

Cotdean Nursing Homes Limited

Abercarn Care Home

Inspection report

56 High Street
Pensnett
West Midlands
DY5 4RS

Tel: 01384480059

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28 October 2015

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Requires Improvement ●
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

This unannounced inspection took place on 28 October 2015. At our last inspection in April 2014, we found that the provider was not meeting two of the regulations associated with the care and welfare of people using the service and monitoring the quality of service provision. Following the inspection we asked the provider to take action to make improvements. The provider sent us an action plan outlining the actions they had taken to make the improvements. During this inspection we looked to see if these improvements had been made and found that they had been.

Abercarn Care Home is registered to provide accommodation, nursing or personal care for up to 32 people. People who live there may have needs associated with mental health, old age or a physical disability. At the time of our inspection there were 27 people using the service.

The manager was registered with us as is required by law. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were provided with training and were knowledgeable about how to protect people from harm. We found that medicines management within the service required more robust guidance for staff in relation to 'as required' medicines and the application of medicinal patches.

People were supported by staff who were properly supervised and supported in their work. Staff attended regular training in areas that were relevant to the needs of people living at the home. There were a suitable amount of staff on duty with the skills and experience required in order to meet people's needs.

People enjoyed their meals and where needed were supported to eat and drink enough to keep them healthy. People were supported to attend appointments or had appointments arranged for them with visiting health care professionals.

We observed staff interacting with people in a positive manner. People, their relatives and professionals spoke to us about the genuine caring nature of the staff.

People told us they were encouraged to remain as independent as possible by staff. We observed and people told us that staff were respectful and maintained their privacy and dignity whilst supporting them.

People knew how to make their views known and were provided with information about how to make a complaint. The provider's complaints procedure was clear and was displayed for people to refer to. Activities available within the service were centred on people's individual preferences and interests.

There was a registered manager in place. People, relatives and staff told us the management team were

approachable and always available if they needed to see them. There were systems in place to gain people's views about the service. The management team carried out regular checks on the quality of care to drive improvement.

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 consistently safe.

Guidance for staff to ensure consistency of administration of 'as required' medicines including patches needed to be more comprehensive.

People were cared for by staff that had the skills and knowledge to protect people from harm.

There were enough staff available to meet people's needs in a timely manner.

Is the service effective?

Good ●

The service was effective.

People's dietary needs had been assessed and they had a choice about what they ate.

Input from other health professionals had been sought when required to meet people's health needs.

The provider was aware of their responsibilities regarding the Mental Capacity Act. People's consent was given before staff supported them.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the service and staff were knowledgeable about the people that they supported.

People gave us positive feedback about the caring and friendly manner of all the staff.

We saw that people were treated with dignity and staff respected people's right to privacy.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met with their needs, choices and lifestyle preferences, which were regularly reviewed.

The provider had a system in place that demonstrated that complaints were dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to monitor the quality of the service and the provider took action where improvements were required.

The provider notified us of incidents and events that had occurred within the service.

People's views were sought about the quality of care and the development of the service.

Abercarn Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Abercarn Care Home took place on 28 October 2015 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

During our inspection we spoke with ten people who used the service, five relatives, three members of staff, the deputy manager and the registered manager. We observed care and support provided in communal areas.

We reviewed a range of records about people's care and how the service was managed. These included reviewing three people's care records, three staff recruitment records, eight people's medication records, reviewing the staff training matrix and a variety of other records used for the management of the service; including staff duty rotas and records used for auditing the quality of the service.

Is the service safe?

Our findings

People told us that they felt the service was safe. One person told us, "Yes, I'm safe. I'm getting worse – can't get around much, but I feel safe here". A relative told us, "[Person's name] can't get around much, they have to use the hoist but this is done safely and there are no complaints from her".

Staff we spoke knew their responsibilities for protecting people from the risk of abuse and what action they would take if they suspected someone was at risk. They were able to describe the procedures for reporting if they witnessed or received allegations of abuse; they were knowledgeable about the types of potential abuse, discrimination and avoidable harm that people may be exposed to. A staff member told us, "If I saw anything of concern I report it straight away to the managers or the head office". Staff told us they had undertaken training in a variety of ways about how to protect and keep people safe, including safe moving and handling and first aid.

People were supported by staff who knew their individual risks and how to look after them. We found that potential risks to people were effectively assessed in relation to their individual health and support needs. Some people living at the service had specific health conditions where staff needed to know how and when to intervene, such as Epilepsy. Staff we spoke with understood how to manage these risks and the records we reviewed also detailed how people's health risks should be managed to maintain their safety and wellbeing and confirmed staff knowledge. People were seen being supported using a variety of equipment for moving and transferring, for example by hoist; we observed that staff understood how to move people safely and they told us if they were unsure about how to move people, how they could obtain the information they needed. This demonstrated that staff were aware of the potential risks that needed to be considered when supporting people.

