Abbeygate Rest Homes Limited

Abbeygate Retirement Home

Inspection report

Abbeygate Retirement Home
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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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

Abbeygate Retirement Home is registered to provide care for up to 26 older people, including people living with dementia.

We inspected the home on 22 and 29 September 2015. The inspection was unannounced. There were 26 people living in the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with CQC 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is

Summary of findings

considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection there was no one using the service who had their freedom restricted in order to keep them safe, although the manager was considering the need for an application in respect of one individual.

People felt safe using the service and were cared for by staff in way that maintained their dignity and respect. However, there was a shortage of staff in the care team which increased the risk to people's safety and wellbeing.

The service had strong links with local healthcare professionals which meant people were able to access promptly any specialist support required. Medicines were managed safely.

Food and drink were provided to a high standard.

People and their relatives were involved in planning the care and support provided by the service. Staff listened to people and understood and respected their needs. Staff reflected people's wishes and preferences in the way they delivered care. Staff understood how to identify, report and manage any concerns related to people's safety and welfare.

Although some people were encouraged to pursue their personal interests, some people did not have enough to stimulation or occupation.

People and their relatives could voice their views and opinions to the manager and staff. The registered provider, the manager and staff listened to what people had to say and took action to resolve any issues as soon as they were raised with them. The manager reviewed untoward incidents and concerns to look for opportunities to improve policies and practices for the future.

Staff were recruited to ensure they were suitable to work with vulnerable people. They had received training and support to deliver a good quality of care to people, and an active training programme was in place to address identified training needs.

Staff delivered the care that had been planned to meet people's needs and had a high degree of knowledge about their individual choices, decisions and preferences. There was a calm, homely atmosphere in the service and staff cared for people in a kind and friendly way.

There were systems in place for handling and resolving complaints and the manager and staff encouraged people and their relatives to raise any concerns. The manager demonstrated an open and accountable management style and provided effective support and leadership to the staff team. The manager and the registered provider regularly assessed and monitored the quality of the service provided for people.

Summary of findings

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 consistently safe.

Staffing shortages in the care team increased the risks to people's safety and wellbeing.

Staff were able to recognise any signs of potential abuse and knew how to report any concerns they had.

Medicines were well-managed.

Requires improvement

Is the service effective?
The service was effective.

People were supported to make their own decisions wherever possible and staff had an understanding of how to support people who lacked capacity to make some decisions for themselves.

The service worked well with local healthcare services and people had prompt access to any specialist support they needed.

Food and drink were provided to a high standard.

Good

Is the service caring?
The service was caring.

People were treated with dignity and respect and their diverse needs were met. Their choices and preferences about the care they received were respected.

Care and support was provided in a warm and friendly way that took account of each person's personal preferences.

Good

Is the service responsive?
The service was not consistently responsive.

Some people were supported to pursue personal interests but there was a lack of stimulation and occupation for others.

People received care and support which was responsive to their changing needs.

People and their relatives knew how to raise concerns and make a complaint if they needed to.

Requires improvement

Is the service well-led?
The service was well-led.

There was an open and welcoming culture within the service.

Good

Summary of findings

The manager displayed an open and accountable management style and provided effective leadership and support to the staff team.

The registered provider had systems in place to assess and monitor the quality of the service provision.

People and their relatives were encouraged to voice their opinions and views about the service provided.

Abbeygate Retirement 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. The inspection was planned to check whether the provider was 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.

We visited Abbeygate Retirement Home on 22 and 29 September 2015. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The first day of our inspection was unannounced. The manager of the service was on leave on the first day of our inspection and we needed to talk to her before completing our inspection. We therefore agreed the date for the second day with the manager, to ensure she was available to talk to us when we returned.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with nine people who lived in the home, three relatives who were visiting at the time of our inspection and a community health professional. We also spoke with the manager of the home, three members of the care staff team and the assistant chef.

We looked at a range of documents and written records including four people's care records, three staff recruitment files, training records, supervision and appraisal arrangements and staff duty rotas. We also looked at equipment and building maintenance records and information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

We reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

Requires improvement

Is the service safe?

