Abbey Village Limited

Abbey Village

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 well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Abbey Village is a care home which is registered to provide accommodation and personal care to 34 younger and older people, some of whom may be living with dementia. At the time of our inspection, 31 people lived at the service. Accommodation is provided on one level and has a mixture of smaller and larger communal areas for people to use.

People's experience of using this service and what we found
Risks to people's health and wellbeing were not always identified and managed as records were not up to date. Records did not show fire safety processes were appropriately followed. Medicines processes did not always follow best practice. Governance systems continued to be ineffective at identifying and addressing shortfalls. The provider had not reviewed or improved their governance systems and there was a continued lack of oversight of the service.

Infection and control practices had improved, and current guidance was being followed. Systems were in place to protect people from abuse. The provider's recruitment processes helped ensure only suitable staff were employed and staffing levels met people's needs.

Staff had the relevant skills and experience to meet people's needs. Staff supported people to access healthcare services and followed professional advice. People's dietary needs were met, and people were provided with a varied and healthy diet, though records did not always show this. Improvements had been made to the environment and the provider was working to make further improvements to support people living with dementia.

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.

The registered manager promoted effective teamwork and supported their staff. They had developed good links with relevant healthcare professionals and was working on their development.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 17 October 2019) and there were two breaches of regulation. The service remains rated requires improvement and has been rated requires improvement for the last three consecutive inspections. The provider completed an action plan 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.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 6 and 9 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same as the last inspection. This is based on the findings at this inspection.

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.

Enforcement
We have identified breaches in relation to medicines, the management of risks, record keeping, and addressing quality shortfalls.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-Led findings below.

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 completed by one inspector on both days.

Service and service type
Abbey Village is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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
We gave a short period notice of the inspection. This was to ensure risks in relation to COVID 19 were assessed prior to the inspection taking place. We told the registered manager we would be returning on the second day.

What we did before the inspection
We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager, three senior care staff, one care staff and the chef. We also spoke with three people who used the service, and two relatives and healthcare professionals via the telephone.

We looked at the cleanliness of the service, the facilities available for people and at a range of documentation including three people's care records in full, three people's records in part and 10 people's medication records. We looked at a selection of documentation for the management and running of the service and three staff files.

After the inspection
The provider sent further information regarding fire safety and records of quality monitoring.

Requires Improvement

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 has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

At our last inspection the provider had failed to assess the risk of, and prevent, detect and control the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 for assessing the risk of, and prevent, detect and control the spread of infection.

• The provider had improved infection prevention and control practices. Cleaning schedules for the service had been reintroduced and a clear dirty to clean laundry flow was in place.
• Staff were trained in infection prevention and control and followed current best practice guidance. Staff wore masks, gloves and aprons to help prevent the spread of infections.
• The management team completed hand washing competency assessments to ensure good hand hygiene.
• Cleaning processes and records were closely monitored by the registered manager. However, we found some pieces of equipment such as pressure cushions were damaged and could not be effectively cleaned. The provider's systems had not identified this.

Assessing risk, safety monitoring and management
• An effective system was not in place to ensure risks were appropriately managed, monitored and mitigated. An action plan was in place to address required actions from a fire risk assessment completed in October 2019. However, not all actions had been completed and there were no set timescales to ensure the issues were addressed in a timely manner.
• The provider's fire safety policy had not been followed. Not all staff had taken part in a fire drill and night time fire drills had not been completed in the past year.
• Fire safety records were incomplete. Records did not demonstrate monthly testing of emergency lights or weekly checks of fire doors.
• The risk of dehydration had not been assessed for people and care plans did not contain enough detail how to manage this risk. Food and fluid records were not always completed and did not accurately show how much fluid had been offered and drunk, which meant staff could not effectively manage the risk of dehydration.

The provider had failed to ensure risks were appropriately assessed and mitigated. Whilst we found no-one had experienced harm, people were placed at risk of harm if risks were not manged and systems improved.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
• An effective system to ensure the safe administration of medicines was not in place. Staff did not record the time 'as and when required' (PRN) medicines were administered. This meant staff could not be assured enough time had passed before administering the next dose safely.
• Protocols were not always in place to guide staff how to administer PRN medicines.
• Handwritten medicine records were not always checked by another member of staff. This meant errors could not be identified and placed people at risk of having the medicines administered incorrectly.
• The provider's systems had not identified or addressed these shortfalls.

The provider had failed to ensure robust systems were in place for the proper and safe management of medicines. Whilst we found no-one had experienced harm, people were placed at risk of harm if risks were not manged and systems improved. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe. One person said, "Yes, I do feel safe."
• People were protected from avoidable harm and abuse. Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns to relevant professionals.

Staffing and recruitment; Learning lessons when things go wrong
• The provider's recruitment processes helped ensure only suitable staff were employed.
• Staffing levels met people's needs. Though some people told us at times they had to wait a while for staff to support them.
• Staffing levels were adjusted when needed. The registered manager had increased staffing levels in response to an increase in accidents and incidents in an evening.

Requires Improvement

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 has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

• Where people lacked capacity, decisions were made in their best interests. For example, decisions had been made whether to test people for COVID-19. However, other decisions made in people's best interests were not documented. For example, one person did not have a capacity assessment and best interest decision for the use of bed rails and records were not in place the use of a sensor mat for one person.
• Staff sought people's consent and included people in making decisions. A relative said, "I am involved in [Person's name's] care plan and they are is too even though they have capacity issues."
• Staff recognised restrictions on people's liberty and applications to deprive people of their liberty had been made. Systems were in place to monitor DoLS.

