

Cumbria County Council

The Abbey

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 8 November 2016. Our last comprehensive inspection of The Abbey was in January 2016 when we rated the service as inadequate. At that inspection we found five breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We then visited The Abbey again in May 2016 to complete a focussed inspection and found the registered provider was compliant with two of the breaches we had found in January 2016.

The Abbey is registered to provide accommodation and care for up to 30 older people on the day of this inspection there were 15 people living in the home. The home is situated in the centre of the village of Staveley near to the town of Kendal. There is a passenger lift to assist residents to access the first floor of the home and there are adapted bathrooms and toilets close to all the areas used by residents. There are four separate units each with bedrooms, lounges and different dining areas.

There was a registered manager in post at the time of the inspection. A new registered manager had been appointed at the home since the inspection in January 2016. A registered manager is a person who has registered with the Care Quality Commission (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.

During this inspection we found that requirements we asked the provider to make in January 2016 to improve the service had been made. We also saw that significant work had taken place since our last inspection however we did find that some areas still required to improve to ensure a consistent delivery of safe care and treatment. The improvements made in meeting the requirements of regulations means the home is no longer in special measures.

The level of staffing on the day of the inspection was altered by the registered manager to ensure that people had their needs met in a timelier manner. The minimum numbers of staff on shift during the day were not always consistent however we observed during the day that there were sufficient numbers of suitable staff to meet people's needs and promote people's safety.

We observed staff displayed caring and meaningful interactions with people and they were treated with respect. We observed people's dignity and privacy were actively promoted by the staff supporting them in a situation where some people could not speak up for themselves.

Medicines were being administered and recorded appropriately and were being kept safely. However we found the stock control arrangements for some medicines in the home were not always in line with good practise.

We have made a recommendation that the provider review the management of the stock control of medications.

Some topics of refresher training in core skills such as moving and handling and the safeguarding of adults for some staff had expired.

We have made a recommendation that the provider ensure that staff receive refresher training in the identified timescales.

The provider had been responsive in improving systems of recording information about most people's needs and the planning of their care. Records had been reviewed to ensure accurate details about the changing needs of people were available to the staff looking after them. However we saw that some records still needed to show that they were consistently reviewed when needs had changed.

A varied range of activities were made available and we saw that staff were proactive in engaging people with individual activities of their preferred choice.

We found that the oversight and continuous management of bedrails that were in use were not always formally recorded.

We have made a recommendation that the provider include the elements of safe bedrail management to be in the regular auditing processes completed to ensure that safety and quality is maintained in the home.

People living in the home spoke highly of the registered manager and staff and were happy with their care and support.

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 ●

The service was not always safe.

The stock management of some prescribed medicines were not always managed well.

Risks associated with the management of bedrails were not consistently overseen.

Staffing levels were sufficient at the time of the inspection.

People told us they felt safe and very well cared for in this home

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff training records showed refreshers in training had not been completed by some staff within the timescales recommended.

Appropriate assessments and management of nutritional requirements had been made.

People who lacked capacity had been appropriately protected under the Mental Capacity Act 2005. (MCA)

Is the service caring?

Good ●

The service was caring.

People told us that they were being well cared for and we saw that the staff were respectful and caring in their approaches.

We saw that staff promoted people's personal dignity and privacy.

Care planning for people when at the end of their life had not always been addressed.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People knew how to raise concerns and records showed that no formal complaints had been made.

The provider had been responsive in making improvements since the last inspection.

Some of the changing needs of people had not always been reviewed and recorded consistently.

Staff knew people's individual needs, likes and dislikes and supported them in pursuing activities they enjoyed. People could access a full of activities which were meaningful to them.

Is the service well-led?

The service was not always well led.

Systems in place to record quality monitoring and safety of the service provision were not always effective.

Staff told us they felt supported and listened to by the registered manager.

Overall improvements in the safety and quality of the home had been made by the registered provider and registered manager.

Requires Improvement 

The Abbey

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 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.

This unannounced inspection took place on 8 November 2016. The inspection team consisted of two adult social care inspectors.