Our findings

Several people told us that that they had concerns about staffing levels in the care team. One person said, "They are short staffed at the moment." Another person said, "They need more staff because there are more people who need hoisting." Staff also told us there had been recent staffing shortages. On the first day of our inspection, a member of staff who was due to work that day was unable to come to work. No cover had been arranged which meant the care team was operating with one person down, including over the lunchtime period. As part of our inspection we observed people having their lunch in the dining room. We saw one person get into difficulties whilst eating their lunch. They were unable to stop coughing and became distressed. There were no staff present in the dining room at the time and we had to call for assistance. Although a member of staff came as soon as we made them aware of the situation, and the person concerned made a full recovery, people had been placed at increased risk of harm.

We raised this issue with the manager who readily acknowledged that there was a staffing shortfall in the home. She told us that she kept staffing levels under regular review to ensure they were sufficient to meet people's support needs. In 2014, in response to the changing needs of the people living in the home, she had increased the number of care staff deployed on the rota. The manager explained that some staff had left recently and although new staff had been recruited, they were not yet in post which had created a temporary staffing shortfall. The manager told us that although this had largely been covered by existing staff working extra shifts, or by bank staff employed directly by the service, it had not been possible to provide cover on every occasion. This meant some shifts had run with one staff member fewer than the assessed level. We reviewed care staffing rotas and saw that this had happened on approximately one in every ten shifts in the previous three months, including the first day of our inspection. The manager told us she was reluctant to use agency care workers to cover shifts, as the people living in the home had told her the agency workers didn't provide the same level of care and support as the home's own staff. The manager told us that four new care workers had been recruited and would be starting in October 2015 which would enable staffing to be maintained at the level she had assessed as being required to meet people's needs.

Staff told us how they ensured the safety of people who lived in the home. They were clear about whom they would report any concerns to and were confident that any allegations would be fully investigated by the manager or the registered provider. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC). Staff said, and records showed, that they had received training in how to keep people safe from abuse and there were up to date policies and procedures in place to guide staff in their practice in this area. The manager demonstrated her awareness of how to work with other agencies if any concerns were raised. Advice to people and their relatives about how to raise any concerns was displayed on a noticeboard in the entrance to the home.

We looked at four people's care records and saw that a wide range of possible risks to people's wellbeing had been assessed, for example the risks of falling or malnutrition. In most cases, the care records detailed the action had been taken to prevent any risks identified. For example, we saw that one person had been assessed as being at high risk of developing a pressure ulcer. Advice had been obtained from the district nursing service, preventive measures had been put in place and the risk had been avoided. However, in some cases, it was not clear from the care records that action had been taken to address the risks that had been identified. We raised this with the manager who was able to show us that the assessed risks had been addressed correctly and no one had been harmed by the recording omissions. The manager told us, in future, she would make sure that both identified risks and follow up actions were fully documented in people's care records. Staff demonstrated they were aware of the assessed risks and management plans within people's care records and used them to guide them in their daily work. One member of staff told us, "I always use the care plan to ensure I am familiar with individual risks."

Staff said that they were committed to maintaining people's independence whilst at the same time protecting them from harm. One staff member told us, "It really annoys me when 'health and safety' is used as an excuse to stop people doing things. Here, people have the freedom to come and go when they like." We met one person who had just been out to the local shop on their own and were told of someone else who liked to walk round the village independently.

Requires improvement

Is the service safe?

Staff told us, and records showed, that when accidents and incidents had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, in response to a recent accident, furniture had been rearranged in someone's room to make it easier for them to move about and reduce the risk of a further accident.

We saw the provider had safe recruitment processes in place. We examined three staff personnel files and saw that references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the service had not employed people who were barred from working with vulnerable people.

