Abbey Health Care Limited

# Abbey Court Nursing Home - West Kingsdown

**Inspection report**

Abbey Court Nursing Home
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West Kingsdown
Kent
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Date of inspection visit: 5 and 9 March 2015
Date of publication: 01/07/2015

## Ratings

| Overall rating for this service | Requires Improvement |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Requires Improvement |

## Overall summary

This inspection took place on 5 and 9 March 2015. Both days of the inspection were unannounced, which meant that the provider did not know that we were coming.

Abbey Court Nursing home provides nursing care and accommodation for up to 22 people. It is a large detached building, situated in West Kingsdown. The service is provided over two floors, there are two passenger lifts. Shared areas are the lounge and dining room. 20 people were living at the service at the time of the inspection.

When we last inspected the service on 5 March 2014, we found that the service was meeting the Health and Social Care Act (Regulated Activities) Regulations 2010.

# Summary of findings

At this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

The provider did not have effective systems in place to regularly assess and monitor the quality of the service and identify and manage risks to the health, safety and welfare of people. People's medicines were not always managed safely. People's consent had not always been sought or recorded. Records were not always up to date or accurate.

The provider was the registered manager of the service. 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 was run.

People and relatives were complimentary about the service. Health and social care professionals told us staff met people's needs well and followed through the advice they gave to them correctly. People and relatives told us people were well cared for and relatives gave us examples of people's health and independence improving at the service. However, our own observations and the records we looked at did not always match the positive descriptions people and relatives had given us.

People were not always protected against the risks associated with the unsafe use and management of medicines.

Some people living at the service had dementia but there were no specific adaptations to the premises to meet their needs or signage to help them identify what certain rooms were for, or items to use or look at to stimulate their interest. We have made a recommendation related to activities for people living with dementia.

The provider had not made sure that people's records maintained an accurate record of the care and treatment provided to them. Records were not always kept up to date to reflect people's current needs. We have made a recommendation that accurate and up to date records related to risk assessments are maintained.

People had limited choice of activities and these did not meet the need for meaningful activity and stimulation for people living with dementia. We have recommended that appropriate activities are put into place.

The service was clean and staff understood how to prevent the risk of cross infection. However, wheelchairs were not cleaned frequently enough. We have recommended that a cleaning schedule is used effectively.

Some guidance was in place for staff to follow about how to support each person in the event of an emergency at the service but it was brief and required review to make sure it reflected in detail the support people would need. We have made a recommendation that this guidance is put into place and used in practice.

Staff were respectful, kind and caring and protected people's dignity and privacy. Staff and had mostly completed all the training needed for their roles. Some staff had not completed dementia care training but this had been planned.

Staff understood how to recognise the signs of abuse and how to report suspected abuse. There were safeguarding and whistleblowing policies and procedures in place.

The provider had assessed the needs of the people living at the service and made sure there were enough staff on duty to meet them. Staff understood the ways in which people communicated. Staff had time to spend with people individually during their day.

Safe recruitment procedures made sure that staff were suitable to work with people. Staff received regular supervision and told us senior staff and the provider were supportive and approachable.

People told us they liked the meals provided and there was choice of what to eat. Meals were freshly cooked and staff supported people who needed assistance with eating at people's own pace.

People were supported to maintain their independence. This included independence with moving around and personal care.

# Summary of findings

## 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.

Risk assessments were not always up to date so staff did not have the most current guidance about how to support them safely

Guidance for staff to follow about the support people would need in the event of an emergency was not kept up to date to reflect changes in people's needs.

Medicines were not always administered and recorded safely.

People were not always protected from the risk of cross infection. Wheelchairs were not kept clean and cleaning schedules were not always completed to show essential cleaning had been done.

Staff were trained to understand the signs of abuse and knew who to report suspected abuse to.

The number of staff deployed met people's needs and there was an appropriate skill mix of staff.

**Is the service effective?**

**Requires Improvement**

The service was not consistently effective.

Mental capacity assessments were not completed to make sure that decisions made on people's behalf were in their best interests. The systems for gaining and recording people's consent were inadequate.

Staff received most of the training they needed for their role. Not all staff had received dementia care training.

There was no suitable signage for people with dementia or items within the environment to stimulate their interest.

People's health needs were well met and they saw health professionals when they needed to.

Meals were freshly cooked and people had plenty to eat and drink.

