessive dust and dirt had built up behind washing machines.
- The provider had identified these areas needed to be addressed and had plans in place to repair and redecorate. They told us they would ensure maintenance works were arranged as a priority.
- The provider told us they had already begun to replace some bed rail protectors and we saw some new protectors were in use in people's rooms.
- A recent infection control audit undertaken by the registered manager, had condemned sluice rooms as no longer being fit for purpose. As a result, the provider had arranged for a complete refit and upgrade of both rooms. We saw this work was in progress during our inspection visit.
- During our inspection we noticed a strong malodour around the first floor sluice rooms and bathroom. It was unclear as to the source of the malodour. The provider told us they would investigate and address this following our inspection.
- Staff told us and we saw they were provided with supplies of personal protective equipment, such as gloves and aprons. We saw staff wore these when supporting people and these were changed between tasks.

Systems and processes to safeguard people from the risk of abuse:

- Staff demonstrated a good understanding of the indications of abuse and were clear on how to report concerns under safeguarding or whistleblowing policies.
- Staff had received training in how to safeguard adults. Their knowledge and understanding was regularly refreshed during discussions at staff meetings.
- The registered manager was clear on their responsibilities to report potential safeguarding incidents to external agencies to prevent the risk of further harm.

Staffing levels and recruitment:

- Staffing levels were calculated according to people's individual dependencies. However, the provider did not have a systematic approach, for example a dependency tool, to determine the numbers of staff required to meet people's needs.
- We observed staff worked well together as a team to ensure people's needs were met. However, we found staff often struggled to maintain a presence in communal areas as they were busy assisting people with personal care and those who required support to move.
- For example, we heard one person ask a staff member to assist them to the toilet. The staff member immediately reassured the person that they would get to them as soon as possible. The person waited for forty minutes without the staff member attending to them. When we raised this with staff, the person was supported within five minutes.
- A second person asked for a cup of tea and biscuits. This was served from a tea trolley which staff took round to people. This took over thirty minutes to reach the person.
- The provider acknowledged a more systematic approach to determining staffing levels was required, which took into account the layout of the building and the impact this may have on staffing levels. They agreed to

review this with the registered manager.

- Staff were recruited safely with all required checks before they started in post.
- We found staff checks with the Disclosure and Barring Service (DBS) were not regularly reviewed or renewed, in some cases, in over eight years. This is important to ensure staff remain fit and safe to work in care and support services.
- The provider told us they would review their policy on DBS checks.

Using medicines safely:

- People told us they received their medicines when they needed them and this was confirmed in the medicine records.
 - Temperatures of storage areas were monitored. We reviewed records relating to the monitoring of medicines stored in the fridge. These recorded temperatures as 2 degrees Celsius. However, we found the temperature to be zero degrees Celsius, with a significant build of ice.
 - Refrigerators to store medicines should maintain an air temperature of 2-8°C in order to protect the effectiveness of the medicines.
 - We raised this as a concern with the provider who told us they would take immediate action to address this.
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- Staff who administered medicines had mostly completed the training they needed. However, we saw a housekeeper asked to witness the administration of a controlled medicine by a nurse. The housekeeper had not completed recent, relevant training to enable them to have the knowledge they needed to ensure this procedure was undertaken safely.
 - We raised this with the provider who told us they would ensure only staff who had completed training witnessed or administered medicines
 - Some people were prescribed medicines to be taken as and when required. Protocols were in place to make sure these medicines were administered appropriately and at safe intervals.
 - Medicines records were generally well completed, although we found gaps in signatures in two records we reviewed. The nurse in charge said they would address this with staff.
 - We saw people were given the time they needed to take their medicines in line with their preferences and wishes.

Learning lessons when things go wrong:

- All accident and incident report were reviewed by the registered manager.
- The registered manager undertook an analysis to identify any remedial action that could reduce the risk of future harm.
- This analysis required further development to ensure the process was sufficiently robust. For example, one person had experience an unwitnessed fall in their bedroom. The review of the incident included reminding the person to press their nurse call for assistance. However, the review did not clarify if the person had actually pressed their nurse call prior to the incident or had sufficient awareness to do this.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before admission to the service.
- These assessments included input from the person, their family or representatives, and were comprehensive.
- Assessments covered people's physical and emotional needs as well as their background.
- Protected characteristics under the Equality Act had been considered. For example, people's lifestyle preferences, religious, cultural needs and relationships. This helped to protect people from the risk of discrimination.

