

Coveleaf Limited

Abbey Grove Residential Home

Inspection report

2-4 Abbey Grove
Eccles
Manchester
Greater Manchester
M30 9QN

Tel: 01617890425

Date of inspection visit:
08 November 2019

Date of publication:
06 December 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Abbey Grove is a residential care home providing personal and accommodation for up to 19 people. The home is owned by Coveleaf Limited

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

This inspection was carried out on 8 October 2019. At the time of the inspection there were 16 people living at the home.

Some risk assessments were not up to date regarding fire and legionella. This meant any potential risks would not always be identified in a timely way. The registered manager arranged for these to be completed after the inspection.

Medicines were administered safely, however there were no records in place when people's drinks were thickened because they had swallowing difficulties. A new document to record this was completed immediately during the inspection.

People were supported to have maximum choice and control of their lives, however some best interest and decision specific mental capacity assessments had not been completed where people who lacked capacity were refusing assistance with certain aspects of their care. The registered manager arranged for these to be completed after the inspection.

We have made three recommendations regarding dementia friendly environments, annual reviews and quality assurance systems.

Systems were in place to ensure quality performance was monitored, although these could to be improved to ensure some of the issues from the inspection were identified through the homes own auditing systems.

Staff were recruited safely and there were sufficient numbers of staff working at the home to meet people's care needs. Systems were in place to safeguard people from abuse and staff were knowledgeable about how to help keep people safe.

Appropriate systems were in place to manage risk relating to people's skin, mobility and nutritional needs. Staffing levels were sufficient to meet people's needs and the feedback we received was that there were enough staff to support people safely. The home was clean and generally odour-free. Accidents and incidents were recorded and monitored and processes were in place to learn from these to reduce or prevent recurrence.

Staff received appropriate induction, training and supervision. People were supported to eat and drink enough to maintain a balanced diet and people were complimentary about the food. Staff worked with

professionals to support people's well-being and health.

Observations showed people received kind and considerate care and the feedback we received about the care provided was positive. Staff were attentive to people's needs. People's privacy and dignity were respected and promoted.

People received personalised care according to their wishes and preferences. Complaints and concerns were recorded, responded to and monitored. People were supported at their end of life when the time came.

Staff told us they enjoyed working at the home and that team work was a strength, with a positive culture throughout.

People, relatives and staff were involved in what went on at the home and their views were sought through the use of meetings and satisfaction surveys. The home worked in partnership with community organisations as necessary.

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 Good in March 2017. (published April 2017).

Why we inspected:

This was a planned inspection based on the previous rating and in line with our timescales for re-inspecting services previously rated as Good.

Follow up:

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was not always well-led.

Details are in our well-led findings below.

Abbey Grove Residential Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 visit was undertaken by one inspector.

Service and service type:

Abbey Grove 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 and professionals who work with 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 used all of this information to plan our inspection.

During the inspection:

We spoke with three people who used the service and three visiting relatives about their experience of the care provided. We also spoke with six members of staff including both the registered and deputy managers.

We reviewed a range of records. This included four people's care plans and five medication administration records (MAR). We looked at three staff files in relation to recruitment and staff supervision/appraisals. A variety of records relating to the management of the service, including policies and procedures, audits, complaints and staff training were also reviewed.

After the inspection:

We contacted the service after the inspection to ensure any areas of concern discussed during the feedback would be acted on in a timely way. We received confirmation this had been completed.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management:

- The premises and equipment were safe to use and we saw servicing of the lift, gas safety, electrical installation and emergency lighting had been completed. However, some environmental risks assessments were not up to date regarding fire safety and legionella. This meant any potential risks would not always be identified in a timely way. The registered manager arranged for these to be completed immediately after the inspection.
- Other checks of the fire systems within the home had been completed regarding the fire alarm, extinguishers, emergency lighting, fire exits and smoke detectors. Regular fire drills were also undertaken.
- Risk assessments were in place covering areas such as moving and handling, mobility, nutrition and waterlow (for people's skin).
- We observed people had equipment available to them to mobilise safely such as zimmer frames. Specialist equipment was used by people such as pressure relieving mattresses and cushions if they were at risk of skin breakdown. The home had good links with district nursing teams who visited the home regularly.

Using medicines safely:

- Medicines were administered safely, however there were no records in place when people's drinks were thickened because they had swallowing difficulties. Drink thickeners are a prescribed medication and accurate records need to be maintained regarding their use. A new document to record this was completed during the inspection.
- Medication was stored in a locked trolley within the main office which could only be accessed by staff and management.
- Staff had received medication training and we observed medicines being given safely, with staff explaining the reasons why they were being given.
- We looked at five MAR during the inspection and these were all completed accurately with no missing signatures.
- Some people needed creams applied to their skin and these were clearly recorded on the MAR by staff when used. Certain medicines needed to be kept in a medicines fridge and we saw records were kept of the temperature to ensure they did not become unsafe to use.

Staffing and recruitment:

- Staffing levels were sufficient to care for people safely. The feedback we received from people living at the home and visiting relatives was that there were always enough staff available to meet people's needs.
- Staffing levels consisted of a senior carer and one care assistant at night and a senior carer and two care assistants during the day. The deputy manager and registered manager were also available during the day.

to assist as needed.