We reviewed the arrangements for the storage, administration and disposal of medicines and saw that these were in line with good practice and national guidance. Staff told us, and records confirmed, that only staff with the necessary training could access medicines and help people who needed support in this area to take their medicines at the right time. We observed a member of staff administering medicines and saw that they talked carefully to each person individually and discreetly about the medicine they were being offered. We saw that one person was offered an 'as required' medicine but decided that they didn't want it on this occasion. The staff member accepted their decision readily. We saw that one person managed their own medicines although staff support was available if needed, for example to pick up new prescriptions from the local pharmacy on their behalf. We reviewed recent audits of medicines management which had been conducted internally and saw that action had been taken to address the recommendations made.

Good

Is the service effective?

Our findings

People told us that the service met their needs. One person said, "I have been in several homes [for respite support] and this is the best one." A visiting relative told us, "The staff are very good and accommodating of [my relative's] needs." Staff demonstrated a good understanding of people's individual needs and were confident that they had the knowledge and skills to meet them.

New members of staff received induction training. They were provided with an introductory workbook which was signed off by a senior colleague. New starters were also expected to shadow more experienced members of staff before they were deployed as a full member of the team. One staff member told us, "It was a good induction. I had been out of work for two years and it helped me build my confidence and get me where I needed to be." The service had signed up to the new national Care Certificate which sets out common induction standards for social care staff. Several members of staff were working towards the certificate and were being assessed internally by colleagues who had been trained in this role.

Staff told us, and records showed, they had received a varied package of training to help them meet people's needs. We saw that the manager maintained a record of the training that was required by each member of staff and worked with a range of training providers to ensure this was delivered. We saw that the service had used specialist training agencies to make sure staff were up to date on best practice and that several staff were working with a local college to gain nationally recognised qualifications. One staff member told us, "The training here is much better than I have had before."

Staff had been trained in, and showed a good understanding of, the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). This is the legal framework that exists to ensure that the rights of people who may lack mental capacity to take particular decisions are protected. One staff member told us, "Everyone has the capacity to make decisions, unless it's proved otherwise." Another member of staff said, "Even if someone has lost capacity to make big decisions, it is important to give them choice in smaller day-to-day decisions such as what to wear and what to eat." At the time of our inspection, the manager was considering whether a DoLS authorisation was required for one person living in the home to ensure that their rights were protected and they could continue to receive the care and support they needed.

From talking to staff and reviewing records, we could see that staff were supported to undertake their role and were appraised regularly by the manager. We saw that communication logs, shift handover meetings and the manager's desk diary were used to ensure staff kept up to date with changes in people's care needs and any important events.

Staff ensured people had prompt access to local healthcare services whenever it was required. From talking to people and looking at their care plans, we could see that people's healthcare needs were monitored and supported through the involvement of a range of professionals including their GP, district nurses, physiotherapists, a local chiropodist and a visiting dentist. A local community healthcare professional, who was visiting the home on the first day of our inspection, told us, "We go into a lot of homes. This one is very good in letting us know if they have a concern about any of the residents. They are very proactive and are open to our suggestions, unlike other places." One member of staff said that the service was in touch with the local surgery, "most days." Another staff member said that if they were supporting someone to get up in the morning and noticed a reddening of their skin they would, "Report it to the senior to arrange a district nurse visit. It's better to do that than risk a [skin] breakdown."

As part of our inspection we sat in on a staff handover meeting. The staff present demonstrated a high level of knowledge about the healthcare needs of the people using the service and were concerned to make sure any issues were followed up promptly.

People were very pleased with the food and drink provided in the home. One person said, "The food is lovely, it's all homemade and you can have as much as you like." Another person told us "You always get a choice. If you don't like it they'll find something for you." We spent time in the kitchen and observed people eating lunch and snacks and saw that people were served food and drink of a high quality. There was a rolling five week menu that changed seasonally. This provided two home cooked lunch choices each day. On the first day of our inspection we saw that one person didn't want either of the lunch choices on the menu that day. The chef told us that this, "wasn't a problem" and

Good

Is the service effective?

that she would be cooking an individual meal for that person. A cooked breakfast was available every other day and people were offered a wide choice at tea time, including home made cakes. Hot and cold drinks were offered by staff at regular intervals throughout the day to combat the risk of dehydration. The chef sought feedback from people on the food and drink provided and made changes accordingly. For example, on the day of our inspection, savoury mince was offered as one of the menu choices in place of spaghetti bolognaise, reflecting feedback people had given the chef. There was a fridge in the kitchen that people used to store their own personal food items, for example favourite beers or jams.