**Is the service caring?**

**Good**

The service was caring

Staff were kind, caring and respectful towards people. Staff did not rush people and had time to talk with them individually throughout the day.

Staff promoted people's privacy and dignity.

People, relatives and health professionals spoke positively of the level of care provided.

# Summary of findings

Staff delivered end of life care with sensitivity and according to people's individual wishes.

**Is the service responsive?**

**Requires Improvement**

The service was not consistently responsive.

The provision of activities was uncoordinated and limited and did not take into account the needs of people with dementia.

People's care records were regularly reviewed.

People and relatives told us they knew how to raise any concerns and staff and the manager were approachable and listened to them.

**Is the service well-led?**

**Requires Improvement**

The home was not consistently well –led.

The provider did not have effective quality assurance systems in place and had not always recognised or acted upon shortfalls in the quality of the service.

Some audits, such as of care records took place but it was not always recorded or action taken if records were not correctly completed.

The provider was not adhering to their stated value of meeting each person's specific needs, as there were no specific activities or environmental adaptations in place to meet the needs of people with dementia.

Staff felt well supported and were clear about their roles and responsibilities.

# Abbey Court Nursing Home - West Kingsdown

**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 checked 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 took place on 5 and 9 March 2015 and was unannounced. One inspector accompanied by a specialist nurse advisor carried out this inspection.

Before our inspection we reviewed the previous inspection report and other information we held about the service. This included reviewing notifications the home had sent to us. A notification is information about important events which the provider is required to tell us about by law. After our inspection we spoke with a member of a hospice team, a medical practitioner and a local authority care manager to obtain their feedback about their experience of the service. The care manager and member of the hospice team gave us their permission to include their comments in this report.

During the inspection we spoke with three people who lived at the home and four relatives. We also spoke with the provider, the matron who was a registered nurse, another registered nurse, four care staff, the cook, the administrator and two domestic staff. We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who were not always able to tell about these themselves.

We viewed all the shared areas of the home and most of the bedrooms. We observed the support people received whilst they were in communal areas and observed at lunchtime and at other times throughout the day. We looked at a variety of documents and records. These included six people's personal records and care plans, twenty people's medication records, risk assessments, five staff files ,staff training records, quality assurance records, complaints information, maintenance records and audits and we sampled policies and procedures.

The last inspection of the service was carried out on 5 March 2014 when we found the service to be compliant.

Requires Improvement

# Is the service safe?

## Our findings

People and relatives told us that people received safe care and support.

A person told us, "I have no concerns at all about safety" and a relative told us "I can't criticise anything and the home is safe". Another person told us staff gave medicines to them at the right time, they said, "I have them at the same time every day". Although people and relatives told us they felt the service was safe we found that improvements were needed to make sure people were always safe.

People's individual care records contained information for staff about identified risks to people's safety and guidance for staff about how the risks could be avoided. Staff knew how to care for people safely and were aware of people's risk assessments. The risk assessments included assessments relating to falls, skin integrity, nutrition and hydration, moving and handling, and risks connected with people's individual medical conditions. The risk assessments had been reviewed regularly, but if people's needs had changed in between reviews, they had not always been brought up to date to reflect these changes. For example, a person's most recent monthly review recording sheet on their care plan stated the person now remained in bed, however information about this had not been transferred to the moving and handling risk assessment which still recorded the support the person needed with moving around independently. This meant that staff did not have the most appropriate guidance to follow to provide people with safe care or to reflect their current needs.

**We recommend that the provider develop a system to make sure that risk assessments are updated more frequently in order to accurately reflect people's needs.**

There were procedures in place for staff to follow in the event of an emergency at the service. There were personal emergency evacuation plans in place so that staff knew how to support each person in the event of a fire or other emergency at the service. The plans contained basic information and needed to be brought up to date to reflect changes in the support some people would require in this situation. Staff were aware of the action they would need to take and who to contact in the event of an emergency at the service. Staff gave us examples of the individual support people would need if they needed to evacuate the premises, who to contact and knew where the fire exits were. Staff had completed fire training in 2014; this training was scheduled on the training plan again for April 2015.

