

Angel Healthcare Limited

Abbey House Residential Care Home

Inspection report

20-22 Albert Road
Bexhill On Sea
East Sussex
TN40 1DG

Tel: 01424222534
Website: www.angelhealthcare.co.uk

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 21 and 28 February 2018 and was unannounced. At the previous inspection of this service in 2016 the overall rating was requires improvement. At that inspection we found Breaches of Regulation 12, 17 and 18. This was because the provider had not ensured risks to people's safety had been adequately identified and addressed in a timely way and medicines were not safely managed. We also found there were not always enough staff to meet people's individual needs and quality assurance systems audits were not fully effective, as shortfalls were not being addressed.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well led to at least good. This inspection found that some improvements had been made but not enough to meet the breaches of regulation. This meant there were continued breaches of regulation 12, 17 and 18.

This is the second consecutive time the service has been rated Requires Improvement.

Abbey House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is registered to provide support to a maximum of 23 people and 16 people were using the service at the time of our inspection. The service is intended for older people, who may be living with a physical disability, sensory impairment or a dementia type illness.

The service had a registered manager in place. 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.

Whilst people told us that they felt safe we found some shortfalls that could potentially impact on people's safety and well-being.

There were systems and processes to assess and monitor the quality of the service provided. However, we found that audits were not always effective as they had not identified shortfalls in care records, accident records, staff supervision and staff training. This had the potential to impact on the safety and well-being of people. We found that staff had not undertaken training necessary to provide safe care and treatment, and had not received staff supervision since July 2017. This meant there were not sufficient numbers of suitably trained staff to meet peoples' needs. For example, the service support people who live with diabetes, 9 staff had not received any training and another had not completed their workbook. No staff had received training in administration of insulin or had their competency checked by a competent person although staff were administering insulin.

Whilst the provider had arrangements in place for the management of medicines, we found the ordering and

recording of medicines were not all safe. Some essential medicines for one person had been out of stock for 6 days and staff had not monitored their health or pain during that time. We were informed that staff had informed the GP after the it was found that the medicines had not been given over the weekend. There were some people at risk of not receiving their prescribed medicines, as there were a number of staff signature omissions (identified as gaps) in medication administration records (MAR). Staff had not completed the MAR record to state why the medicine had not been given. Risk assessments for peoples' health had not been reviewed or updated since May 2017 despite people's needs changing significantly. This meant new staff and agency staff would not have the correct up to date information. Accidents and incident reporting had been completed but there was no management overview or audit of falls and incidents to prevent a reoccurrence. This meant measures to ensure lessons were learnt were not in place and preventative measures had not been taken.

The provider assessed people's capacity to make their own decisions if there was a reason to question their capacity. Staff spoken with had an understanding of the Mental Capacity Act. Where possible, they supported people to make their own decisions and sought consent before delivering care and support. Where people's care plans contained restrictions on their liberty, applications for legal authorisation had been sent to the relevant authorities as required by the legislation. Staff supported people to eat and drink enough to maintain their health and referred people to other healthcare professionals when a need was identified. Staff worked with healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. Staff were caring and kind. They knew people well and this enabled them to support them in a person centred way. People told us that staff were very kind and looked after them well. The atmosphere in the home was warm and friendly and conducive to building and maintaining relationships with others in the home as well as with family and friends.

People's diversity was respected and staff responded to people's social and emotional needs. People told us their needs were met because they were supported and cared for in accordance with their wishes and choices. People and staff were positive about the culture of the service, staff and relatives felt the staff team were approachable and polite. The staff team worked in partnership with other organisations at a local and national level to make sure they were following current good practice. The provider attended local care meetings to share experiences.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report

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 ●

Abbey House was not consistently safe.

There were not always enough suitably qualified, competent, skilled staff to meet the needs of people who used the service and therefore risks to people's health and safety were not being always monitored and updated to ensure safe care.

Staff had a good understanding of safeguarding and how to report concerns and most aspects of staff recruitment were safe and ensured people were protected from unsuitable staff.

Is the service effective?

Requires Improvement ●

Abbey house was not consistently effective.

Not all staff had received the necessary training and supervision to deliver effective care to the people they supported.

Consent to care and treatment was sought in line with legislation and people were supported to access healthcare support.

People were supported to eat and drink enough to maintain a balanced diet.

