

Care UK Community Partnerships Ltd

Abney Court

Inspection report

Abney Park
Cheadle
Cheshire
SK8 2PD

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Date of inspection visit:
05 April 2023
20 April 2023

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25 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

Inspection team

This inspection was undertaken by 1 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

Abney Court 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. Abney Court is a care home which no longer provides nursing care and will be deregistering from this regulated activity. 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 a registered manager in post.

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. This included any information of concern and notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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.

We used information gathered as part of monitoring activity that took place on 14 February 2023 to help

plan the inspection and inform our judgements.

During the inspection

We reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 10 people who use the service, 5 relatives, and 19 members of staff, including the registered manager, deputy manager, senior care workers, care workers, and auxiliary staff. We spoke to 2 health care workers providing support to the intermediate care placements.

We reviewed a range of records including 7 people's care records. We looked at 4 staff files in relation to recruitment, training, and support. We reviewed multiple medicine administration records and looked at medicines related documentation and management arrangements. A variety of records relating to the management of the service, including policies and procedures were examined.

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 safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Abney Court

Detailed findings

Background to this inspection

The inspection

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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.

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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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe living at Abney court. One person said, "I am happy living here and I feel safe." Relatives agreed with one commenting, "[Family member] is a lot safer here than they were at home. They are now looked after."
- Staff had completed training and understood their responsibilities in this area. There were policies and procedures in place to underpin this.

Assessing risk, safety monitoring and management

- People's needs were assessed prior to admission and ongoing assessment of needs and risk were completed. Care plans were in place to guide staff on how to meet people's needs and mitigate risk as much as possible. Significant areas of risk for people, such as risk of choking or falls, and moving and handling needs, were readily identifiable in people's overview and handover records.
- Environmental risk was monitored and subject to regular maintenance and checks. Equipment was checked and where shortfalls were identified by staff these were quickly reported. Environmental risk assessments were in place to guide staff on how to mitigate risk.
- Emergency equipment such as fire alarms and firefighting equipment was in place and suitably maintained. People had personal emergency evacuation plans to guide staff on people's needs in an emergency and fire drills were completed.

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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People generally felt there were enough staff to provide the support they needed. One person

commented, "I only have to ring the bell, and someone comes. Sometimes I may have to wait a bit, but if I press the red emergency button they are there immediately."

- The registered manager was using a number of initiatives to ensure staff felt supported in their roles. This included focusing on mental wellbeing. Staff commented the provider worked with them to enable them to work and manage other commitments they may have, and this helped ensure consistency of care for people. The registered manager commented, "I have spent time listening to staff and actioning what they need. I try to have a flexible way of working as this helps, although safety is always at the forefront."
- Safe recruitment practices were followed including checks with previous employers and the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- People felt staff knew how to support them. Staff completed a range of training. Overall training compliance was sufficient with any areas of shortfall being addressed within an ongoing training programme.

Using medicines safely

- People's medicines were being suitably stored. Clinic rooms were clean, tidy, and well maintained and medicines for people were available in sufficient supplies.
- People were supported to receive their medicines safely. Medicine records were maintained, and checks indicated people had been given the medicines prescribed. Body maps to ensure patches applied to the skin were being rotated in line with the manufacturer's guidance were not always consistently completed and this was discussed with the registered manager who was responsive to our feedback.
- People who required medicines 'as and when' needed, such as medicine to manage pain had suitable guidance in place to help staff know when to offer these medicines to them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on people receiving visits in place at the time. People were enjoying visits from their family and friends during the inspection.

Learning lessons when things go wrong

- Staff had good oversight of people's clinical needs. Clinical meetings were held to discuss any changes in need and address any concerns if people had been involved in accidents or incidents and ensure appropriate action was taken.
- The registered manager analysed accidents and incidents to look for themes and trends. Any areas for learning were discussed in meetings and supervisions with staff.

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

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

- People felt the service was well managed, their views were respected, and needs met. One person said, "I think they [staff] are friendly and approachable. They give me what I want so they must be listening to me." Another person said, "They are all lovely people, they know me and look after me well."
- Staff were committed to delivering person-centred care. One staff member told us, "Its lovely to work here. People have the freedom to live their lives in the way they want to."
- The registered manager and staff were committed to achieving good outcomes for people and looked for all available opportunities. For example, the home had recently run a dementia event following requests from family members, and had involved external services, in this case from the Alzheimer's society, to support events.

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

- Accidents, incidents, and safeguarding's were reviewed when things had gone wrong to ensure lessons were learnt and reduce the risk of them reoccurring. The registered manager shared information with external services as required.
- People felt able to raise concerns and make complaints and felt confident that these would be quickly addressed. One family member told us, "Staff are really good if anything isn't right. They are excellent at keeping us informed, even when something little had happened to [family member] or they are feeling a little down." Where complaints had been raised, these had been investigated and responded to appropriately.

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

- Staff had a good understanding of their roles and people. Relatives and health care professionals spoke very positively about the staff. One person told us, "The staff who have looked after me have made an effort to get to know me. They are very nice." One family member said, "Staff are very good. They are always nice and respectful and always make time for [family member]."
- The registered manager completed a variety of checks and audits of the service and care records. Where areas for improvement were identified, action was taken to ensure changes and improvements were made. The registered manager told us, "We look at topics with the staff. We have done a lot of work around skin integrity to help staff understand what is expected of them. Currently we are looking at the use of bed

sensors." Overall, staff told us they felt well trained, supported, and kept up to date with any changes in the service.

Continuous learning and improving care

- The registered manager and management team were relatively new to their roles but were passionate about driving improvement within the service. The registered manager told us, "I have set high expectations of the staff. I am so proud of what the team have done. Most staff have really got on board with the changes we have been making."
- Staff spoke positively about how they were supported to learn and develop. One staff member told us, "The registered manager has developed guides, such as care plan examples to help us with what we need to be doing."
- The service had an improvement plan and work was ongoing with the registered manager developing and embedding new ideas and approaches within the home. One staff member said, "It's been a roller-coaster, but we are going in absolutely the right direction."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, families and staff were able to engage in a variety of meetings. These were opportunities to update people on developments within the service and feedback ideas and views.
- People told us staff worked well with external services to meet their needs. External professionals confirmed there was a good working relationship. One professional told us, "Communication with the staff is brilliant, they know people's needs. It is very person-centred, and they seem quite proactive. Staff always support our visits and are able to answer our questions."
- The registered manager and staff, particularly the wellbeing and activity staff were continually building links within the local community. This included supporting events in the local community and arranging events at the home. This had included involvement in local walking groups and street markets, as well as celebrations and awareness raising events held within the home. The registered manager told us, "I am very proud of the community links we have already built."