Staff support: induction, training, skills and experience
• Not all staff had received an annual appraisal. The registered manager acknowledged shortfalls with annual appraisals and advised they were in the process of completing them.
• Staff had the skills and knowledge to appropriately support people. New staff completed an induction programme which included shadowing more experienced staff and mandatory training. All staff completed regular training to ensure they were able to meet people's needs.
• Staff were supported in their roles. The management team provided staff with regular informal support, development discussions and supervision sessions. A staff member said, "I had a specific supervision regarding COVID-19. I also had an off the cuff one with [Registered manager's name], they noticed I wasn't

myself and asked if I was ok. They were really supportive, made me feel better and asked if there was anything, they could support me at work."

Supporting people to eat and drink enough to maintain a balanced diet
• Staff were knowledgeable about people's dietary needs and specialised diets were catered for. However, information was not always updated in people's care plans and records of people's food and fluid intake were not consistently completed or closely monitored.
• Staff provided appropriate support for each person with eating and drinking. Support included gentle encouragement, cutting up meals and helping people to eat and drink.
• Staff contacted relevant healthcare professionals when they had concerns regarding people's weight and swallowing difficulties.
• People had a variety of meal options and were shown those available to help people living with dementia make a choice. The menu was changed to ensure people were able to eat their favourite foods. A relative said, "They actually put liver on to the menu because [Person's name] likes it."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice. A professional said, "Since [Registered manager] took over there has been a massive decrease in pressure damage, moisture lesions and staff are better at solving problems themselves."
• Staff were knowledgeable about people's needs and kept people's relatives informed. A relative said, "Staff always call if anything is wrong, sometimes when their blood pressure drops, paramedics have to go out and they always contact me."
• Staff provided effective care which met people's needs, though accurate records were not always kept. Staff were kept informed of any changes to people's needs through handover meetings and communication books.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed and reviewed, and their preferences were considered when arranging their care.
• Assessments were used to develop care plans which supported staff to provide care in line with people's needs and personal routines.

Adapting service, design, decoration to meet people's needs
• Improvements had been made to the environment. The provider had maintenance and decoration plans in place. A relative told us, "They've got new chairs and new flooring in the conservatory."
• People's rooms were personalised to their tastes. People had decorated their rooms with their personal photos, furnishings and furniture was arranged to people's preference.
• The provider was working to improve the environment for people living with dementia. People's photo was on their bedroom door to help them find their room and some handrails were a different colour to the wall to help them stand out.

Inadequate

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 now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders did not ensure the delivery of high-quality care.

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

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

• The provider did not have a robust system in place to monitor the quality and safety of the service. This meant they had failed to pick up the issues we identified during our inspection. These related to medicines, risk management and accurate records relating to people's care. As a result, the provider was unable to effectively identify and address quality shortfalls.
• Audits were not detailed and did not drive forward improvements. For example, medicine audits did not consider if records included the times PRN medicines were administered or the quality of the PRN protocols.

• It was unclear which audits should be completed and how often as the provider had no audit schedule in place. For example, the 'daily walk around' was only completed once in April 2020.
• Systems for recording, monitoring and analysing accidents and incidents were not robust. Accidents and incidents were appropriately responded to and monitored. However, they were not thoroughly analysed which made it difficult for the provider to learn from them and reduce the risk of them happening again.
• The provider had failed to address shortfalls previously highlighted to them and had not followed their action plan to address breaches from the previous inspection. At the last inspection, shortfalls were found in monitoring records. We continued to find these shortfalls during this inspection as an appropriate monitoring system had not been implemented.
• The registered manager did not follow up on and ensure actions were completed in relation to aspects of safety within the service. For example, the provider had requested that fire drills be held in the service. However, we found that these had not been held.
• There was a lack of oversight from the provider. The provider did not complete their own audits or review audit information completed by the registered manager. This meant the provider was unable to assure the quality and safety of the service.

The provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service and ensure compliance with the regulations. This was a continued breach of regulation 17 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 staff member said, "[Registered manager's name] is friendly, approachable, welcoming. If there's a little niggle, they'll sort it, they care about staff."
• The management team were supportive and promoted accountability. Tasks were allocated to staff and any shortfalls were addressed.
• The registered manager understood their legal obligation to let people know when things went wrong, and processes were in place to respond appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• People, relatives, staff and professionals were included in the development of the service. Questionnaires were sent out and responses analysed to help identify how the service could be improved. Action plans were implemented and displayed on a notice board to show how shortfalls were addressed.
• Staff and residents' meetings were held to ensure people were kept informed about changes to the service.

• The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Healthcare professionals were positive about their working relationships with the registered manager.
• The registered manager had worked with managers from other services to develop their skills, knowledge and improve 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 Failure to effectively assess and mitigate risk and ensure robust medication procedures, put people at increased risk of harm. Reg 12 (2) (a) (b) (g)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not established or reviewed systems to monitor and improve the quality of the service and mitigate health and safety risk. which placed people at risk of harm and of receiving a poor service. The registered provider had not ensured accurate and contemporaneous records were in place. Regulation 17, (1)(2)(a)(b)(c)(f)

The enforcement action we took:

Warning notice