Is the service caring?

Good ●

Abbey House was caring.

Staff provided the support people wanted, by respecting their choices and enabling people to make decisions about their care.

People were enabled and supported to access the community and maintain relationships with families and friends.

Is the service responsive?

Good ●

Abbey House was responsive.

Care plans provided staff with detailed information about people

and their support needs.

Feedback from people was sought and a complaints procedure was in place.

Is the service well-led?

Abbey House was not consistently well-led.

There had been no registered manager in post for two years.

Whilst the provider had systems for monitoring the quality of the service and driving improvement, these were not effective at this time.

People and their relatives said the staff team were approachable and listened to them.

Requires Improvement 

Abbey House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on the 21 and 28 February 2018 and was unannounced. The inspection team consisted of two inspectors 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.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications they had sent us. Notifications are information about significant events that the provider is legally obliged to send to the Care Quality Commission. We also reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection process we contacted the local authority with responsibility for commissioning care from the service to seek their views. We also spoke with and received correspondence from three visiting health or social care professionals.

During the inspection we spoke with seven people that used the service and seven members of staff: registered manager, deputy manager, domestic and four care staff. We reviewed four sets of records relating to people including care plans, medical appointments and risk assessments. We looked at the staff recruitment and supervision records of four staff and the training records for all staff. We looked at medicines records of 12 people and minutes of various meetings. We checked some of the policies and procedures and examined the quality assurance systems at

the service.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in October 2016. At that inspection we found breaches of the legal requirements. This was because the provider had not ensured there were not always enough staff deployed to meet the needs of people who lived at the home. We also found that risks to people's health and safety were not being adequately identified and addressed in a timely way and that medicines were not always managed safely.

On this inspection we checked to make sure requirements had been met and we found some improvements had been made. However, the provider was found to remain in breach of regulation 18 and 12 due to there not being sufficient suitably trained staff deployed to deliver care and medicines were not always managed safely.

People, who were able, said they felt safe at the service. Comments included, "Staff are wonderful, security is good, I would talk to a carer if I was not safe," "Staff spend enough time with me, I am fine," and "Definitely safe here, assistants are very good and helpful, I would talk to my family if I was worried."

At the last inspection we found staffing arrangements were not flexible to provide additional cover when needed. This inspection found people were not protected by sufficient numbers of competent staff on duty to support them to stay safe and meet their needs. Staff supported 16 people. From 8am – 2pm there were two carers, one housekeeper and the home lead. From 2pm to 8pm there were two carers, one housekeeper. Two staff were on duty at night. The home lead told us she was office based except for medicine administration, which took approximately 1.30 hrs in the morning and 30 minutes at lunch time. The housekeeper were responsible for the preparation of food and drinks throughout the day.

We examined the rotas for the period 22 January 2018 to 21 February 2018. During this period, 16 or 17 people were accommodated. We found that on a day-to-day basis these staffing levels were generally in place and on two occasions 22 and 25 January 2018 agency had been used to ensure this. However on 12 occasions, five in January 2018 and seven in February 2018 between the hours of 1pm and 2pm the care staff had dropped to two with one housekeeper. This coincided with lunch time medicine administration which meant there were no staff to answer call bells or assist people. We were advised that one person required two staff to use a hoist if they required assistance and another two people required the assistance of two staff if they wished to stand or use the toilet. This meant during this period there was not sufficient staff on duty and they would have to wait until there was. When the staffing dropped to two care staff if one was involved in medicine administration again people would have to wait for assistance.

The shortfalls in staff training also put people's safety at risk. At night people that may need 'as required' (PRN) medicines may have to wait until an on call member of staff travelled in to administer these medicines as members of night staff were not trained to administer medicines, dates included 22 January 2018, 2, 3, 10, 12 and 14 February 2018. On the 26 and 27 January 2018 and 10 dates in February 2018 none of the staff on night duty had received first aid or fire training. Nor had care staff on the afternoon shifts on 11 and 14 February 2018.

Three people required two staff to assist them due to their mobility. However, on 2, 3, 12 and 14 February 2018 none of the night staff were trained in moving and handling and on 14 February 2018, none of the afternoon staff were trained. There was only one staff member trained in moving and handling on 20 shifts during the period of 22 January 2018 to 21 February 2018.