Both catering and care staff demonstrated a detailed understanding of people's individual nutritional needs and preferences. A list of people's likes, dislikes and dietary requirements was kept in the kitchen and was reviewed and updated as people's needs changed. We saw that the chef knew which people were diabetic and which people needed to have their food pureed to reduce the risk of choking. The chef told us that the service promoted healthy eating, for example fresh fruit was available throughout the day and all the vegetables used in the kitchen were, "Fresh, never frozen."

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, “They are angels.” Another person said, “I feel well looked after and cared for. I feel at ease.” One staff member told us, “I would be happy for one of my relatives to live here. It’s like an extended family, a nice and cosy atmosphere. Everyone knows each other.”

There was a calm and homely atmosphere within the service and, throughout our visit, staff interacted with people in a friendly yet respectful way. We saw that staff addressed people in different ways, using a mixture of first names and surnames to reflect each person’s preference. Staff engaged individually with people and spoke to them in a kind and reassuring way. One member of staff said, “It’s important to talk to people and listen to their life stories and get to know what they like and don’t like.” Throughout our inspection we saw examples of staff supporting people in a caring way. For example, we saw one person making their way to the dining room in their wheelchair. A member of staff asked if they could manage on their own, or would like some help. At lunchtime we saw one person become slightly anxious and confused. A member of staff responded with kindness and patience, which reassured and calmed the person.

We saw that the staff team supported people in ways that took account of their individual needs and maintained their dignity. One staff member told us that when they supported someone to get up in the morning, “I offer them the flannel so they can wash themselves if they wish. Some people get their dignity from being independent.” Another member of staff told us, “It’s important to give people as much choice as possible and always ask, don’t presume.” Care plans and other documents detailed people’s preferences, for example how they liked to dress, what they liked to eat and how they liked to spend their time. We saw that staff understood and respected these wishes as part of their commitment to giving people as much personal choice and control as possible. At lunchtime, we saw that people were offered a choice of drink to accompany their meal and that people had the choice to eat in the communal dining room or their own bedroom. During our inspection we also saw examples of the provider’s focus on people as individuals. For instance, people told us that the chef always made a cake for people on their birthday. The manager also told us that every bedroom was redecorated and re-carpeted before someone moved into it.

Staff were discreet when supporting people with their personal care needs. We saw that staff knocked on the doors to private areas before entering and ensured doors to people’s bedrooms and toilets were closed when people were receiving personal care. We were told that some people had locks fitted to their bedroom door, to further protect their privacy. The manager told us this was done for anyone who asked.

Although no one was using an advocacy service at the time of our visit the manager was aware of the services available locally and how to access them if required. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

People were supported to maintain their diverse spiritual needs and attend local church services if they wished.

Requires improvement

Is the service responsive?

Our findings

We saw that several people chose to spend time in their own room and clearly enjoyed their own company. One person told us, “I like it on my own.” Another person said, “I read the paper, do my crossword and watch the television – I never get bored.” Another person told us that they looked after the home’s library and organised occasional book sales to raise money for the home’s improvement fund. However, in the communal areas of the home we saw several people sitting for extended periods of time with nothing to stimulate or occupy them and only occasional interactions with passing members of staff. We saw that there were no published activities programmes for August and September and that very few activities were recorded in the individual care records we reviewed. We raised these issues with the manager who told us that the recent staffing shortages had affected the provision of activities within the home. She told us she was committed to improving the situation and planned to, “Find the right way to put together and deliver [a programme of activities]" that met the needs and preferences of people living in the home.

