

Abbey Village Limited

Abbey Village

Inspection report

34 Wrawby Street
Brigg
Lincolnshire
DN20 8BP

Tel: 01652225548

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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

Abbey Village is a residential care home providing accommodation for people who require personal care and support. During the inspection 30 people were living at the service which can support up to 34 people, some of whom may be living with dementia. Accommodation is provided on one level. The service is in Brigg town centre.

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

People did not always receive safe care. Infection control required improving. Window restrictors were not fitted in some areas of the service. We recommend that staffing levels and deployment required reviewing to make sure people received timely care and support. The registered manager told us they would act upon the issues found.

Medicine management was robust. Procedures were in place to help protect people from the risk of harm and abuse.

Staff received an appropriate induction, training and support. Supervision and appraisals were provided for staff. Issues with staff performance were addressed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Improvements had been made to bathing facilities at the service. There was signage present to help people living with dementia to find their way round.

Staff were caring and kind. People we spoke with confirmed this. Information was provided to people in a format that met their needs in line with the Accessible Information Standards.

People's care records were person centred and care plans and risks assessments were in place. A programme of re-writing people's care records was taking place. Some areas of people's records required reviewing or updating during the inspection. People's diet and fluid intake records were not generally completed by night staff. The registered manager was addressing this.

People were supported and encouraged to maintain their independence. Health care professionals were contacted by staff to help maintain people's wellbeing. A programme of activities was in place for people to take part in, if they wished. This was being developed further. End of life care was available at the service.

People could raise complaints. This information was used to improve the service. A programme of activities was in place for people to take part in, if they wished. This was being developed further.

The management of the service was improving. Quality monitoring checks and audits were undertaken. Infection control required improving. Window restrictors were not fitted in some areas of the service. Staffing levels and deployment required further review. Data security was maintained.

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

Rating at last inspection

The last rating for this service was requires improvement (published 11 September 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement on two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. The provider has acted to mitigate the risk. You can see what action we have asked the provider to take at the end of this full report. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Follow up

We will seek an action plan from the provider to make sure the environment remains safe for people. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 Village

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Abbey Village 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also asked Healthwatch for their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with the registered manager, deputy manager, chef, activity co-ordinator, one senior carer and with two care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and seven medication records. We looked at three staff files in relation to recruitment, training, staff supervision and appraisal. We inspected a variety of records relating to the management of the service which included policies and procedures and quality assurance checks and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also received an action plan from the registered manager which informed us about the action being taken to address the issues we had found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure care and treatment was provided in a safe way. There was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Infection control was not robust. Bathroom bins required lids, some taps required replacing or lime scale removed and floor covering required replacing behind a toilet. Schedules for cleaning the treatment room, toilets, bathrooms and sluices required re-introducing. The registered manager acted to address this.
- In the main lounge easy chairs were stained. Industrial cleaning had been unsuccessful. The provider had not replaced the chairs to maintain infection control and prevent cross-contamination.
- A corridor carpet through the main lounge was stained and required cleaning or replacing.
- Staff had been given guidance about how to separate clean and dirty items in the laundry. However, clean clothes were placed very close to soiled clothes in red bags. The registered manager addressed this.
- Ceramic sluices in place had taps present above the sluice where staff may have been washing their hands. This may increase the risk of cross contamination from staff being splashed with water from the sluice. The registered manager told us they would monitor this.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding infection control.

Staffing and recruitment

- People's needs were met in a timely manner during the inspection by suitably skilled and experienced staff.
- People told us there was not enough staff and more staff were needed at peak times and to cover the laundry to allow care staff to look after them. One person said "I am left waiting at the table a while. Probably another member of staff at peak times would help." One relative told us "There is not enough staff at times. An extra pair of hands would make all the difference."
- Staff told us people received the care they required but told us there was not enough staff. We received the following comments, "If seniors are doing medicines, they are not helping us. It can be very busy in the morning. We manage to give the care people need but there is no quality time" and, "If we have to do laundry it takes us away from care."
- The registered manager told us they had identified dedicated laundry staff were required and this was being put in place, so care staff could concentrate on supporting people.

- The provider had robust recruitment checks in place to ensure staff were suitable to work in the care industry. Recruitment took place as required.

We recommend the provider follow good practice guidance to monitor people's dependency and the staffing levels provided.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood where people required support to reduce the risks of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Window restrictors were not present in some areas. This was discussed with the registered manager who took action to address this.
- Staff assessed, monitored and reviewed people's care records. Since the last inspection staff had commenced re-writing people's care records to ensure they reflect people's needs. However, we found some people's food and fluid charts had not been filled in by night staff. The registered manager acted to address this.
- People were encouraged and supported to take positive risks to develop or maintain their independence.
- Accidents and incidents were recorded. Investigations into each incident were fully completed by the management team. Records included detail of actions the provider had taken to reduce the risk of recurrence.
- Opportunities to learn from incidents that occurred were shared with staff to maximise learning.