The examples above demonstrated that there were not always sufficient suitably trained staff on duty and this placed people at risk from unsafe care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they usually received their medicines as needed. One person said, "I do get my pills, but sometimes I get my night medicine early but that's okay." At our last inspection we found that some aspects of the management of medicines needed to be improved to ensure people's safety, this inspection found that the management of medicines was still not always safe.

We looked at people's medicines administration record (MAR). We found that some people's medicines had been out of stock for up to 6 days and therefore they had not been given their prescribed medicines. For example, one person's anti-anxiety, anti-seizure and night sedation was out of stock from three days to six days in February 2018. There had been no monitoring of their health whilst they had not received their medicine. For example, their anxiety and mood had not been monitored, nor had their sleep pattern. There were people who had no protocols for their PRN medicines and lacked pain charts that assisted staff in recognising specific symptoms of pain. Staff were also not consistently recording the effectiveness of the pain relief. Staff were administering insulin and taking blood sugar readings for one person. However, staff had not received training or competency checks for doing this. Two members of staff we spoke with had not received any external training in respect of insulin administration. One staff member who was responsible for administering insulin told us that they had been shown how to do this by another senior care worker but this had been some years ago. The guidelines for managing medicines in care homes issued by National Institute for Health and Care Excellence (NICE) states, "Care home providers should ensure that all care home staff have an annual review of their knowledge, skills and competencies relating to managing and administering medicines." This issue had been identified at the last inspection in June 2016. Following this inspection the provider had stopped staff administering insulin until external training had been sought. The district nurses would now be administering the insulin.

We found a number of staff signature omissions (identified as gaps) in MAR. These gaps had not been identified by the care staff member administering medicine on the next shift, and had not been followed up to determine whether it was a missed signature or a missed dose. There was no explanation recorded on the MAR as to why the medicines had not been administered. Medicines were kept stored in a locked cupboard and staff checked the temperatures daily to ensure that it was kept at the recommended temperature for medicines which is 25 degrees Celsius. There was a medical fridge in the communal area of the service which contained insulin and tubes of skin creams. This was not locked and therefore could be a risk to people.

Risk assessments were in place that identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. However, these had not been updated since May 2017. The specific needs of one person had changed considerably and the risk assessments had not been updated to reflect the changes. For example, the person's risk assessment and care plan stated that they had been identified as requiring assistance with eating and not to be left alone with food. However, we saw that they were eating in bed on their own. The risk assessments stated that they walked with a Zimmer, although this person was now on bed rest and unable to walk. They needed full assistance with all moving but this was not demonstrated in the risk assessment and care plan. The staff on duty were able to tell us

how they supported this person but if agency staff or new staff were on shift this may impact on this person's safety.

Staff took appropriate action following accidents and incidents to ensure people's safety, and this was recorded. However, the records lacked details of any follow up action that staff took to prevent a re-occurrence and did not demonstrate that lessons had been learnt. There were also some accidents/incidents that should have been reported to the local authority.

The above issues meant the provider had not ensured people received safe care and treatment. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff recruitment records were in place. There were some areas brought to the provider's attention to improve. Such as gaps in employment histories. The files contained most of the documents required under legislation, but none evidenced a full employment history or an explanation of the gaps. One file did not contain a photograph and another did not evidence a Disclosure and Barring Service (DBS) check although we were advised that there was a portable/online DBS for this person and a copy should have been printed off and held on file. Application form and interview template were updated during inspection to try and ensure dates for leaving education and a full employment history were captured in future.

The service had safeguarding policies in place and whistleblowing information was also displayed in the office detailing where concerns should be reported to. This showed that there were processes in place for staff to follow to minimise the risk of abuse occurring. The matrix for the training records showed that some staff had up to date safeguarding training, but for others they had been given booklets to complete earlier in the year which were still outstanding. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. One staff said, "If I thought something wasn't right then I would follow the procedure to make sure it was dealt with." Another staff member said, "It is our role to make sure people are protected, I wouldn't hesitate to report it."

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

A medicine policy which covered the principles of safe medicine management was available and had been reviewed. People's allergies were recorded on the MAR and each MAR had a photograph of the person for identity purposes. Not all photographs were up to date and we were told a new camera had been purchased for this purpose. Cream charts were used to confirm the administration of topical medicines. These were generally completed with one or two gaps seen. Unused medicines were disposed of safely.