Staff skills, knowledge and experience:

- People told us staff knew their roles. One person told us, "They seem well trained here. They know what they are doing and this makes me feel comfortable and safe."
- Staff completed an induction process based on training the provider felt was essential for their roles, such as assisted moving and safeguarding.
- Staff told us they had access to a range of training, including development training which enabled them to achieve vocational qualifications in care and support. Training records confirmed this.
- Staff we spoke with confirmed they received regular supervision and were able to seek advice and guidance from senior staff on a day-to-day basis.

Supporting people to eat and drink enough with choice in a balanced diet:

- People's likes and dislikes around food and drink were recorded in their care plans and staff demonstrated a good awareness of this.
- Most people were positive about the meals. One person told us, "I can order what I want for breakfast and they [Staff] arrange this."
- Two people felt meals were not always good and would prefer more alternatives at teatime. We raised this with the provider who told us they would discuss this with the cook.
- Where people were at risk from poor nutrition, risks had been assessed using a recognised assessment tool and measures implemented to reduce the risk, based on advice from health professionals.
- Staff monitored people's fluid and food intake and output to ensure levels were in line with guidance from health professionals.
- Mealtimes were a sociable experience for people. People were offered a choice of meals and drinks, including people favourite alcoholic 'tipple'.
- Where people required support to eat and drink, staff provided this sensitively and enabled people to eat and drink at their own pace.

Staff working with other agencies to provide consistent, effective, timely care:

- Health care professionals were very positive about working in partnership with staff to ensure people received effective care.
- Visiting health professional comments included, "The liaison with staff is excellent. The person's health condition is very well controlled and they have improved greatly."
- The service worked in partnership with a local GP practice who attended the service to hold weekly clinics for people. They told us, "The service is brilliant and the nurses are very good at communicating (changes in people's needs). The clinics are very well organised and the nurses are excellent. This partnership working reduces the amount of call outs required and ensures people's healthcare needs are met."
- There were effective systems in place to support people to maintain their health and well-being. For example, repositioning to reduce the risk of people developing pressure areas.
- People were supported to attend routine and specialist healthcare appointments.
- Care records provided an overview of the healthcare appointments and showed where external professionals had made any recommendations or actions for staff to follow.

Ensuring consent to care and treatment in line with the 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- The provider had up to date care records of assessments of people's mental capacity, where they lacked capacity to make their own decisions.
- Where authorisations were in place to restrict people's liberty, these were kept under review and requests for applications were made in a timely manner.
- We observed staff sought consent before providing care, enabling people to make decisions and choices.
- Staff told us and we saw they respected people's right to decline their care and staff had a good understanding of best interest processes.

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

- Care was provided in a homely environment and people had their own rooms which they were able to personalise.
- People were able to choose where they spent their time including a choice of communal areas.
- The provider was in the process of re-decorating and upgrading areas of the premises to improve facilities for people.

Is the service caring?

Our findings

Caring - this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved in partners in their care.

Ensuring people are well treated and supported:

- People and relatives were consistency positive about staff being caring, compassionate and kind.
- Comments included, "Staff are all lovely here, kind and caring," "If I can't sleep at night, the staff will come and have a chat with me, spend time with me," and "I find the staff very caring and observant. They seem to be good at judging the mood of people and adjusting the way they approach people accordingly. When visiting, I notice plenty of affection from staff to people."
- Relatives and visitors told us they were able to visit at any time and were made to feel welcome.
- Staff communicated with people in a warm and friendly manner, and gave people the time they required to respond.
- Staff considered people's feelings, and regularly checked if people were okay or needed support with anything.
- Although staff were constantly busy, we saw they did find time to spend talking with people and engaged meaningfully with people while they supported them.

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

- People, and those important to them told us they were involved and consulted about how they wanted their care to be provided.
- A relative told us, "Staff keep us up to date with how [Name] is doing. We were fully involved in setting the care plan and on-going reviews.
- People's care plans included details of people's life histories, interests, preferences and relationships that were important to them. Staff demonstrated they were aware of and used this knowledge to enable positive communication with people.
- Staff were committed to supporting people's specific requests. For example, staff had completed LGBT training which helped to raise their awareness of supporting people to pursue a lifestyle and relationships of their choice.

Respecting and promoting people's privacy, dignity and independence:

- People and relatives told us staff provided care in a dignified and respectful manner, and we observed this when staff supported people in communal areas.
- People were supported to do as much as possible for themselves. One person told us, "I like to do as much as possible when I wash and dress. The staff understand this and help me as I want them to. They let me be independent."
- Staff demonstrated a good understanding of protecting people's privacy. For example, adjusting people's clothing and keeping doors closed.
- The registered manager ensured people's information was stored securely and only shared with relevant

agencies and with people's consent.

