

Abbey Care Complex Limited

Abbey Care Complex

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Abbey Care Complex is a residential care home providing personal and nursing care to up to 50 people. The service provides support to predominantly older people, many of whom have nursing care needs or are living with dementia. At the time of our inspection, there were 44 people using the service. The home is purpose built, over four floors. The basement floor houses the kitchen and offices, while people live on the upper three floors.

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

Risk assessments were not always sufficiently detailed and sometimes lacked important information about how to mitigate risks people faced. There were no established schedules in place for ensuring communal areas of the home were cleaned. Quality assurance and monitoring systems were not always effective. People and relatives told us the quality of the food could be improved and we have made a recommendation about this.

There were enough staff to support people and robust staff recruitment practices were followed. Medicines were managed in a way that was safe. Systems were in place to protect people from the risk of abuse. Steps had been taken to ensure the physical environment was safe. Lessons were learnt when things went wrong.

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 provider was aware of their regulatory requirements and worked with other agencies to develop best practice and share knowledge. Staff spoke positively about the management of the service and the working atmosphere. Managers and staff were clear about their roles.

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

Rating at last inspection and update

The last rating for this service was Good (published 29 September 2021).

Why we inspected

We received concerns in relation to people's nursing needs, the management of the service and food provided. As a result, we undertook a focused inspection to review the key questions of safe and well-led, and the nutrition section of effective.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Good to Requires improvement based on the findings of this inspection.

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

Enforcement and Recommendations

We have identified breaches in relation to the way people's risks were assessed and infection control practice at the service, in addition to the quality assurance and monitoring processes. We have also made a recommendation about reviewing the food that is served.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

At our last inspection we rated this key question Good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Abbey Care Complex

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Abbey Care Complex is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbey Care Complex is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. There was a manager who commenced working at the service on the 10 October 2022. The area manager told us that it was the intention of the provider that the manager would apply to be registered with the Care Quality Commission in the near future.

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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 4 people who used the service and 4 relatives. We spoke with 14 staff. This included the manager, area manager, deputy manager, chef, dementia lead, two administrators, two registered nurses, three health care assistants, one senior care assistant and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed how staff interacted with people. We looked at 15 care records and multiple medicines records for people, and staff recruitment files. We examined records related to the running of the service, including policies and procedures.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires improvement. 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.

Assessing risk, safety monitoring and management

- The arrangements in place for assessing risk and monitoring safety were not always of a satisfactory standard.
- Risk assessments were in place for people, and in some instances these included sufficient information about how to mitigate the risks people faced, for example, in relation to medicines, moving and handling and falls.
- However, we found that for one person who had epilepsy, there was no risk assessment in place about how to support the person with this. Further, we found that risk assessments relating to diabetes were not satisfactory. They gave no indication of what safe blood glucose levels were for people or what action staff should take if a person's blood glucose level was too high or too low, other than making referrals to health professionals. This potentially put people at risk. The manager told us they had already identified this shortfall with care plans and risk assessments, but had not yet had the time to ensure adequate risk assessments were implemented.
- People had risk assessments related to skin care. Where appropriate, people used pressure relieving air mattresses. The risk assessments set out what these should be set at. We found two air mattresses that were set incorrectly, which could cause harm. One person told us their air mattress was uncomfortable, saying, "It don't feel right. It hurts my bum. It's all lumpy and bumpy." We discussed this with the nurse on duty who told us they would take action to address this.

Effective systems had not been established for safely assessing and mitigating risk to people. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks were made to help ensure the premises were safe, including checks on electrical installations, gas, fire alarms and emergency lighting.

Preventing and controlling infection

- The provider did not have effective systems in place for preventing and controlling the spread of infection. Staff were seen to wear PPE, although, frequently throughout our inspection, we saw staff wearing face masks that were not covering their noses. We discussed this with the manager on the first day of the inspection, yet we continued to observe this practice during the second day.
- The premises were seen to be visibly clean. However, other than for bedrooms, cleaning schedules were not in place and the provider was not following its own 'Cleaning in Care Home Policy'. This stated that a cleaning plan for the home will be set up and implemented, and that the performance of cleaning services

will be closely monitored. This was not being done. This meant there was a possibility that the service was not always been cleaned to a satisfactory standard to prevent and control the spread of infection.