Is the service effective?

Our findings

We have inspected this key question to follow up on the areas that required improvement at our inspection in October 2016. This was because the provider had not ensured all staff had received training in the Mental Capacity Act, people were not always enjoying the meal time experience and aspects of the environment required attention.

At this inspection we found improvements had been made in the meal time experience but found a breach of regulation in respect of staff training and lack of supervision.

People could not be confident staff had received appropriate training and were competent to provide care and support to meet their needs. The staff training matrix identified considerable shortfalls in the training completed by staff. The area manager advised that staff were given the training knowledge book during the staff meetings, which contained information about the subject with questions and staff had to record answers. Once completed this was then sent to head office and a test paper sent to staff, which contained questions, which staff had to answer and reach a certain pass mark. There was an issue with staff not completing their workbooks once they had received them in a timely way. 21 knowledge books had been issued during 2017 and had not yet been handed in. Some of these had been issued in January and February 2017 and remained outstanding. There was no evidence of competency checks on staff knowledge or practice through spot checks or supervision. For example, six staff had not received training in basic first aid and another four staff had received workbooks but had not completed them and another staff needed to resubmit. Nine staff had not received training in fire safety awareness, and another two staff had not completed the knowledge book issued to them. 11 staff had not received training in the Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS).

Staff had not received supervision as stated in the organisational policy. The provider's supervision and appraisal policy stated that staff should receive supervision 6- 8 weekly. Of the 16 staff employed six staff had not received any supervision during 2017 and 2018. Seven staff had received one supervision and three staff had received two supervisions. It was acknowledged by the home lead that since last June 2017 when the acting manager had left the service, staff supervisions had fallen behind. The area manager confirmed that annual appraisals had not been undertaken. The lack of training, supervision and appraisals meant that staff had not been supported in their role of care delivery and this meant that people may not get effective and safe care.

The provider had not ensured that staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection people were not always happy with the meal time experience. This inspection found that the meal time experience was enjoyed by people and that there was a relaxed atmosphere but, not all enjoyed the meals. People told us, "The food is good, plenty of it and if I fancy something different staff get it

for me," "Food is edible, I like a jug of water," "Food is ok, I get enough, plenty to drink, I get a choice on the day, quality could be better, I can have something else if I don't like it like cheese or toast," and " Food is edible, I am allergic to pork so they get me something different." One person said, "My son and family visit regularly, I don't like the food, my family bring me food. It was nice when they had a cook, now it is horrible. Plenty to drink." Another person said, "Food is pigswill, it is cold very often or too hot, it can be disgusting, plenty to drink." One visitor said, "Food is adequate, not ideal," and another visitor said, "Mum enjoys the food, she always gets a choice and enough, there is fruit, cakes and biscuits."

On a daily basis people were asked what they would like from the menu. There was always a choice and people's allergies, cultural and personal likes and dislikes were taken into consideration when the menu was planned. Nutritional assessments were in place and identified if anyone was at risk of malnutrition, dehydration or required a specialised diet. Information about people's dietary requirements were in their care and support plans and in the kitchen so staff were aware of any specific dietary requirements, such as pureed food, fork mashable and fortified. Fortified food was used for those people who had lost weight and contains high calories such as full cream. Where necessary people's food and fluid intake was recorded. The Environmental Health Organisation had visited in February 2018 and awarded a rating of 4 with minimal advisories.

Most people chose to eat their meals in the dining room and the lounge. The table was laid with condiments and cutlery. People were able to sit where they wanted to and we observed people felt comfortable eating at their own pace and in their own time. This made mealtimes a sociable occasion. Meals were well presented and looked nutritious. When people had finished their meal staff checked they had eaten enough and second helpings were offered. There was a choice of hot and cold drinks available throughout the day and fresh fruit was available in the dining room. Homemade cakes were available in the afternoons. People's weight was monitored monthly and staff sought advice as required. For those that could not be weighed staff used a measuring guide to estimate the person's weight.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found the service had up to date policies and procedures in relation to the MCA; so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations. At the time of inspection the home lead? informed us that only one person had been referred for a DoLS authorisation. The service had completed appropriate assessments in partnership with the local authority and any restriction on the person's liberty was within the legal framework. We found that the service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for people who used the service.