**We recommend that plans for the support of people in the event of an emergency at the service are reviewed reflect people's current needs and in line with published research and guidance.**

The service had medicine policies and procedures in place that had been reviewed by the provider in November 2014. Staff had signed to confirm they had read and understood them. Only qualified nursing staff administered medicines. The medicine policy included guidance for staff to follow if a person wished to self-medicate and had been assessed by staff as competent to do so. The policy stated, "If a service user wishes to self-medicate all support and help will be given to achieve their wishes". Two people partially managed their own medicines but no assessments had taken place to confirm if they were competent to do this. The provider told us that they had not considered completing a written assessment to show if the people self-medicating were competent to do this safely, but that staff knew the people liked to be independent with some of their medicines and how to support them to do this. Therefore, the provider was not making sure staff followed the guidance in the medicine policy and that assessments were completed to show if people could safely manage their own medicines.

We saw that at breakfast time on our first visit the people who self –medicated had been left with a tablet placed in front of them on their tables. The nurse on duty told us this was because they liked to take the tablets in their own time without staff watching over them. One person had dropped their tablet down the side of their chair, we pointed this out to staff who retrieved it and gave the person another tablet in case the first had been soiled. Staff then checked that the person had taken it and told us they would be monitor this in future, but had initially made no effort after leaving the person with the tablet whilst they attended to other tasks to check it had been taken. This meant people might not have always taken their medicines when they needed them.

People's medicine record sheets recorded correctly the medicines staff had administered to them and there were no gaps. However, we saw examples of where staff had

made changes to some people's medicine record sheets with no signatures, dates or explanations as to why alterations were made. For example, one person was prescribed a medicine and the prescription stated to 'take three times a day'. However, one of the times had been crossed out and it was only being administered twice a day. The matron and provider told us that the changes had been made on the advice of the G.P and had not been added yet by the pharmacy to prescription sheets or recorded elsewhere. As there was no recorded made of a G.P or other health professional making the changes we could not be sure people were receiving the correct medicines in the correct doses.

People were not always protected against the risks associated with the unsafe use and management of medicines. This was in breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act (Regulated Activities) regulations 2014.

A health professional told us the service had been pro-active in requesting a review of people's medicines when they moved to the service to make sure people were prescribed the correct medicines and dosages and that these reviews had taken place.

We looked at the medicine storage, people's individual medicine records and other medicine records. There were two medicine trolleys that were well ordered and stored safely and securely. Staff had checked and recorded each day that the medicine room and medicine fridge temperatures were within safe limits. Staff also checked and recorded the balances of controlled medicines each day; these are prescribed medicines that are controlled under the Misuse of Drugs Act 1971. We checked the balances of two people's controlled drugs and found they were both correct.

Nursing staff had completed medicines training and updated training had been scheduled for staff for 10 March. Care staff were being included in this training to increase their knowledge of medicines and safe procedures for the management of medicines.

Although there were cleaning schedules that domestic staff signed to show they had completed tasks, staff did not always properly complete them and the provider had not reviewed their effectiveness. Some people's wheelchairs were dirty in places due to food or drink spillages, the provider told us that domestic staff were responsible for thoroughly cleaning the wheelchairs each Sunday and showed us the weekly cleaning schedule where staff had recorded that the task was completed. The schedules had been ticked to show the cleaning had been completed and the provider had written notes in the house diary reminding staff about this task, and ticked to show the task was completed. However, although the provider told us they knew wheelchairs could become dirty in a day and the cleaning was weekly, they had not considered increasing the frequency of cleaning wheelchairs. This meant that people could be using a soiled wheelchair for up to a week which could pose an infection risk to people. We also saw that there were gaps in the kitchen cleaning schedule where on some days during the previous week cleaning tasks that we were told were the responsibility of certain staff had not been ticked off as having been completed. Staff told us this was because the staff that usually did the tasks had been on leave and they did not know who was responsible for the tasks during their absence.

**We recommend that an up to date review of cleaning schedules take place to reflect current published infection control guidance.**

There were infection control policies and procedures and cleaning schedules in place. A member of the domestic staff and the cook explained their cleaning duties to us and how they recorded the tasks had been completed. There were separate cleaning schedules for the kitchen and for the rest of the building. Care staff described how they made sure they followed correct procedures for preventing the risk of cross infection. For example, by making sure they put on a new plastic apron before serving food, frequent hand washing and by making sure they used special red bags to put soiled laundry in so it was kept separated from other items of laundry. Red bags are special bags that dissolve in a washing machine and their use made sure that that contaminated items were handled as little as possible to reduce the risks of spreading infections. The Food Standards Agency had visited the service in December 2014 and awarded it a four star rating which meant the standard of food hygiene at the service was good.