Using medicines safely

- People's medicines were managed robustly. Medicine management systems had been improved. Medicines were stored within the correct temperature range and topical creams and ointments were applied by staff, as prescribed.
- Medicine audits were carried out and issues found were addressed.
- People received the support they required with their medicines to maintain their wellbeing.
- Medicines to manage people's behaviour that may challenge the service or others was not overused.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding training was undertaken. Staff told us they would report safeguarding concerns straight away.
- When safeguarding issues occurred the management team investigated and co-operated with investigations that the local authority conducted. Action was taken to prevent further re-occurrence and this information was shared with relevant external bodies.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure appraisals for staff were undertaken. At this inspection we found this issue had been addressed.

- Staff were provided with regular supervision and a yearly appraisal which allowed them to discuss any further training and development needs.
 - New staff were provided with induction training and they undertook the Care Certificate (a nationally recognised training scheme) to develop their skills.
 - Training for staff was provided in a variety of subjects. A member of staff told us, "There is too much training."
 - The management team monitored the service to ensure staff had the skills to support people.

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

- People's nutritional needs were assessed by staff. People's special dietary needs were catered for. Records of food and fluids offered to people were not completed for most people between 5 pm and 9 am. The registered manager informed us they had previously reminded staff to record drinks and food taken during these times and action would be taken.
- Staff contacted relevant health care professionals for help and advice if people were losing weight or were at risk of choking to maintain their wellbeing.
- People told us the food was good. We received the following comments, "The food is good we can get snacks anytime" and, "We can have second helpings and there is an evening trolley with drinks, biscuits and sandwiches." Staff assisted people to eat and drink, where necessary. The chef spoke with people to gain their views about the food.
- Pictorial menus were being developed. At mealtimes people were shown the food which helped people living with dementia choose what they would like to eat.

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

At our last inspection we found two bathrooms were out of commission. At this inspection we found this issue had been addressed.

- The main lounge required stained chairs to be replaced. The conservatory floor covering had bubbled up

posing a trip hazard. The provider agreed to replace this.

- Dementia friendly signage was present in some areas of the service. People's bedroom doors were numbered, and some had pictures present to help those living with dementia to find their room.
- Quiet lounges were provided for people. The main lounge had a TV. People were encouraged to socialise, if they wished.
- The grounds had level access. Secure patio areas with seating were present for people to use.

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

- People's needs were assessed by staff. Information was sought from the person, their relatives and relevant health care professionals which helped inform staff about the care and support people needed to receive.
- People told us they were supported by the staff. The registered manager confirmed people were assessed before being admitted to the service.
- The provider and staff were aware of good practice guidelines and used this information to support the delivery of care. For example, CQC's guidance Smile Matters about promoting Oral Health and Hygiene.

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

- People had access to health care professionals such as GP's and district nurses. Health care professionals we spoke with confirmed staff informed them about people's changing needs. People were assisted to attend appointments.
- A 'hospital passport' document was used to share information with other services, to enable people's needs to be met when they attended other services.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

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. No one at the service had conditions or authorisations to deprive them of their liberty.

- Staff understood the principles of the MCA and undertook training about this.
- The management team submitted DoLS applications to the local authority. None had been authorised.
- Best interest decisions were made in consultation with people's relatives and relevant health care professionals to make sure people's rights were protected.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us the staff were kind. One person said, "The staff keep an eye on me." A relative told us "[Name] needs hugs for reassurance. Staff are nice. The little things mean a lot. [Name] does not like their door closed and staff are aware of this."
- Staff built positive relationships with people and their relatives. They reassured people who became anxious or upset. Gentle appropriate touch, reassurance or diversion was used to help calm people.
- Care and support was delivered in a non-discriminatory way. People were supported to follow their faith and live their lives the way they wished too.
- Staff spoke with people about their family and friends. Staff told us they enjoyed supporting the people living there. A member of staff told us "I love the residents."