People were supported to live healthy and meaningful lives. This included GP's, behaviour therapists and a speech and language therapists (SALT) to ensure peoples accessed the right support. People told us their health was monitored and when required external health care professionals were involved to make sure they remained as healthy as possible. This included the optician, dentist and chiropodist. Staff had access to the internet so that they could access NICE guidance and Health and safety executive to ensure that they were following best practice guidance and up to date with any changes to the legislation.

People's health needs were supported by a local GP surgery and those who lived with diabetes were seen at the diabetic clinic and monitored by the GP and district nurses. One person told us, "I can see a Dr, I have a DNR. I could see a Catholic Priest. I like my room. A care plan has been discussed. " Another said, "I can see a Dr if I needed to, Chiropodist and Hairdresser come to me." Visiting healthcare professionals told us people were referred to them appropriately. One health professional said, "The staff are polite, they know their residents well." A GP said that staff rang the surgery in a timely way when they had concerns about people's health. Staff demonstrated an awareness of whom to contact if they had concerns about weight loss and swallowing difficulties. One staff member said "We would contact the doctor immediately for a referral if we had concerns."

Abbey House is an older building which has been adapted with facilities such as a lift to enable people to access all areas of the service whatever their mobility needs were. At the last inspection it was identified that certain areas of the environment needed improving. This inspection found that carpets had been replaced and rooms redecorated. The communal areas were homely and comfortable with good standard furniture. The outside areas were well kept and pleasant for people. The provider had an annual environmental action plan. This identified that plans for improvement were on-going. People liked living in the service and comments from people included, "My room is my own and I've got all my bits around me," and "They keep my room clean and tidy, the home is just lovely."

Is the service caring?

Our findings

Caring was rated as 'Requires Improvement' at our last inspection in October 2016. At this inspection, we found that caring had improved to 'Good'.

People who lived at Abbey House all said they were treated in a kind, caring and patient way and that their spiritual needs would be respected if they wished. People told us, "Staff are very good to me, very good at offering choices. I have photos of my family in my room, all very pleasant," "They give me good attention when my legs are painful, they could do? with more of them," "Very good at respect and dignity, always knock, very caring. Privacy is very good, this is my home," and "Choose our clothes, they treat us as adults not children."

At the last inspection people's dignity and privacy had not always been respected by staff. This inspection found people were treated with respect and their dignity promoted. We saw staff had an appreciation of people's individual needs around privacy and dignity. For example, we witnessed staff knocked on bedroom doors before entering and called out their name. We saw examples during the day of how staff reacted sensitively to people's needs. For example, one person requested to go to the bathroom and needed support from two members of staff. Both staff were kind, spoke softly so no one else was aware and all three were seen laughing and joking throughout the activity. We spoke with the person who said, "They do things gently and privately always showing respect which is really nice." Another person said, "Staff try to encourage us to be independent, definitely very caring here."

People were treated with respect and staff showed attention to the details of care. For example, people's hair was brushed; they were helped with nail care, jewellery or make-up, or assisted with shaving. Clothes were clean. This helped to demonstrate that staff valued and respected the people they supported. Relatives commented that whenever they visited, people seemed well cared for and happy. One relative said, "Staff are very kind and caring, Mum speaks highly of them."

People were supported to maintain important relationships outside of the service. Relatives told us there were no restrictions on the times they could visit the service, they were always made welcome and invited to events and resident meetings. Staff recognised people's visiting relatives and greeted them in a friendly manner and offered them drinks. Visitors told us they could speak to people in private if they wished and gave positive comments about how well staff communicated with them, telling us staff always contacted them if they had any concerns about their family members.

By talking with staff we found they had an understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness. Staff were aware to treat people as an individual and promote independence where possible. For example, one person who lived at the home said, "I have been able to walk better since I came here." They went on to explain how more independent and confident they felt since the staff supported them. People's care records included reference to an assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their role in ensuring people's needs were met in this area. We saw that some

staff had been trained in equality and diversity. All of the people we spoke with told us that staff treated them with dignity and respect, particularly when they were delivering personal care. People were supported in an individualised way that encouraged them to be as independent as possible.

Peoples' records documented their preferences and choices in terms of social, health needs and their religious beliefs. One person told us that they saw a priest regularly and another said, "I have been asked if I want to go to church but I choose not to." Care plans were seen and discussed with people who lived at the home and, their family members confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described support people received and how they spent their day. People we spoke with said, "They offer choices, like meals, they also help me to choose my clothes and co-ordinate me," and "Very kind and very patient with us all, the best thing is that they are gentle to us."