Before the inspection we looked at the information we held about the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the registered provider is required to send to us by law. We had also received regular updates on the actions taken by the provider on the requirements we had asked them to make to improve the safety and quality of the home.

Some people who lived at the home could not easily tell us their views about their care. 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.

During the inspection we spoke with the provider's operations manager, the registered manager, four staff members and three people who used the service. We looked at all of the records relating to the requirements and actions we had asked the provider to take following the inspection in January 2016. We observed how staff supported people who used the service and looked at the care records for six people living at The Abbey.

We were given copies of the training records for the whole team and we looked at records of maintenance and repair. We also looked at records relating to how accidents and incidents were managed and how the registered manager and registered provider checked the safety and quality of the service provided.

Is the service safe?

Our findings

People living at The Abbey that we spoke with told us they felt safe and did not have any concerns about the care they received. One person said "Staff are very kind and very patient". Another person we spoke with told us they had no concerns about their safety in the home.

At the inspection in January 2016 this domain was rated as inadequate. We found during that inspection there was a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because actions identified relating to the risks associated with people's health and safety had not always been taken to prevent them. We also found there was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because there were not sufficient numbers of suitably qualified care staff to adequately meet the needs of people safely. Following that inspection we issued warning notices in respect of those breaches to the registered provider to become compliant with the regulations.

In May 2016 we inspected the home to check on the requirements of the two warning notices and found that the registered provider had met the requirements in relation to those two regulations. We then rated this domain as requiring improvement.

We looked at the staffing rotas and found that staffing levels through the day had fluctuated in the numbers of staff on duty for each shift. We spoke to the operations manager and registered manager about the varying numbers of staff on duty. We saw that the home operated with a minimum staffing level some days. We also saw that where the registered manager felt it appropriate to have called extra staff in. We were told by the managers this was done based on the current needs of people living in the home. We observed this person-centred approach happen during our inspection in order to support someone with decreased mobility due to an episode of being unwell.

Since the last inspections the registered provider had introduced a new dependency tool to calculate staffing levels however we were told this still needed some elements to improve its efficiency. There was active recruitment taking place as current core numbers of staff available on the rota were just sufficient for the current numbers of people living in the home. We were told by the registered manager that no new staff had commenced employment since our last inspection. We saw that the provider's bank of staff had been used on a regular basis to support the staffing numbers. Staff we spoke with told us that staff morale was much better in the home. Systems were in place to ensure staffing levels were appropriate.

We looked at how medicines were managed. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We found that suitable care plans, risk assessments and records were in place in relation to the administration of medicines. We saw that medicines were stored correctly. Storage was clean, tidy and secure so that medicines were fit for use. We saw that there were plans in place that outlined when to administer extra, or as required, medication. This meant that people received their medicines safely. However the procedures in place for the ordering and the safe disposal of medicines had not always been followed. We found the management of the stock control

for some medicines did not follow good practise.

We made a recommendation that the provider review the management of the stock control of medications.

Staff we spoke with had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made. Apart from one incident relating to the use of bedrails actions that had been taken in response to incidents that promoted the safety and wellbeing of people who lived there. This incident was being investigated by the registered manager and the management of bedrails is addressed later in this report.

We saw that accurate and current emergency evacuation plans were completed for people living in the home and staff were aware of how to deal with emergency situations should one arise

Is the service effective?

Our findings

People we spoke with told us the food was good. One person told us, "The food is very good and we get a good choice". We saw that people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where people had been identified as at risk of malnutrition and weight loss we saw that this had been appropriately managed. We saw people received the right level of assistance they needed to eat and to drink. We saw that this was provided in a patient and discreet way. We saw that the food prepared and served in the home was all homemade. We spoke with the kitchen staff and they told us they were able to purchase equipment as they required and recently they had purchased new baking equipment. This also included a bread maker for the people living in the home to use should they wish to bake their own fresh bread.

At the inspection in January 2016 we found breaches of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because there were not sufficient numbers of suitably qualified staff. We also found a breach of Regulation 11 Need for Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because care and treatment was not consented to by the relevant person. Following that inspection we asked the provider to take action to ensure that the requirements of the regulations were complied with. Since the inspection we were provided with an action plan and regular updates on the progress in achieving the requirements by the registered manager.