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

- Staff encouraged people to make decisions about their care and support and provide assistance and encouragement, where required.
- People's care records informed the staff about their individual communication needs. Staff gave people time to ask questions and respond. If necessary, they re-phrased what they had said to make it easier for people to understand.
- Information was provided to people in a format that met their needs.
- Advocates were available to people to help them raise their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Personal care was delivered to people in their bedrooms or bathrooms behind closed doors. It was not provided by male staff where people requested this restriction.
- People told us staff addressed them by their preferred name. Staff ensured people dressed according to their wishes and preferences.
- Care records contained information about the tasks people could undertake for themselves and the support they required from staff to remain as independent as possible.
- The service had a dignity champion in place to promote this to staff to ensure people were treated with respect.
- People's care records were stored securely to maintain confidentiality.

Is the service responsive?

Our findings

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

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

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

- People were supported in line with their preferences. We observed people were dressed in clothing of their choice and had their hair in the way they wished.
- Staff provided person-centred care and were knowledgeable about people's routines. People's care records contained information about their needs, interests and life histories.
- People made decisions about their care and support, where possible. Staff offered people choices and respected these decisions. People told us they lived as they wanted and could take part in activities that interests them.
- Relatives were kept informed about their relations changing needs. One relative told us, "When something happens the staff ring me straight away."
- Health care professionals confirmed staff contacted them timely for help and advice to maintain people's wellbeing. Comments received included, "Staff follow my instructions always."

Meeting people's communication needs

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

- People were provided with information about the service in a format that met their needs.
- Staff spent time speaking with people, they gained eye contact, rephrased questions and waited for people to respond before acting upon what was said.

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

- People's relationships with their family and friends were encouraged. People told us "Visitors are always made welcome." Relatives were invited to activities and events, for example the Summer Fayre. A relative told us, "The Summer Fayre was very nice. All the staff worked in their own time and manned the stalls and raised money for the residents fund."
- There was a programme of activities which included outings to Normanby Hall and Brigg Garden Centre, reminiscence, arts and crafts. A relative told us "They have arranged for me to take [Name] out accompanied by staff. I am looking forward to this."
- Visitors could arrange to stay for a meal. Visiting was allowed any time and pets were welcome.
- A hairdresser provided a service on a regular basis.

Improving care quality in response to complaints or concerns

- People told us they would raise issues and could complain. One person told us "The manager is there to listen to us at any time." A relative told us, "If we have any concerns we speak with staff or the manager and it is dealt with."
- The provider's complaints policy was displayed. People living at the service, their relatives and visitors knew how to raise issues.
- Complaints received were documented, investigated and resolved. Learning from the issues raised occurred and this was shared with staff to help improve the service.

End of life care and support

- People's wishes and preferences regarding the end of their life were discussed and recorded. Care plans documented people's preferences which included spiritual and cultural information.
- Staff were supported by relevant health care professionals to make sure people had a pain-free, dignified death.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 17.

- The provider had not acted in a timely manner when checks and audits undertaken since August 2018 had found environmental issues to address. For example, the replacement of flooring in the conservatory and stained chairs in the main lounge.
- Quality assurance checks to ensure infection control was maintained required improving and some cleaning schedules required re-introducing. Further monitoring of these areas was needed by the management team.
- Records of people's food and fluid intake generally had not been completed from 5pm. This meant the monitoring of people's dietary needs and wellbeing was not always robust although people had not come to harm.
- Checks regarding safe medicine management and falls prevention had been effective at driving improvement.
- The registered manager understood the regulatory requirements and reported information appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted a positive culture. A 'resident of the day' scheme had been implemented. Heads of departments met with the person to see how they could make the day special. For example, by preparing a special meal for them.
- A professional told us the staff were positive. They told us, "Since the manager came things have been positive and are changing, the manager act's on issues." Staff told us, "Things have improved since the manager came" and, "Before, it took so long to get things done. Now the manager makes sure changes

occur."

- People told us they felt the service was good and they felt at home.
- The registered manager was aware of their duty of candour responsibilities including responding appropriately when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Residents and relative meetings were held so people could raise their views. The management team spoke about the service. Satisfaction surveys were sent to people to complete. Feedback received was acted upon.
- Staff were aware of and respected people's diverse needs.
- Meetings were held for staff to raise their views.
- Staff worked in partnership with people's social and health care services to make sure their needs were met. Staff champions for dignity and end of life care were in place to develop excellence in these areas.
- The management team reviewed the staff 's performance any concerns found were addressed and staff were supported to improve.

Working in partnership with others

- The registered manager and staff worked with professionals to build effective working relationships.
- The registered manager and staff continued to develop their links within the community. Trips to other care services to attend events had taken place. Links were being developed with groups and local schools in Brigg to raise the profile of the service.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to take action to assess the risk of, and prevent, detect and control the spread of infection. Infection control was not robust.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to assess, monitor and improve the quality and safety of the service provided.