- Staff were recruited safely and we saw all relevant background checks were carried out prior to their employment commencing

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

- People were supported to keep safe and visiting relatives also said they felt the home was a safe place for people to live. One person said, "I feel safe and don't have any concerns about the security here. Another person said, "I feel safe and secure here and I mean that truthfully." A visiting relative added, "It's safe here. I feel reassured and that is very important."
- Staff had completed safeguarding training and understood the signs and types of abuse that could occur.
- A log of safeguarding concerns was in place, along with any minutes from meetings with the local authority.
- A safeguarding policy and procedure was in place, detailing the process about how to report any suspected abuse. A poster was displayed near to the main entrance, informing people the home had a 'Zero tolerance' approach towards abuse.
- Staff completed body maps for each person, showing if any marks, or bruising had been found on their skin. These were not always completed with sufficient detail however regarding the cause, particularly when bruising was unexplained. We spoke to the registered manager about this and they agreed to speak with staff to ensure they were completed correctly moving forwards.

Preventing and controlling infection:

- Staff received training about infection control and this was up to date.
- Overall, the home was clean and tidy. Bathrooms and toilets contained appropriate hand washing facilities such as paper towels, liquid soap and foot operated pedal bins.
- Staff had good access to personal protective equipment, including disposable gloves and aprons. We observed their use during the inspection.
- The home was last inspected by the local infection control team in May 2019, with an overall score of 100%.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. Each incident was reviewed and detailed any actions taken to mitigate future risks.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training relating to the MCA/DoLS and demonstrated a good understanding about when DoLS applications needed to be made.
- DoLS applications had been submitted to the local authority as required, such as if people had been assessed as lacking the capacity to consent to their care and treatment.
- Signed consent forms were used and enabled people living at the home and relatives to provide agreement to the care being provided. Some of these contained conflicting information however. For instance, care plan information indicated certain relatives only had power of attorney for financial affairs, however they had also signed consent to care forms where people lacked capacity to make their own decisions. This had been highlighted as part of a recent audit and the home were awaiting for further clarification from relatives about this matter.
- Some best interest discussions and decision specific mental capacity assessments had not been completed, particularly when people who lacked capacity were refusing aspects of their care such as using mobility equipment and receiving assistance with their oral hygiene routine. The registered manager arranged for these to be completed immediately after the inspection.

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

- We looked around the premises to ensure they were suitable for people living at the home. Some people's

bedroom doors had a picture of them and the number making them easier to identify.

- Hand rails and toilet seats did not always have contrasting colours, which could make it difficult for people to use and locate safely.
- People had access to fresh air and outdoor space if they wanted to in the garden area.
- The upper floor of the home could be accessed either by the staircase, or passenger lift. Disabled access was also available at the main reception and could be used by emergency services as required.

We recommend the home looks at best practice guidance about how to make the environment more 'Dementia Friendly'.

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

- The care and support people needed to receive from staff had been captured as part of the pre-admission process and was recorded within care plans.
- Care documentation explained people's choices and how they wished to be cared for and supported. People and relatives said they were consulted about the care provided and felt involved.

Staff support: induction, training, skills and experience:

- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role. The induction was based around the care certificate which is used if staff had not worked in a care job previously and is recommended to be used by care providers.
- Staff spoke positively of the training provided and said enough was available to support them in their roles. The training matrix showed staff had completed training in areas such as moving and handling, safeguarding, dementia awareness, infection control, health and safety and fire awareness.
- Staff supervisions were carried out and gave staff the opportunity to discuss their work. Appraisals had also been completed

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

- Staff supported people to eat and drink at meal times as required, although most people were able to eat independently and this was something that was promoted by staff.
- We saw people received food and drink of the correct consistency, such as fork mashable diets, when they had been assessed as being at risk of choking and aspiration. People's fluid intake records showed they received sufficient levels of fluids during the day.
- People's weight was regularly monitored. Where people had lost weight, they had been appropriately referred to other health care professionals, such as the dietician service for further advice.
- People told us they received enough to eat and drink and the feedback received about the food quality was positive.

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 a range of medical and healthcare services, with support to make and attend appointments provided by the home.
- Professionals such as district nurses, podiatrists and chiropodists regularly visited the home to assist people with their care and offer advice. Appointments were also made for people to receive dental care when required.

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:

- The feedback we received was positive about the care people received at the home. Everybody we spoke with also spoke highly about the staff team at Abbey Grove. One person said, "The care here is 100%. It is one of the best and the staff are fantastic with me." Another person said, "The care is marvellous and they are excellent with me."
- Feedback from visiting relatives we spoke with was also positive. One relative said, "My husband receives fantastic care, absolutely brilliant. He always looks clean and has had a shave. He seems settled." Another relative added, "It is excellent here and the staff are all wonderful."
- Staff were kind and caring and we observed a number of caring interactions between staff and people who lived at the home. Throughout the day, we heard laughter and enjoyment between staff and people living at the home.
- People's equality, diversity and human rights (EDHR) needs were considered and recorded in their care plan. Staff told us people would be treated equally regardless of their age, gender and race. People had access to holy materials such as the bible and could be visited by priests and rabbis as needed.