We looked at all the occupied bedrooms and saw that they were clean and tidy. The service was free from offensive odours. A member of the domestic staff described their

Requires Improvement

# Is the service safe?

duties and how they liked to make sure the service was cleaned to a good standard. A person told us, "The cleaner comes in every day", and they were satisfied with the cleanliness of their room. En suites, toilets and bathrooms were equipped with hand soap and hand towel dispensers and hand gel was available throughout the building. The lounge and dining room carpet was dirty, stained and in places smooth due to use. The provider told us a new carpet was due to be fitted and showed us an e-mail message from a carpet fitter confirming that they would fit the new carpet.

The provider had taken reasonable steps to protect people from abuse. There were safeguarding and whistleblowing procedures, both were accessible to staff and had been reviewed in March 2015. Staff understood the safeguarding procedures and told us they had been expected to become familiar with them when they started working at the home. We saw that they had signed to confirm that they had read and understood these and other policies and procedures. Staff knew who to report safeguarding concerns to and the out of hours reporting procedures. Staff demonstrated their awareness of what could constitute abuse and gave us examples to confirm their understanding. Staff had completed safeguarding adults training in 2014 and the training plan showed that this training was booked again for August 2015. One new staff member had not done the training yet, but demonstrated they were aware of the procedures for reporting suspected abuse.

Records showed that equipment such as equipment to assist staff to move people, and electrical equipment was serviced when it needed to be to make sure that it was safe to use. The service had three hoists that had been serviced when they needed to be. There was a certificate lasting until October 2015 showing that PAT (portable appliance testing), which is the term used to describe the testing of electrical appliances and equipment to ensure they are safe had taken place. This meant that people and staff were not at risk from the use of unsafe items or equipment.

Weekly checks were made on the temperature of the hot water to make sure it was not too hot to pose a risk to people. The temperatures were recorded as being within the safe range.

There were sufficient staff on duty to meet the needs of the people living at the service. The provider had assessed the needs of the people living at the service and made sure there were enough staff on duty to meet them, although they had no dependency tool to use for this. They told us that if the service became fully occupied or people's level of need increased they would reassess the level of staffing.

Agency staff were not used, permanent staff covered gaps in the rota and there was low staff turnover. This meant that people were familiar with the staff who supporting them and staff understood people's needs. A registered nurse and four care workers were on duty during the morning and early evenings as the provider had assessed these were the busiest times of day. Three care workers were on duty during the afternoons from 2 p.m. until 5 p.m. The service also employed administration; catering and domestic staff, which meant care and nursing staff were free to attend to their specific duties. Relatives told us they thought there were enough staff on duty and we saw that staff were checking that people in the lounge were safe and comfortable throughout the day, as well as providing the necessary care and support to people who remained in their rooms through choice or because they needed bed rest.

Five staff recruitment files showed that the provider operated safe recruitment procedures and made checks that staff were suitable to work with the people living at the home and fit to work. These included Disclosure and Barring (DBS) checks, proof of identity and the taking up of references.

Requires Improvement

# Is the service effective?

## Our findings

People could choose to spend time in their rooms or shared areas and we saw that this happened. One person told us, "I'm quite happy here, you have your freedom" and "There is no restriction".

Relatives told us staff understood people's needs and cared for them well. They gave us examples of people experiencing improvements to their health and becoming more independent at the service. A relative told us "She has picked up very; very well, she had gone right down before she came in". Although these relatives had a positive view about the effective care we found that some improvements were needed

Mental Capacity Assessments had not been completed for people who did not have the capacity to make decisions about their care and treatment. There were only records in place to confirm that one person's mental capacity had been assessed and this was before they had moved to the service. The person had an IMCA (Independent Mental Capacity Advocate). An IMCA is a person appointed under the Mental Health Act 2005 to support and represent a person who lacks capacity to make certain decisions about their care and support where the person has no one else to support their interests. There was evidence of contact from the IMCA on the person's records and that they had been involved in decisions made on the person's behalf.

Staff had completed mini mental assessments for each person; these were assessments to test people's memory. These assessments did not identify people's ability for decision making, the level at which they could make decisions or the support they needed in respect of making significant decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. All care and nursing staff, except for the newest staff member, had completed training in the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and the provider had completed the training. Whilst the provider demonstrated an understanding of Dols and told us they had not needed to make any applications to restrict any person's liberty, they did not demonstrate sufficient understanding of when they needed to complete Mental Capacity assessments for people.