We saw that people had their needs and preferences assessed when they moved into the home. These were reflected in an individual care plan which detailed each person’s specific needs and how they liked to be supported. We saw that the plans had been developed, and were reviewed, in consultation with people and their relatives. The care plans captured people’s changing needs and provided important information for staff to follow. One member of staff told us, “I check the communication log at the start of every shift. If there has been a change in someone’s support needs there will be a note which I follow up by reading the care plan.” For example, we saw that one person had a daily assessment of how much assistance they needed with walking that day. Staff understood the need to check the daily assessment for this person, to ensure they provided the minimum support required to meet their needs that day, without compromising their independence.

We observed a handover meeting where staff discussed each person’s individual needs and any changes that the staff starting their shift needed to be aware of. We saw that the staff present had a very good understanding of each individual’s physical and emotional support needs. For instance, staff were concerned that one person who had moved into the home recently might be feeling homesick and discussed a variety of strategies to help them.

We saw that people’s bedrooms were decorated and furnished individually and that people had personal photographs, paintings and other souvenirs on display. In addition to their own bedroom, people could choose to spend time in the communal lounges or the attractively landscaped garden areas. On the second day of our inspection we saw two people sitting together in the garden, chatting with each other and enjoying the autumn sunshine.

People told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. One person said, “I go to [the manager] with any problems. There was a complaints procedure available and although there had been no formal complaints notified to CQC in the previous 12 months, the manager told us that she had an open door policy and encouraged people and their relatives to “drop in” and talk to her about any concerns. As an example, the manager told us that a family member had been in touch recently with a query about a recent change to their relative’s care. The manager had arranged a meeting with the family to make sure everyone understood and was comfortable with the decision that had been made.

Good

Is the service well-led?

Our findings

On both days of our inspection we saw that the atmosphere in the home was open and welcoming. The manager was clearly well known to the people who used the service, relatives and staff. People told us that the manager was very approachable and a relative commented, "We have had a lot of help from [the manager]." One staff member said, "She [the manager] is a good boss. Her door is always open and I feel listened to." Throughout our visit the manager demonstrated a very open and accountable style, for example in the way she responded to issues we raised with her, including the staffing shortfalls.

We saw that staff worked together in a friendly and supportive way. One staff member said, "There's a good atmosphere in the staff team. I would recommend working here." Another member of staff told us, "I enjoy working here. Everyone gets on well with everybody – not like the last place I worked. There's a good team spirit." The manager told us, "I am very lucky to have the staff we have here."

Staff demonstrated a clear understanding of their roles and responsibilities within the team structure and also knew who to contact for advice outside the service. Staff knew about the registered provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home or the company, that could not be addressed internally.

The manager had a excellent knowledge of staff competencies and people's individual care needs and preferences. This helped her to oversee the service effectively and provide leadership for staff. She said of her involvement with the service, "It's more of a family commitment than a job." The manager did not have a deputy but when she was absent from the service, cover was provided by the registered manager of a nearby home operated by the same provider.

The manager demonstrated a good understanding of the current reporting requirements of CQC and other agencies such as the local authority.

There was a clear quality assurance and audit framework in place within the home. We saw that a range of audits was completed regularly in areas such as medicines, care planning, infection control and catering. Action had been taken to address any issues highlighted in these audits. For example, in response to a recent catering audit, new temperature probes had been obtained to ensure food was cooked safely. The manager told us that she walked round the building at least twice a day to check the environment was safe and clean, and to catch up with people and staff.

The manager conducted an annual customer satisfaction survey to ask people and their relatives to provide feedback on the service they received. People were also asked to complete a survey eight weeks after they had moved in to the home. We read some recent survey returns and saw that one relative had written, "I would recommend Abbeygate to anyone. It's the best care home I know of." Another person had commented, "The staff are fantastic – always willing to help." The manager told us that the surveys were an important source of feedback to her and her team and that changes were made as a result. For example, one person had commented on the noise of the television in neighbouring bedrooms and this had been addressed with the people concerned. The manager also hosted regular meetings for people who lived at the service and their relatives. These also provided important feedback, particularly on menus. The manager said the next meeting would be combined with a coffee morning in an attempt to encourage greater participation and attendance.