Is the service responsive?

Our findings

Responsive - this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans had been developed with the person as the focus, with clear involvement from relatives and relevant professionals.
- Care plans included details of people's life histories, relationships and what was important to them. For example, one person required support to maintain their appearance to a specified standard and this was clearly detailed in their care plan.
- Care plans included the support people needed to maintain relationships, or pursue their religious or cultural practices.
- People told us they felt they had choice and control over their care. One person told us, "I choose what time I get up. If the staff come too early, I ask them to come back to get me up and they follow that."
- Care plans were kept under regular review by the registered manager who involved people and their relatives. This helped to ensure the care provided continued to meet people's needs.
- There were limited opportunities for people to be involved in meaningful activities. People were provided with morning newspapers, which they told us they enjoyed. Three people we spoke with told us they were often bored. We did not see any activities provided during our inspection visit.
- The registered manager told us they were in the process of recruiting an activity co-ordinator which would improve the activity provision for people.

Improving care quality in response to complaints or concerns:

- The provider ensured people and their relatives had access to a complaints procedure that detailed how they could raise concerns, and how these would be managed.
- People and relatives told us they felt confident to raise concerns and make a complaint if they needed to.
- At the time of our inspection, the service had not received any complaints.

End of life care and support:

- People were supported to discuss their wishes and preferences for their end of life care and this had been recorded in people's care plans.
- End of life care plans included specific details relating to people's cultural and spiritual needs.
- Staff had undertaken training in end of life care and worked in partnership with health professionals to ensure people received the best care possible.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centre care. Some regulations may or may not have been met.

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

- Quality monitoring that took place was fragmented and did not provide an effective overview of the quality of the service.
- The registered manager undertook some audits and we saw action had been taken as a result of these. For example, a recent audit of infection control had resulted in new soap dispensers and the upgrade of sluice rooms.
- However, records showed spot checks of the environment scheduled for November and December 2018 had not been completed as staff had been 'too busy' or 'short staffed'.
- A spot check undertaken in January 2019 of five people's rooms identified where improvements were required, but did not indicate actions had been taken other than a general statement 'referred to the provider'.
- Audits and checks had not identified the concerns we found regarding the environment or the lack of risk assessments for the building.
- The provider told us they undertook their own audits of the environment but did not record these and could not produce an improvement plan as a result of their checks. This meant improvements were not always identified or actioned in a timely way.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; good governance.

- Staff who we spoke with were clear about their roles and responsibilities
- The registered manager promoted person-centred care and we found staff embraced these values which created a positive, inclusive culture in the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People, relatives and staff thought highly of the registered manager. They described them as being open, approachable and supportive.
- One relative told us, "The staff keep us fully involved in everything. We have completed feedback surveys which they seem to take notice of."
- The provider, registered manager and staff demonstrated their commitment to providing person centred care in discussions with us, and it was evident from documentation and systems in place, that people were at the centre of the service provided.

- The provider had displayed their current ratings with CQC at the service and on the website in line with their legal requirements.

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

- People were included in decisions about their care and support. Staff used information provided by people and those important to them to ensure people received care in line with their wishes and preferences. This included lifestyle choices and religious and cultural needs which helped to protect people from discrimination.
- The provider regularly engaged with people and staff for their views on the service.
- Feedback was gained from surveys, meetings and informed discussions and these were used to develop the service.
- A consultation group made up of volunteers called the Friends of Abbey Court also consulted with people to ensure their views and suggestions were listened to and used to improve the service.
- For example, people were asked to share their views about activities and communication in March 2018 and these were used to bring about improvements.
- Staff told us they were confident to make any suggestions for improving people's care through staff meetings and discussions with their managers.
- Minutes of staff meetings showed staff were supported to share their views and contribute to discussions about improvements. Meetings were also used as an opportunity to discuss and share best practice.

Continuous learning and improving care and Working in partnership with others:

- The registered manager displayed a commitment to improving the care people received where possible based on best possible outcomes for people.
- The registered manager and staff undertook continuous development and specialist training to ensure their skills and knowledge were aligned to current best practice.
- Staff worked in partnership with other agencies including health care professionals to ensure people had access to the healthcare and services they needed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Diagnostic and screening procedures | The provider had not protected people from the risk of surface burns from uncovered radiators |
| Treatment of disease, disorder or injury | |

The enforcement action we took:

warning notice

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Diagnostic and screening procedures | Audits used to monitor and assess the quality of the service were not effective in identifying improvements and ensuring these were completed in a timely manner. |
| Treatment of disease, disorder or injury | |

The enforcement action we took:

requirement