One relative told us their consent had been sought when bed rails and padding were needed to keep a person safe. Other consent for when people shared a room had not always been recorded so we were unable to determine that this was their choice and they had consented.

The examples above are in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were able to tell us about the kind of day to day decisions that people needed support with, such as choosing meals, what to wear and when to get up. Staff gave us examples of the choices that people could make, we saw that these were in line with information on their care records. For example, that a person liked to spend certain parts of the day in their room and another person liked to be independent with some personal care tasks. Staff knew if people could be more able to make decisions at certain times of day or their ability for decision making could change from day to day and they responded to this by making sure people's care was effective.

There were procedures in place to assess and monitor people's specific health needs. Staff recorded and monitored the weight, food and fluid intake of people assessed as being at risk of not being adequately nourished or hydrated. People who needed repositioning regularly to prevent them developing pressure sores or to support the healing of pressure sores, had charts completed on which staff recorded when people were repositioned. However, we found that staff did not always follow the systems in place to record that they had assessed and monitor people's specialist health needs effectively.

Two people needed repositioning at regular intervals, and to have their food and fluid intakes monitored and recorded every day. Charts showed the people had mostly been repositioned at the correct intervals with slightly longer gaps on three occasions, and that staff had signed the charts. However, some night staff had not completed other information required on the charts in enough detail

to show if they had provided any other support. For example, providing support with people's continence needs to make sure their skin was kept dry and clean in order to prevent the risk of pressure areas occurring. Nursing staff told us they checked the charts each day and knew that more detailed information was needed. The matron told us they had asked night staff to record in more detail the support given to people more than once but staff had not done this. This meant that there was a lack of information to show when support other than repositioning had been provided, and staff were not following instruction from senior staff to make sure that records were correctly completed.

This failure to maintain adequate and accurate records was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The premises were clean but in places tired looking, shared areas were quite shabby in places. The main areas in need of attention were the lounge and dining rooms, which the provider told us, were due to be redecorated and recarpeted. Some people living at the service had dementia but there were no specific adaptations to the premises to meet their needs or signage to help them identify what certain rooms, such as the dining room or toilets were for, or items to use or look at to stimulate their interest.

**We recommend that the provider seeks information on and provides suitable signage and environmental items of interest for people with dementia in line with current guidance.**

People had personalised their rooms to their individual taste, the rooms included pictures, ornaments, furniture and other items that they had brought with them from home.

Staff completed essential training to make sure they understood how to care and support people effectively. The provider had prepared a training plan for 2015; it showed that between April and October 2015 all essential training was scheduled to take place. Fire training had already taken place this year. Some of the people living at the service experienced dementia, most staff had not received dementia care training although a member of the nursing staff had arranged for a relative of a person living with dementia to give a talk to staff in 2014 about the condition. Staff told us this had been useful in helping them understand the needs of people with dementia. The training plan showed that dementia training was booked for June 2015 and the matron and four members of the care staff had completed the training in October 2014.

Care and nursing staff completed additional training to help them understand how to meet people's specific needs such as how to monitor people's skin integrity and how to document any concerns and respond to any concerns about a person's skin. Registered nurses completed relevant refresher training such as wound care and syringe driver training.

Care staff received supervision from the provider; the matron oversaw the clinical supervision of nursing staff.

Staff felt supported in their roles. They told us that meetings took place and one had taken place the previous week. They told us that topics discussed at the recent meeting had included staff rotas, menus, people's needs and the need to keep care records up to date and that informal meetings with the provider and senior staff took place if there was something that staff needed to be informed of or if they needed advice.

Staff gave us examples of how they supported people who experienced dementia and understood how dementia affected them as individuals. Staff told us how they supported a person who became anxious and whose mood could change and how at certain times of day the person was less anxious or more settled. We saw that the support was provided in the ways that staff described and when the person had expressed non verbally that they were anxious, staff spoke with them or assisted them to move to another area of the service they became settled.

One person told us they knew the staff supporting them and usually had the same member of staff to support them with aspects of their personal care, which they appreciated as the staff member knew exactly how to provide their support. This meant that where the same staff cared for people the care was consistent and staff knew the person well enough to deliver effective care to meet their needs.