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

- People living at the home and relatives said they felt involved with their care and how the home was run in general.
- Resident and relatives' meetings were held so that people could express their views about the care and support they received.
- Questionnaires had also been sent, seeking people's views and opinions about the service.
- Annual reviews (or an alternative frequency at the homes discretion) of people's care were not being held at the time of the inspection. This gives people living at the home and relatives the opportunity to speak with staff about how they feel their care is progressing and discuss anything they might like to change.

We recommend this is something that is considered ahead of the next inspection of the home.

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

- Staff treated people with dignity giving them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. Staff knocked on people's doors before entry and closed them behind them. Doors were always closed when personal care was in progress and we saw people being assisted to the toilet in a discreet way. One relative said, "People always look clean and well presented when I come to visit."

- Staff were knowledgeable on the importance of promoting independence. Staff encouraged people to do things for themselves or provided reassurance to people whilst completing tasks, such as eating independently and completing aspects of their personal care if they were able to.

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 good. At this inspection this key question has remained the same. 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:

- Care and plans were personalised and detailed how people should be supported with each task. During the inspection we looked at four people's care plans and saw they provided good detail about the care and support people needed to receive.
- Detailed background information and a social history had been captured such as where people were born, memories, education, marriage and employment.
- Information about how people liked their care to be delivered was recorded. Personal care charts were also completed and were reflective of the care people required with tasks such as baths/showers, toileting, oral hygiene and nail care.

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.

- Information about people's communication was clearly recorded in their care plan, as well as any sensory equipment they required such as glasses, or a hearing aid. We observed these being worn by people during the inspection.
- People had attended annual eye appointments to assist them with their vision and had their glasses checked regularly to ensure they were still in good working order.

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 were supported to enjoy a variety of activities and a weekly schedule was on display on the notice board. This included nails/beauty treatments, arts/crafts and baking. Photographs of previous activities were also on display.
- Trips out often took place and this included pub lunches and attending an event called 'Dancing with Dementia', which was a planned sessions for people to attend to meet new people and continue to enjoy dancing as they had done previously.
- Visitors were welcome at any time and people were living at the home were able to go out for the day with family members whenever they wanted to.

Improving care quality in response to complaints or concerns:

- People knew how to provide feedback about the care they received. People said if they had raised

concerns, they were happy with the outcome.

- Information about how to make a complaint was displayed in the reception area and a policy and procedure was in place, explaining the process to follow.
- A central log of complaints, along with details about the responses provided. A range of compliments had also been received, where people had expressed their satisfaction about their experiences at the home.

End of life care and support:

- The home provided end of life care to people as necessary, although nobody was in receipt of end of life care at the time of the inspection. People's care plans considered their wishes as they approached the end of their life and how they wanted their care to be delivered. This was also respected if people did not wish to discuss this area.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Monthly audits were completed by the managers within the home and covered areas such as weights, care plans, medication, mattresses/equipment, infection control and staff training. These were completed on either a monthly, or quarterly basis.
- Some of the homes quality assurance systems could be strengthened however, particular regarding environmental risk assessments (such as fire and legionella), decision specific mental capacity assessment/best interest discussions and the accurate completion of body maps.
- We were told provider audits were done, however these were not documented.
- Confidential information was stored securely and we saw documents such as care plans and staff recruitment files were stored in the main office which was always locked.
- Events which the provider is legally required to report to us were submitted as required when any incidents had occurred within the service.
- The ratings from our last inspection were clearly displayed on the provider website and also at the main entrance to the home. This meant members of the public could see the level of care and support being provided.

We recommend that quality assurance systems are strengthened and that provider level audits are documented ahead of our next comprehensive inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:

- The registered manager promoted best practice in person-centred care. There was a clear culture based on achieving positive outcomes for people. Care plans were person-centred and empowered people to be independent as possible.
- People told us the staff knew them well and responded to their needs in a person-centred way.
- All the staff we spoke with told us they liked working for the service and that staff worked well together. We also received positive feedback about the management team at Abbey Grove. One member of staff said, "You can speak with the managers if you have a problem. I feel supported in my role." Another member of staff said, "The management here is absolutely fine. They are very good with staff if you have any personal issues as well."

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

characteristics:

- Staff meetings took place in the service which gave an opportunity to discuss work and improve the service people received. Staff said these took place regularly and minutes were available after the meeting, detailing what had been discussed.
- Abbey Grove had an active website and this provided a detailed overview of the care and support that could be provided to members of the public and people who may want to use the service.
- A range of policies were available and ensured people who used the service and staff had access to important information about procedures within the service.

Working in partnership with others:

- The service had developed a number of links within the local community and worked in partnership with a number of different organisations to improve the support people required. This included local churches and schools.
- 'Friends of Abbey Grove' which consisted of people from the local community had been set up and they raised funds to contribute towards paying for entertainers, pet therapy and trips out for people living at the home.