At this inspection we found that those actions had in the main been completed however some elements of those actions had not been completed in full. We could see that the corrective work had been implemented in the actions taken by the provider but we could not see that the consistency of this work at the time of this inspection. We were told by the operations and registered manager that the work to complete all the elements in full and the new systems now in place would sustain compliancy with the regulations. We rated this domain as still requiring improvement.

We looked at the staff training records which showed what training had been done since our last inspection and what some staff still needed to do. We saw that staff had completed training when they started working at the home but some staff had not completed refresher training in the recommended time frame. We were told by the registered manager that the registered provider had taken action about this and was currently sourcing the training required on topics such as moving and handling.

We made a recommendation that the provider ensure that staff receive refresher training in the identified timescales.

We observed staff putting some of their training into practice. Staff treated people with respect, dignity and genuine friendliness which encouraged people to have meaningful interaction with them. We observed staff quickly identified when people were getting upset or agitated, and took positive steps to engage people with distractions which moved them into a more positive frame of mind.

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 DoLS. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff demonstrated a good knowledge and understanding of the MCA, which applies to people aged 16 or over. Best interest meetings had been held to assist people who were not always able to make important decisions for themselves and where relevant independent advocacy could be arranged. This meant that people's rights were protected.

Bedrooms we saw had been personalised with people's own furniture and ornaments to help people to feel at home. The décor of the home and signage placed around the home was very conducive to supporting people living with dementia.

Since the last inspection where we found that the logistics of the building made it difficult to deploy staff in an effective way the registered provider had made some changes to the use of some of the rooms in the home. We saw that some rooms had been adapted for a different purpose in order to improve the day to day running of the home.

We could see in people's care plans that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social service in order to meet people's needs.

Is the service caring?

Our findings

People we spoke with who lived at The Abbey told us they were extremely happy with the care and support being received. Some of the comments included, "They (staff) are a nice" another person told us, "They (staff) do a really job, very caring".

The rating of this domain at the last inspection in January 2016 was good and remains rated as good following this inspection.

The atmosphere in the home was calm and relaxed. We used the Short Observational Framework for Inspection (SOFI). We observed for short periods of time the interactions between staff and people living in the home. We saw that the interactions demonstrated genuine warmth, affection, care and concern. Staff treated people with kindness and were respectful. We observed staff took appropriate actions to maintain people's privacy and dignity.

We observed how people's rights to dignity and respect were challenged on behalf of people who could not easily speak for themselves. Following an incident where a visiting health professional acted without consideration for the people living in the home. The supervisor in charge took action and with the registered manager identified that they would protect the mealtimes of people living in the home from visiting professionals for non-emergency treatment. We saw that people were asked in a discreet way if they wanted to go to the toilet and the staff made sure that the doors to toilets and bedrooms were closed when people were receiving care to protect their dignity.

We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion. Some people, who could, often visited the local community this promoted their independence and socialisation.

The registered manager told us about the regular communications that had been ongoing with people who lived in the home and their relatives about the improvements being made in the home.

Staff had received nationally recognised training in the Six Steps programme for planning the care of people who were at the end of their life. However we did not see that any care and treatment wishes had been made clear in the care records about what their end of life preferences were. The registered manager told us this work was on going and this part of the care planning was still under implementation as part of the improvements made since our last inspection.

Is the service responsive?

Our findings

We asked people whether they felt they could raise concerns if they had any. One person who lived at The Abbey said, "There's nothing to complain about, it's lovely here". The home had a complaints procedure and we saw that no complaints had been since our last visit. The registered manager told us they usually dealt with people's concerns as and when they arose.

At the inspection in January 2016 we found a breach of Regulation 9 Person centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because the plans for the care and treatment of people did not accurately reflect their needs. Following that inspection we asked the provider to take action to ensure that the requirements of the regulations were complied with. Since the inspection we have been provided with an action plan and regular updates on the progress in achieving the requirements by the registered manager.