People were also consulted about the gender of care staff supporting them. Where people had stated a preference not to have male care staff supporting their personal care this was respected. One person said, "I prefer female care staff and that is what I get." Another person said, "I was asked if I had any preferences, but I don't mind." One person told us that the male care staff were wonderful and shared a love of football, "Really lovely to have a bit of banter."

Staff spoke with us about the people they cared for with affection and were able to tell us about people's lives prior to living at the service; including what was important to people. People were addressed by their preferred name and staff took the time to recognise how people were feeling when they spoke with them. For example, recognising and asking if people may be in discomfort and providing pain relief medicines. Staff knew about people individually and chatted about things that were relevant to them. For example, favourite football teams, previous jobs, former pets and their families.

Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. For example, one person had a sensory impairment that affected their ability to hear properly. Staff ensured that the hearing aid was always clean and serviced and batteries available. Another person told us that their eyesight was poor but staff were very good and ensured that things were placed nearby and helped them with their mail. We saw that one person who had difficulty with speech at times was listened to patiently by staff and, that staff did not rush them or answer for them.

People said staff listened to them. For example, one person said staff never rushed them, if they wanted to sleep in they could. Another person said, "I like to be left alone, I'm very independent and my family are close by."

We spoke with the home lead about access to advocacy services should people require their guidance and support. Information was available to people in a format that was suitable for them. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

Is the service responsive?

Our findings

Responsive was rated as 'Requires Improvement' at our last inspection in October 2016. At this inspection, we found that responsive had improved to 'Good'.

People and their relatives were involved in developing their care, support and treatment plans. One person said, "Yes I think the staff understand me and my needs. It would depend on the problem as to who I talked to," "If I wanted to see a Priest or go to Church it would be arranged," "I shower twice a week and see the Hairdresser," and "Not many activities on offer since the activity person was poorly and left, but, we are happy with our lives here. I have been to a residents meeting."

People said they were aware of their care plan and that their care needs had been discussed with them. One person said, "I came here after an accident and could not care for myself, it was all arranged for me and I was involved every step of the way. I have been thoroughly spoilt here, they attend to everything. If I ring the bell they come quickly. I am not worried whether it is a male or female carer." Another person said, "Shower every Monday or whenever I ask for one, I choose my clothes. I go out with my Niece and use my walker." A third person said, "I would go to the owner if I had a complaint or to a member of staff, activities could be more energetic, get us moving."

Senior staff met with people before they moved in to ensure Abbey House could meet their needs. We looked at the most recent arrival's care plan. On the whole the admission was well recorded and evidenced that the person was involved in the process. The care plan contained a good level of information that guided staff to deliver the care the person needed and in a way the person wanted. People felt the care provided was individual and focused on their needs. Comments included, "Not a single thing is missed by staff, they know what I want, and they always ask me first." One person confirmed their choices were met, "I go to bed when I want, go downstairs if I feel like it, and offered choices about food."

The service used electronic care planning records and each person had a care plan in place. Care records were detailed and evidenced that staff knew people well. Levels of need were clear, for example, where someone had very complex needs they had been assessed as 'very high dependency needs'. Night routines were clear, describing all care that needed to be given to support them. Other care records detailed their interests and gave staff information that they could use to engage with them. Staff had a good understanding of people's needs and could describe care needs well. They received updates about each person during the daily shift handover. We joined one handover session which showed that staff discussed everybody and how they were and identified those that needed encouragement with food and fluids. Staff said they felt the handovers were beneficial especially if they had been off duty for a few days.

Activities were led by care staff and consisted of drawing, singing and table games. One person said, "The activity person was really good but she wasn't well and left." Another person said, "We have exercise classes sometimes and singers come in and I think we have had pets come in." A third person said, "We don't get bored, I have my friends and we sit together and chat." Four people said they didn't want activities and preferred to stay in their room. The management team were aware that visits out were needed and were

actively sourcing community support that would enable volunteers to support staff in this area. We spoke with a visitor that said, "I think activities could be better but I know that quite a few people don't want them, it's a personal choice I think." Another visitor said, "There might not be singing and dancing everyday but I see staff chatting and sitting with people, people seem content and happy."