We observed lunchtime on both days of the inspection; there were two main meal choices and a choice of desserts and drinks. Some people chose to have an alcoholic beverage to accompany their meal. Staff asked people what they would like to eat and if people needed to see

Requires Improvement

# Is the service effective?

what the meal was staff showed them a plated up meal to help them choose. Tables were laid with tablecloths and napkins and there were condiments on them. The meal was not rushed and staff supported the people who needed assistance with eating at the person's own pace. One relative said about their family member, "She is now eating well". Another relative told us that staff made sure their relative drank enough and said, "Whenever we come they are always helping them with drinks".

We saw that a person whose care records specified they needed a plate guard to prevent spillages and allow them to eat independently was provided with this equipment and the person was eating their meals independently. The meals looked appetising and were freshly prepared. Second helpings of lunch were offered, one person who accepted seconds did so with enthusiasm and later told us they enjoyed the meals provided and often had second helpings. The relative of a person whose meals were pureed to prevent the risk of choking told us the pureed meals were good with the components were separated to be recognisable on the plate.

Care records were personalised and contained information about people's individual health needs. People saw health care professionals when they needed to, relatives told us staff informed them if there were any concerns about people's health. If a person's health was causing concern and they needed to see a G.P staff made sure they arranged this. A G.P visited the service each week and in between if necessary. A G.P visited a person during the inspection as there were concerns about their health and people saw other health professionals such as dieticians, a tissue viability nurse, speech and language therapists and chiropodists if they needed to. Healthcare professionals we contacted told us staff correctly followed through advice they gave them, contacted them about matters that were relevant and appropriate and knew when to request urgent advice.

There was evidence that pressure ulcers were being monitored and reviewed by nursing staff and specific plans were in place for this. Photographs of the areas were in place with dates and measurements recorded to show the extent and healing of the areas. There was also evidence of the pressure sores improving and input from the tissue viability nurse. Equipment was in use to support the healing such as an air mattress.

Three relatives gave us examples of improvements to people's health since they had moved to the service. One of them told us their family member had developed a pressure ulcer whilst in hospital that had healed during their time at Abbey Court. Another relative told us about a person who on moving to the service had a very poor life expectancy, and had been unable to do anything for themselves. Now the person could eat independently and make day-to-day decisions.

Staff understood people's methods of communication, and how to respond to people who sometimes exhibited behaviour that might challenge others. A person who usually preferred to eat independently but whose porridge was getting cold at breakfast time, as they had not started to eat it was offered support with their meal by staff. The person showed their displeasure at this suggestion indicating by hand and arm gestures they did not want staff to help them. Shortly afterwards we saw that they were eating independently and the porridge had been warmed up. Staff told us the person did not usually like staff watching them eat or assisting them at meal times but they sometimes offered support if they felt the person might accept it, if it was not accepted the person ate their meals in their own time. Staff took time to explain to people what they were doing and if people were sitting down made sure they were at the person's level whilst speaking with them. Staff spoke clearly and slowly with people who could not hear very well or immediately understand what was said to them.

Good

# Is the service caring?

## Our findings

People said staff cared for them well. A person told us, “Staff are kind, it is all right here” and “The staff are good, nothing is too much trouble”.

Relatives told us, “The home is very nice, staff are kind and caring”, “It has been going very well indeed there has been no dissatisfaction with the way she is looked after”. Another relative told us, “She is looked after much better than I could at home”.

Staff treated people with respect and dignity. Staff knocked on doors before entering people’s rooms. One person told us that before providing personal care staff, “Always close the curtains**,** day or night time”.

Staff were kind and patient with people, they respected people’s privacy and dignity and were patient when they were speaking with people or assisting them to move around the service. Staff understood people’s routines and personalities and that some people could behave differently from day to day or at different times of day. Staff called people by their preferred names. They told us that they understood that a person with dementia could show by their actions that they often felt unsettled in the mornings or later on in the day, and responded to this by giving the person attention, supporting them to access different parts of the service and checking to see if the person was uncomfortable in any way. We saw that the person did seem unsettled during the early part of both mornings of the inspection, staff implemented the actions described to help settle them and the person responded to this.

People’s independence was promoted, staff told about ways in which people liked to be independent and how they supported this. For example, if they were able to undertake some of their own personal care. A person told us staff assisted them with washing some areas of their body and made sure other areas were covered up whilst they did this. They told us staff understood they liked to manage the rest of their personal care themselves.