People told us there were adequate staff available to support them throughout the day and at night. One person told us, "They come fairly quickly when you call them". Another person told us, "They [staff] always make time and are around to stop, listen and chat". A staff member said, "There are enough staff on to look after everyone". Another staff member told us, "We support each other and work as a team to make sure all the work is done". We observed that there were enough staff available to meet people's needs; staff were unhurried and we saw that they were attentive to people's needs.

We found people were not restricted in their freedom and we observed that they were protected from harm in a supportive respectful manner. People told us that their freedom of movement was not unnecessarily restricted. We observed that the same level of support and assistance was provided to people who chose to spend time in their own room; thus ensuring their safety whilst respecting their choices.

The provider's recruitment and selection process was effective and ensured that staff recruited had the necessary skills, attitude and experience to support people. Staff files contained the relevant information including a Disclosure and Barring Service (DBS) check and appropriate references, this helped to ensure that staff were safe to work with people who used the service.

People told us they were happy with the support they received from the staff with their medicines. One person told us, "They give me my medication when I need it". Another person told us, "Yes they are pretty good if I want my painkillers, they regularly ask me if I need them". We found that Medication Administration Records (MAR) records were completed fully without any unexplained gaps. Storage arrangements were secure and medicines for disposal were disposed of safely. Medicines were regularly audited by the deputy manager to ensure that people had received their medicines appropriately. In addition to this, the supplying pharmacy that the service used also periodically reviewed how medicines were managed in the service. Records of medicines we reviewed confirmed that people had received their medicines in a timely manner and as prescribed by their doctor. We found that guidance was available to staff for the administration of 'as required' medicines. However the guidance in some instances was minimal and needed to be more comprehensive in order to ensure consistency of administration by all staff. We did see some good examples of personalised information to guide and inform staff in relation to 'as required' medicines that had been formulated with the person. We reviewed the MAR for people who were having medicinal skin patches applied to their bodies; we found that records of where the patches were being applied were in order; however we found that the application of the patches was not always in accordance with the manufacturer's guidelines. We spoke with the deputy manager who agreed to rectify this straight away and ensure that clearer guidance was put in place for staff applying the patches. Staff who administered medicines at the service had all recently received a training update and the registered manager was in the process of establishing competency checks as part of their supervisions.

Is the service effective?

Our findings

All the people we spoke with told us that staff knew how to support them in the right way. People told us they felt that staff had the knowledge and skills to meet their needs. One person said, "The care and the way they look after you, is very good". A relative said, "They seem to know exactly what they are doing, I have no concerns". Staff told us that they received training that developed their skills in order to meet people's needs effectively. They were complimentary about the training they had received and told us they felt it had equipped them to perform their role effectively. A staff member said, "The training provided is of good quality". A number of staff were completing training that was additional to the provider's basic training. One staff member told us, "I have been supported and encouraged to do my next level qualification by the management".

Staff told us they received regular supervision and attended staff meetings. One staff member stated, "I get regular supervision, we talk about general things how you are getting on, what training you need and it makes me feel appreciated". Three staff members that we spoke with told us that they had regular supervision and support from their managers. They discussed the needs of the people they cared for and their own development and told us that they felt this supported them to provide people with more effective care. We saw that the provider ensured that all new staff were provided with an induction. A staff member told us, "The induction is quite good, there's a pack you have to complete which I am still working on and you get training and shadow other staff for a few shifts to get to know the people".

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that most of the staff received training and updates in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The registered manager told us she had a few staff who had not received the training as the previous provider of this training was no longer operating so she was currently sourcing a new training provider on the subject. Staff we spoke with were able to demonstrate an understanding of the need to consider people's ability to give consent and what may be considered as a restriction of their liberty. We observed and people told us that people's consent was actively sought by staff before assisting or supporting them.