Staff said they sat and discussed local news and spent time with people painting nails. One staff member spoke of the keyworker system which meant they had an additional hour each month to spend time with people. They might do their shopping for them or take them out. One person told us, "I only have to ask and staff do it, really good here as they care, I don't want to do bingo or sing, I didn't do it when I lived alone so why would I want to do it now." Another person said, "I've lived a full and busy life, my family visit me, I don't want to go down and mix, I'm happy here with my photos and bits and bobs." Three people said they were not concerned about the level of activities as they preferred to be in their room, watching TV, listening to the radio or reading. One person said they received 'talking books' from the blind organisation, which they enjoyed very much.

During the inspection process the provider discussed with enthusiasm a local meeting she had attended with other similar services where they discussed ways of providing social events and accessing some activity centres in town that had recently opened. This would open up community links and encourage people to go and meet new people and new past times such as pottery classes and art classes.

A hairdresser visited the service regularly and this was appreciated by people. One person said, "Its lovely to have my hair done, makes me feel good." Representatives from the local church visited for services during the year, such as Easter and Christmas and one person said, "The church minister visits me."

Although no one living at the service was receiving end of life care at the time of our inspection, the home lead provided an assurance that people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death. Staff confirmed they worked closely with relevant healthcare professionals, such as the local palliative care team and provided support to people's families and staff as necessary. We saw complimentary letters from families thanking staff for the lovely care their relative had received at this time. The care documents contained information about people's wishes at this time and these were supported by a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms for some people. DNACPR forms are where a medical decision is made by a doctor with the person or their representative.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with an impairment, disability or sensory loss. Support plans seen confirmed the management team's assessment procedures identified information about whether a person had communication needs. These included what the person required, for example, large print to read. This was to ensure people who lived at the home had access to information in different formats, such as large print.

A complaints procedure was in place that was readily available to people and relatives. The procedure was displayed in the communal area and given to people when they moved into the home. We looked at the complaints file and saw that complaints managed in accordance with the provider's policy. We read the details of a recent complaint and the actions required had been checked and followed up by the registered provider. The people we spoke with had not had a reason to make a complaint, but felt confident they could do so if needed. Comments included, "I would ask to see the person in charge, I have no complaints." A visitor said, "We would see the manageress or get the number of the owner if we were worried."

Records showed there had been one written complaint in the last 12 months, which was from a relative. This had been investigated (records maintained) and the complainant had received a written response. There was a complaint procedure displayed in the dining room.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in April and May 2017. At that inspection we found a breach of the legal requirements. This was because there was no registered manager at this service. We also found that the provider did not have an effective system for monitoring the quality of the service and driving improvement. Records relating to the care and treatment provided to people and running of the service were not always accurate or up to date.

At this inspection we found improvements in some areas but they had not been consistent and we found that further improvements were needed to meet the breach of regulation.

The service had been without a registered manager since April 2015. The acting manager had left the service in June 2017. At present a care staff member had been put in place as the 'home lead' who was office based and was supported by another member of staff who would be responsible for staff training, supervision and leadership on the floor. Both roles had a new job description detailing their responsibilities and their specific role. The provider was actively recruiting a manager but there had been no successful candidate as yet. The provider visited or contacted the manager daily to provide support and guidance. There was also support given by the registered managers at the other homes in the organisation.

People who lived at Abbey House knew the home lead, who was in day to day charge and they said she was approachable. Comments included, "She is a very caring person, it's well run," and "Very good here, everything is good." People and visitors knew who the provider was and would not hesitate to contact her if they had a problem.

The systems in place to assess the quality of the service provided or to monitor and mitigate risks to people were not fully robust. The provider had an established quality assurance systems but they were not fully implemented or embedded into practice.

Some audits were carried out; however these were not effective in bringing about improvements. For example, medicines audits had been carried out but failed to identify the shortfalls found at this inspection. This meant that people were not always protected from potential risk of medicine errors. Staff training was an issue that was known by the home lead and the area manager but action had not been taken to ensure staff had completed the training. We also found that staff had not received supervision as stated in their organisational policy.

The provider had not ensured all records relating to the service were accurate, complete and up to date. Risk assessments for people had not been updated since May 2017 and this had not been identified through the audit system for care plans. We identified that one person's care plan had not been updated to reflect significant changes to their health, in moving and handling, nutrition and communication.