Staff encouraged people to do things for themselves that they may have not had the confidence or ability to do when they first moved to the service. Two people who had needed full support from staff to eat their meals when they moved to the service had become able to eat their meals without assistance. A social care professional told us that a person they had supported had become more independent at the service and the person’s overall health was improved. A person’s relative told us that on moving to the service the person’s life expectancy had been very poor, however they had improved and could now eat independently, make day-to-day decisions and liked to take part in bingo sessions. The relative told us “It has gone better and better”.

People were able to maintain contact with their friends and families. Relatives told us they could visit at any time and were always made welcome. We saw staff taking with relatives who were visiting people and they welcomed them when they arrived.

The service supported people who were at the end of their lives. A member of a Hospice team that visited the service told us staff did this with sensitivity and respect for people’s personal end of life wishes. They told us, “Staff are welcoming and helpful”, and that when a person was at the end of their life recently they had been “Beautifully looked after”.

There was evidence on care plans that some people had discussed their wishes for the end of their lives. A relative who had experience of the service supporting a family member who was at the end of their life told us that a healthcare professional involved had been happy for their family member to stay at Abbey Court as this was their family member’s preference. They told us the professional had said they knew the person would be well cared for at the service. The relative confirmed their family member had been well cared for during this time and their end of life wishes had been respected.

Requires Improvement

# Is the service responsive?

## Our findings

People told us they felt well cared for and that staff provided the support they needed.

Relatives and health and a social care professional told us staff responded to people's individual needs well and people received personalised care and support.

A part time activities coordinator was employed and care staff provided some activities. A member of the domestic staff told us they also helped to provide activities, but had no set days for doing this. Activities included bingo, music and singing sessions, and gentle exercise and one to one sessions for people who preferred to stay in their rooms. One person told us they did some activities. They said, "They do bingo sometimes "and another person told they felt there was enough to do and they enjoyed the bingo and quizzes. A record of the activities people had taken part in was kept but this was not up to date and activities were only provided during the afternoons. Staff told us there was an activities schedule but when we separately asked two staff responsible for some activities, where it was they could not tell us where it was located. They told us the coordinator who was not on duty during the inspection looked after the schedule. There were no regular activities provided by external providers although there had been musical entertainment provided by an external provider at Christmas time. There was little coordination between the staff providing activities and whilst some activities did take place, there was no evidence that staff took the needs of people who had dementia into account when planning what activities to provide.

**We recommend that activities are provided to meet the needs of all people living at the service, and to take into account the needs of people with dementia in line with current guidance.**

We saw that staff had time during the day to spend with people individually and used this to talk with them and give them individual attention. We saw staff holding the hands of people who were not able to always interact verbally whilst spending time with them and that staff also had time to speak with relatives. This meant that despite the lack of meaningful activities people's risk of social isolation was reduced.

The provider had assessed people's needs before they moved to the service. Relatives confirmed that they had been involved in providing information for the assessments when necessary. As the home supported some people who had moved in straight from hospital or were sponsored by the local authority, assessments by other professionals often supported the provider's own information. A relative confirmed that the provider had assessed their relative's needs in person before confirming that they could meet them Abbey Court. The relative told us they had visited the service themselves to make sure it was suitable following the assessment. This made sure that staff were able to meet the needs of people who moved to the service and people felt the service would suit them.

People had personalised care plans that included information for staff to follow about the care and support they needed in each area of their daily lives, how they preferred the support to be provided and guidance for staff about how to provide it. The information had been reviewed each month and we saw examples of where it had been updated to reflect when there were changes. For example, to record when a person was no longer able to move around the service by themselves and the changes in the support they needed as a result. People and relatives gave us examples of being involved in the care planning process and a social care professional told us the care plan of the person they had supported gave staff clear guidance about the actual care and support the person needed, and the person's views about how liked to be supported.

People confirmed that staff acted upon people's wishes about how they preferred to be supported, and respected their daily routines. One person described the times that they liked to be in the lounge and in their room, we saw they followed their recorded daily routines and staff described to us how the person spent their days. The routines of the service were flexible, people could have breakfast when they chose and chose where they preferred to eat their meals. One person told us sometimes they had lunch in their room and sometimes in the dining room.

A hairdresser visited the service every two weeks. They were at the service during the inspection and people were enjoying having their hair done. One person told us they felt better when their hair had been done and it cheered them up.