We saw that people were supported to access food and drinks in line with their needs and choices. People we spoke with told us, "The food is very good, they do some nice meals here", and "The foods excellent, if you don't like the main course, the cook will try to get you something else. Cook always comes round to ask". People told us and we observed the cook spending time with each resident to discuss their choice of main meal that day and to offer alternatives if required. We observed lunch to be well-organised; with those

people needing assistance being helped to their table in good time and nobody was observed to be waiting too long for assistance to eat their meal. We saw that people had drinks and snacks within reach of where they sat. There was no menu displayed, but people we spoke with were able to describe the regular main courses, all of which were adequate in terms of nutrition. People who sat together at tables were seen to be chatting and relaxed with each other throughout lunch time. Staff demonstrated they were aware of the nutritional needs of people and of those who needed support and monitoring in order to ensure they received adequate diet and fluids. We spoke with the cook. They told us that people were not involved in the planning the menu as this was organised and set by the provider. However it was clear people were given choices and when a meal was not liked by most people it was removed from the menu and replaced. Food and drinks were available to people throughout the day and night. The system for notifying kitchen staff of any changes to people's nutritional needs was seen to be effective. We saw that people's weight was regularly monitored and that nutrition assessments and plans were regularly reviewed for people, so that staff knew how to care for people effectively and people had enough to eat to maintain a healthy weight.

People told us that they had access to healthcare professionals when they needed them. A person said, "I went to the doctors with staff; they always sort it out if you need a doctor". We saw that staff made referrals to healthcare professionals on behalf of people, for example, GPs, and Occupational Therapists where needed. Health care professionals whom we contacted prior to our inspection felt that the service was responsive to people's changing needs and said staff contacted them regularly for advice and guidance. This meant that the service effectively supported people to maintain good health.

Is the service caring?

Our findings

People we spoke with told us they enjoyed living at the home and that staff were caring. One person told us, "Without reservation they are very kind". They told us they felt the staff supported them well. A second person said, "It's like I've always known them". We saw that people were relaxed around staff and chatted happily with them. People knew the staff well and staff responded to people with warm gestures and smiles. Staff provided reassurance to people, regularly asked if people were comfortable or had any support needs or requests. We heard staff speaking with people in a calm and kind tone of voice; they demonstrated kindness and understanding when supporting them.

People were supported to express their views and be involved as much as possible in making decisions about their daily care and treatment. We observed people being supported to make a variety of decisions about a number of aspects of daily living during our inspection, for example whether they wanted to go out to the shops and what food they wanted for lunch.

Staff told us they enjoyed getting to know people by talking and spending time with them. They told us they would also take the opportunity and speak with family members and looked at care plans for additional information. Their knowledge of each person was clear and we observed staff chatting to people about their current interests and aspects of their daily lives. For example we observed staff asking people about their day so far and which members of their family were planning to visit.

Staff encouraged people to remain as independent as possible and encouraged them to involve themselves fully in completing daily living activities, such as washing and dressing. One staff member told us, "I allow people the time to do the small things they can for themselves as this is so important". We saw that people's care plans were based upon their abilities and choices about how they wished to occupy themselves. People told us that staff were respectful towards them and would encourage them to try to do as much for themselves as possible, but were there to support them when they needed help.

We saw that people were spoken to privately and respectfully. People told us staff respected their dignity and their right to privacy. A person told us, "I can spend time in my room whenever I wish; staff give me the space and privacy I want". We observed that people who required hoisting were provided with their own individual blanket which we saw was used to cover their legs when they were being transferred using the hoist, to maintain their dignity. Staff were seen to communicate with people using respectful language and supporting them in a dignified manner. A staff member said, "I always make sure people are appropriately covered over in between personal care and tell them what I am going to do to make sure they are comfortable with it".

Is the service responsive?

Our findings

At our previous inspection in April 2014 we found the provider to be in breach of the law by failing to demonstrate that care was personalised and reviewed with the involvement of people and their relatives. The provider sent us an action plan following our last inspection and told us they had implemented new systems for involving people and their relatives in reviews and met regularly with people to plan and discuss their goals and preferences. On this, our most recent inspection we found that the provider had made sufficient improvements in order to meet the requirements of the law.

People told us they felt involved in and able to express their views about their care and support needs. A person told us, "They [staff] talk me through my care plan; I think it's every month; they go through everything we've done". Care plans we reviewed demonstrated the level and type of support people required to reach the goals they had set for themselves. People's likes, dislikes and preferences were incorporated into people's care plans, making the care records more personalised. Staff we spoke with were aware of people's likes and dislikes, for example when delivering personal care or supporting their dietary needs.

People we spoke with told us they were involved in a variety of activities of their choosing. One person said, "I love gardening and have potted all them out there [pointed to outdoor plants] and I like going to the pub when I am well enough". Other people told us, "There's the exercise class... I do the seated exercises", and "We play dominoes and the singers come in". The service was currently trying to recruit an activities coordinator to further support people to take part in various activities and interests, as their coordinator had recently left.

People told us they were able to access the community or request religious representatives to visit them to continue to observe their chosen faith. We saw that people's cultural needs were routinely considered as part of their initial assessment. Staff encouraged and supported people to personalise their rooms and display items that were of sentimental value or of interest to them. People described to us how staff supported them to maintain relationships with their friends and families in a number of ways, including reminding them to call their family from time to time, ensuring they were dressed and ready for pre-arranged family excursions and taking telephone messages for them when they were not available.