There had been no analysis of the falls that had occurred to try and detect any patterns. There had been a number of falls in the past 12 months. Staff had taken action in the immediate aftermath of each fall,

however there had been no overall analysis to help understand why the falls had happened and if anything could be done to reduce the risk of similar incidents happening again. For example, between the 19 January 2018 and 15 February 2018 there had been seven unwitnessed falls, three of which were for one person. There had been no referral to the GP, falls team or the local authority and no plan of action entered in to the care plan or risk assessment to prevent a re-occurrence.

The provider had not always ensured people were protected from varying staffing levels. The provider's preferred staffing levels were not always achieved, which resulted in people being at risk of not receiving the care and supported they needed.

The lack of robust quality assurance processes and risk management measures meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us a rota which had been updated to reflect changes to the staffing levels and the deployment of staff.

We reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was not very informative and did not reflect the shortfalls found during the inspection process, for example, training shortfalls.

Records and documents pertaining to the running of the home which included health and safety checks were not all up to date and readily available at the service. Following the inspection the provider sent us information in respect of safe maintenance of the service; this included legionella status, electrical, gas and emergency lighting certificates.

Feedback was gained from people by annual satisfaction questionnaires and by monthly resident meetings. People had mixed views about the resident meetings and the management team. People told us, "Haven't a clue who the manager is, I have never been to any meetings," "Yes the staff listen to me, no manager comes to chat. The quality of care here is good. I have nothing to complain about, they would sort out any problem if I had any," "There was a manager but she left, I did go to one meeting. It is very good here." Other comments included, "I don't know the owner, we have a vacancy for a manager, they are arranging one," and "Lack of management, no one here as a manager or deputy, I feel very sad about this, no one I can go to if I have a problem. It is very wrong not to have a manager, this side of things is very bad." These comments have been passed to the management team for them to reassure people and provide support.

There was an open culture at the service. The home lead was visible and worked at the service 8am until 2pm, five days a week. She had a good understanding of people and their individual support needs. She regularly met with people and attended handover meetings which ensured she remained up to date with people's needs.

The home lead told us that they had an open door policy which had really supported the home to be able to rectify any concerns before they become bigger issues and offer support in any areas where it may be needed. However, one person said, "The manager's office is upstairs so we don't see her." A family member said, "As the office is out of the way we don't always know when the manager or owner are about, but we talk to care staff." The service shared the minutes of resident meetings with people. However, people told us that every time they complained about the food nothing happens and, the food was still not enjoyed by people.

Staff told us they enjoyed working at the service. Two staff said that they had completed staff surveys in the past but could not remember if they had completed one last year. Staff told us, "Very happy here, well supported, some training still to do, Fire Safety. I have done a First Aid course, Manual handling and lift training, we are waiting for a manager to be appointed," and "Happy here, I like it, I am well supported by the staff, I have done all the training offered. All Supervision has been cancelled so I have not had any. More staffing would be better here, time can be a problem, we are rushing around."

Staff had access to policies and procedure, for example, whistle blowing, safeguarding, infection control, health and safety, in accordance with best practice and current legislation. However, not all staff had read them, but knew they were kept in the office. One staff member said, "I would read the policy if I needed to." Another staff member said that they had read them when they first came to work at Abbey House. We saw evidence that the service worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. The health and social care professionals we contacted did not express any concerns at the time of our inspection. External health care professionals we contacted informed us that staff were kind and followed their guidance.

The provider was aware of the requirement to inform the Care Quality Commission of events or incidents which had occurred at the service. The commission had received appropriate notifications, which helped us to monitor the service.

From April 2015 it was a legal requirement for providers to display their CQC rating. The provider's web site was currently being prepared.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's safety were not being adequately identified and addressed in a timely way. Regulation 12(2)(a)(b).</p> <p>People's medicines were not safely managed or consistently administered as prescribed. Regulation 12 (1)(2)(g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were a range of audits to monitor and assess the quality of the service. However these were not fully effective, as shortfalls were not being identified or addressed. Regulation 17, (1) (2) (a), (b) (c) (d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There were not always enough sufficient numbers of suitably qualified, competent, skilled and experienced staff to deliver safe care. Regulation 18 (1) (2) (a)</p>