At this inspection we found that those actions had in the main been completed however some elements of those actions had not been completed in full. We could see that the corrective work had been implemented in the actions taken by the provider but we could not see that the consistency of this work at the time of this inspection. We were told by the operations and registered manager that the work to complete all the elements in full and the new systems now in place would sustain compliancy with the regulations. We rated this domain as still requiring improvement.

We looked at the care records for six people living in the home for five out of the six we saw that information available for staff about how to support individuals was very detailed. We saw from the care records that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families had been involved in gathering background information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety.

Care records showed that care planning was centred on people's individual views and preferences. However where care plans had been regularly reviewed to make sure they held up to date information for staff to refer to we found some inconsistencies in the recording of needs that had changed and how to manage them for one person. We also noted some other elements of person centred care planning that had not been recorded for example the end of life care and the management of specific needs such as minor infections and behaviours that might challenge the service.

We saw that there were some regular planned activities for people to get involved in if they chose to. Some people who preferred not to join in group activities were also supported by staff to access their preferred choice of activity. We saw staff take time to engage with people regularly throughout the day of the inspection to participate in some form of activity. People who could spent time in the local community pursuing activities of their choice. We also saw that the home was frequently visited by groups and people from the local community to socially interact with people.

Since the last inspection we could see how responsive the registered provider and manager had been in that significant improvements had been made to ensure the service was now compliant with the previous breaches of regulations that were found in the January inspection. We discussed with the operations and registered manager who agreed that there was still some minor tweaking to do to get a consistency in the quality of the care records and this was continually being worked on.

Is the service well-led?

Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). A new registered manager had been appointed at the home since the inspection in January 2016. People we spoke with told us they thought the home was well managed and staff said that they enjoyed working in the home. They also told us that they felt very well supported by the manager and a person living in the home described the registered manager as being "a good lass" and "good fun".

At the inspection in January 2016 we found a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (regulated activities) regulations 2014 as areas of safety and quality monitoring had been ineffective and there had been lack of consistency of management in the home. The systems and processes to ensure compliance with the Regulations were not operated effectively to identify where the quality and safety of the service was affected. Following that inspection we asked the provider to take action to ensure that the requirements of the regulations were complied with. Since the inspection we have been provided with an action plan and regular updates on the progress in achieving the requirements by the new registered manager.

At this inspection we found that those actions had in the main been completed however some elements of those actions had not been completed in full. We could see that the corrective work had been implemented in the actions taken by the provider but we could not see that the consistency of this work at the time of this inspection. We were told by the operations and registered manager that the work to complete all the elements in full and the new systems now in place would sustain compliance with the regulations. We rated this domain as still requiring improvement.

The improvements made in meeting the requirements of regulations since the inspection in January 2016 means the home is no longer in special measures.

Although there were systems in place to assess the quality and safety of the service provided in the home these currently did not include the management of bedrails that were in use in the home. We saw since the last inspection that a number of improved systems had been established relating to the quality and safety in the home. Following an incident using bedrails we were shown the new records for monitoring the safety and use of bedrails and this paperwork was introduced during the inspection.

There were systems in place for reporting incidents and accidents in the home that affected the people living there. Where required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.

We discussed with the operations and registered manager how the providers internal systems monitored information on accidents and incidents in the home. The current systems did not easily allow for trends and themes to be alerted to the registered manager. We were told that this would be discussed with the provider. We found one incident that had occurred in the home could have been better managed had the new paperwork for the management of bedrails been in place. This incident was to be further investigated

by the registered manager.

We made a recommendation that the provider include the elements of safe bedrail management to be in the regular auditing processes completed to ensure that safety and quality is maintained in the home.

Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. The operations and registered manager identified and discussed with us a major plan of works to improve the home which was currently being assessed by the provider and maintenance team. There was a cleaning schedule and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.

As well as informal discussions with people and their relative's about the quality of the home, we also saw that resident and relatives meetings had taken place. These were used to share news and information about the progress of the home and to address any suggestions made that might improve the quality and safety of the service provision.