Systems had been not established to ensure the proper cleaning of the premises was carried out. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they found the premises to be clean. One person said, "This home is spotless 10 out of 10 for clean." A relative told us, "(Relative's) room is kept very clean."

Visiting in care homes

- Arrangements for visiting care homes were in line with the current government guidance at the time of inspection. There were no restrictions in place related to visiting care homes.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of harm. The provider had policies and procedures in place about whistle blowing and safeguarding people. This later policy made clear the provider's responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. Records confirmed the policy had been followed where there were allegations of abuse.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report suspected abuse. One member of staff said they would, "Report it (suspected abuse) straight away to the manager."
- People and relatives told us they felt safe at the service. One person said, "Staff know what they are doing. They have never hurt me."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Most people, relatives and staff said there were enough people working at the service to keep people safe. One person said, "I have a call point which I have never used. If I need help I will shout out and staff will come quickly." A relative told us, "There seems to be enough staff. This is a lovely place. All the staff are excellent."
- Staff said at times it could be busy, but they always had enough time to carry out all their required duties. They added they were always able to take their allocated breaks during every shift. We observed staff appeared unhurried and were able to respond in a prompt manner when people needed support, for example, when a call alarm sounded.
- The provider had robust staff recruitment practices in place. Various checks were carried out on

prospective staff to evaluate their suitability to work in a care setting. These included criminal records checks, employment references, proof of identification and a record of staff's past employment history.

Using medicines safely

- Medicines were mostly managed in a safe way. We saw during our inspection that two fridges used to store medicines did not have working locks. The provider addressed this issue within a few hours of the end of the inspection. Other medicines were stored securely in locked and designated medicines cabinets.
- Medicines administration records were maintained which detailed each medicine to be given, so there was a clear audit trail in place. Completed medicines charts we saw were accurate and up to date. Records were also held of the amounts of medicines held in stock. These likewise were found to be up to date and accurate.
- Where people were administered their medicines covertly, or where people were prescribed 'as required' medicines, guidelines and protocols were in place around when and how to administer these.
- People told us staff supported them to take medicines. One person said, "I take my medication at 8.00am and 8.00pm. I always have a drink with my medication, and it always comes on time."

Learning lessons when things go wrong

- Steps were taken to learn lessons when things went wrong. The provider had an accident and incident policy in place to guide staff and accidents and incidents were recorded, along with details of follow up action.
- Accidents and incidents were analysed for trends and patterns to see what actions could be taken to reduce the risk of further similar occurrence.

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 our last inspection this key question was rated Good. We have not changed the rating as we have not looked at all of the effective key question at this inspection.

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

- People were supported to eat and drink enough to maintain a balanced diet. People and relatives told us they had enough to eat, but had mixed views about the quality of the food. One person said, "Sometimes the food is good and at other times the food is bad. It is a bit hit and miss." The same person added, "I get enough to eat and drink. I am never hungry." Another person said, "Sometimes I get my food and I do not know what it is. I do not always like it. The food does not have enough salt in it. I do enjoy breakfast."

We recommend that the provider reviews its menus with people and relatives to help ensure people get food they like and enjoy.

- We observed a lunchtime period. People were seen to be given choices and enjoying their meal. Where people required support from staff to eat, this was provided in an appropriate way.

- People had their weight checked regularly, and risk assessments were in place in relation to nutrition and hydration. Where necessary, referrals were made to appropriate health care professionals including GPs, dietitians and speech and language therapists.