People told us that staff were responsive to their needs and supported them the way they liked. They felt that staff knew their needs and preferences and that these were respected. One person said, "The staff know what I like". Another person told us, "They [staff] don't interfere with me, they just let me get on with it; I know they are there when I need them though". A relative described how their relative was encouraged to communicate openly with staff about their preferences. A healthcare professional we spoke positively about the service saying they were quick to respond to them and efficiently met any requests they made. Care records we reviewed contained personalised information detailing how people's needs should be met. They included information about people's health needs, life history, individual interests and preferences. For example, one person preferred staff not to check on them during the night as this disturbed their sleep; the person told us that this was respected by staff. Our observations throughout the day showed that people

were responded to appropriately when they wanted or requested support. Staff told us that the amount of support that a person required was always based on an individual's needs. A staff member said, "We always talk to people about what level of support they want and not just assume".

The service had a complaints procedure in place. The service had received one anonymous complaint since our last inspection and although unable to respond to this with the individual they had conducted an investigation and recorded their findings in relation to the issue raised. All the staff we spoke with told us that they knew how to respond if someone made a complaint. People we spoke with were confident to voice their experiences about their care and to raise any concerns they had. We saw that feedback had been received from people that they were unsure how to make a complaint, indicating a need to improve the awareness of the complaints procedure. The registered manager had called a meeting with people in response to this, where information was provided about the complaints procedure and other ways they could raise any concerns externally. Our findings demonstrated that the provider actively provided people with information about how to raise any concerns or complaints. Information about how to make a complaint about the service was displayed.

Is the service well-led?

Our findings

At our previous inspection in April 2014 we found the provider to be in breach of the law by failing to carry out audits that were effective in identifying safety issues within the service, in particular the environment. In addition, the provider's system for analysing incidents and accidents for trends, in order to make the appropriate improvements were inadequate. The provider sent us an action plan following our last inspection and told us they that had implemented new systems for recording and monitoring accidents and incidents and also a number of improvements to the environment had been completed to ensure peoples safety. On this our most recent inspection we found that the provider had made sufficient improvements in order to meet the requirements of the law.

Systems were in place for the registered manager and provider to monitor the quality of care and address any areas for improvement. Audits were undertaken in relation to medicines, infection control and the health and safety of the environment. Where omissions or areas for improvement were identified action was taken. The registered manager had an understanding of their responsibilities for notifying us of certain incidents and events that had occurred at the home or affected people who used the service. Records of incidents were appropriately recorded and any learning or changes to practice were documented following incidents and accidents. The registered manager monitored these for trends and to reduce any further risks for people. Staff told us that learning or changes to practice following incidents were cascaded to them in daily handovers or at staff meetings. This meant that learning from incidents was shared to reduce risks for people and enable improvements in the future.

We asked people who lived there about the management of the home. People told us they knew who the registered manager was and that they felt that the service was well led. One person said, "It's a well-run set up here". A staff member said, "There is a good atmosphere here; we work well as a team". We found that the registered manager had a very good knowledge about the needs of people using the service. The home had a registered manager in post and we saw they were visible and available to people throughout the inspection. They were aware of their role and responsibilities. They told us they felt supported in their role by the provider through regular telephone contact and also by visits undertaken by the area manager. Staff we spoke with were aware of the management and leadership structure and told us they found the registered manager approachable and that they always took time to answer their questions. One staff member told us, "I get on well with the management and if I have a problem I am happy enough to approach them". A second staff member told us, "If you need anything or need any support they are always there for you". Our observations on the day were that people approached the management team without hesitation. Staff were clear about the arrangements for whom to contact out of hours as necessary or in an emergency.

The provider used a variety of methods in order to listen to and learn from feedback from people who used or were involved with the service. Meetings for people were held; subjects discussed included activities and the home environment. A staff member told us, "We have meetings with people to discuss what changes to the home they would like made and if they are happy with the care". We saw that a keyworker system was in

place and in each person's room the staff members name was displayed for them to refer to. The keyworkers undertook a monthly review with each person where they discussed their well-being, activities and future plans. We found in one of the records we reviewed that these meetings had fallen behind by a few weeks. The registered manager said she would follow this up and make sure they were completed by the relevant keyworker when they were next on shift. A suggestions box was situated in the reception area where people could anonymously leave their feedback.

Staff gave a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy that staff were aware of; this detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to. Staff we spoke with were clear about how to whistle blow and told us they would not hesitate in doing so.