- People had a choice about what they ate, including vegetarian choices. Food offered reflected people's cultural heritage where requested.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Systems and processes were in place for the purposes of quality assurance and monitoring. However, these were either not always used or not effective.
- Care plans and risk assessments were subject to monthly review. However, these reviews had failed to identify the shortfalls we found with risk assessments, especially in relation to people with diabetes.
- Monthly infection and prevention control audits were carried out. We looked at completed audits for July and August 2022. Both of these had sections that said cleaning schedules were in place and had been followed. The audits had failed to identify that cleaning schedules only covered people's bedrooms, and not the communal areas of the premises.
- People and relatives told us they were not asked about their views on the running of the service for the purposes of learning and improving care. One person said, "I am never asked my views by staff. I have not attended any residents' meetings. I have never filled out any surveys." Another person said, "I am never asked for my views." A relative told us, "No, I am never asked my views about the home." Although one relative said, "I am not asked my views however, if we phone they are very informative and give us lots of information on how my mum is doing."

Effective systems had not been established for the purposes of quality assurance and monitoring safety within the service. This placed people at risk of harm. This was a breach of regulation 17 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

- The provider promoted a positive culture that was person centred and open. Most staff we talked with spoke positively about the management at the home.
- The manager had only been in post for a few days at the time of our inspection, but staff reported that their initial impressions were good. They also had praise for the deputy manager. One staff member told us, "I think [deputy manager] is really good. If there are any problems, they will try to sort it out. They are a very nice and pleasant person and a good nurse." Another member of staff said, "They [deputy manager] are good, they will help anytime." Staff also praised the working atmosphere and teamwork at the service. One member of staff said, "I feel comfortable to work here. We have good staff."

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

- Where things went wrong, the provider had been open and honest with people about this. Systems were in place to address when things went wrong, such as the complaints procedure and the way accidents and incidents were responded to. Any suspected safeguarding incidents were referred to the local authority.

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

- Managers and staff were clear about their roles and understood regulatory requirements. Staff understood who they were accountable to, and were provided with a copy of their job description to help give clarity about their role.
- The provider understood their regulatory requirements. For example, they had employer's liability insurance cover in place in line with legislation. They were knowledgeable about what they had a legal duty to notify the Care Quality Commission about, and records confirmed they had done this as required.

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

- The area manager told us that the provider sent out an annual survey to people and relatives to gain their views. The most recent survey we saw evidence of was from September 2020. The area manager said they understood that a survey had been sent out in 2021, however, no record of this could be found during the inspection. The manager contacted us after the inspection and provided evidence that a survey had been carried out in 2021. Shortly after our inspection the manager sent us confirmation that they had sent out a survey for 2022.
- Staff meetings were held which gave staff the opportunity to raise issues of importance to them. Meetings were also held for people who used the service and their relatives. Minutes showed these discussed activities, laundry and menus.
- People's protected equality characteristics were considered. For example, people's equality and diversity needs were covered in care plans. Staff recruitment was carried out in line with good practice in regard to equality and diversity.
- Records of compliments were maintained. For example, a relative had said, "You have looked after my [relative] with respect, care and dignity. [Relative] always said how kind you were to them." An advocate had said, "I like your teamwork and your competency."

Working in partnership with others

- The provider worked in partnership with others to share knowledge and develop best practice. For example, they were signed up to Skills for Care who provided training and information about the social care sector. The area manager told us they attended a provider forum run by the local authority and the manager confirmed they were also attending the next meeting of this forum.
- The provider was also a member of a trade association for care homes in England. The area manager said they kept them up to date with any changes in legislation relevant to the care sector.

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
Diagnostic and screening procedures	The registered person had failed to implement effective systems for assessing the risks to the health and safety of service users receiving care or treatment and to do all that is reasonably practicable to mitigate any such risks. The registered person had failed to implement effective systems for assessing the risk of, and preventing, detecting and controlling the spread of infections. Regulation 12 (1) (2) (a) (b) (h)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered person had failed to establish and operate effectively systems or processes to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activities; and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activities. Regulation 17 (1) (2) (a) (b)
Treatment of disease, disorder or injury	