There was a complaints procedure which was on display and a book for recording any formal complaints. No complaints had been received during the past year. Relatives told us they knew they could go to the provider or

Requires Improvement

# Is the service responsive?

senior staff if they had any concerns but had not needed to do this. They were not all aware of the formal complaints procedure. The provider told us they spoke with people or relatives if they were concerned about anything and aimed to resolve it before it became a complaint. A person described a concern they had raised about their room and told us that it had been dealt with to their satisfaction when they had spoken to the provider about it.

Requires Improvement

# Is the service well-led?

## Our findings

People and relatives told us they were satisfied with the standard of the service they received. One person told us that the provider took time to speak with people and relatives and asked if they were happy with everything. Relatives told us the provider listened to them.

One relative told us, "It has been going very well indeed" and that staff and the provider were approachable and helpful. However, we found that some improvements were needed to ensure the service was well led at all times.

We found a number of breaches of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010, which corresponds to the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. We have also made some recommendations that would improve the care and service people receive.

The provider had some systems in place to monitor and review the quality of the service and take action to address shortfalls. However, the provider had not recognised the shortfalls that we found or taken action to address these. This included checking that people's assessments were kept up to date to reflect any changes in their needs. People's emergency evacuation plans had not been brought up to date to reflect the current level of support they would require in an emergency at the service. People were not always protected against the risks associated with the unsafe use and management of medicines. Systems for making sure people were safe from the risk of cross infection were not regularly reviewed to make sure they were effective. The provider had not made sure that Mental Capacity assessments had not been completed for people who did not have the capacity to make decisions about their care and treatment. There was limited provision of activities, activities were not always suitable for people with dementia and there were no environmental adjustments for people with dementia.

These examples of a failure to effectively operate a system for assessing the quality of the service is in breach of Regulation 10 of the HSCA 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Some checks on the quality of the service had been completed such as on the safety of the premises and the cleaning of the kitchen. Whilst the provider responded to identified areas for improvement, there was a lack of forward planning to make sure that the service made improvements designed to meet the needs of people with dementia, or to address other shortfalls such as to improve the quality assurance process.

The provider and the matron oversaw the day-to-day running of the service and were clear about their roles. They knew people and their relatives well and we saw that people and relatives were comfortable with them and approached them if there was anything they wanted to discuss.

The provider had a stated set of values for the service, they included the statements, "We understand that every resident is an individual and we always aim to meet each of their specific needs" and "Every effort is made to preserve and maintain the individuality and dignity of our residents". The provider was not meeting their values in respect of people who were experiencing dementia as no activities were in place to meet their specific needs and there were no signs or other pictorial information to aid their orientation within the service. We have made recommendations earlier in this report about these shortfalls.

Staff were clear about their roles and responsibilities, told us they liked working at the service and felt supported by the provider and senior staff. Relatives told us the provider was approachable and listened to them, kept them informed about anything they needed to know about and that any matters they needed to raise with them had been addressed to their satisfaction. A member of a Hospice team told us they recently had a patient at Abbey Court and they were impressed with the care provided to the person, they said "We recently had a patient in there, I have to say we are impressed with the matron, she is proactive and always ready to share ideas".

Staff told us their views had been sought at staff meetings and during one to one or group supervisions. A staff member gave us an example of a suggestion they had made having been put into practice. This was to arrange for a relative of a person with dementia to give a talk to staff to promote their understanding of how to care for people with dementia and the impact upon relatives of the condition. They told us this had been well received by staff and they hoped to repeat the event.

Requires Improvement

# Is the service well-led?

The provider sought the views of people and their relatives. They distributed annual quality assurance questionnaires to people and relatives. We looked at the responses to the most recent questionnaires that had been distributed in October 2014. They showed that people and their relatives were mostly satisfied with the service. Their comments included, “The main reason for choosing this home was that staff are so caring”, “Mum always looks clean and tidy and well cared for”, and “Staff are very approachable”. Where relatives had identified areas that they felt could be improved upon we saw that action had been taken, for example the provider had removed a restriction to visiting times and now had a sign up reminding visitors that as far as possible it would be appreciated if they avoided visiting over lunchtimes. This was to make sure mealtimes were free of interruptions and people needing encouragement or who could be easily put off their meal were not distracted.

Staff made records of any incidents and accidents experienced by people at the service. These were monitored by staff and there was evidence that where necessary any trends or patterns were addressed. The provider and matron told us told us they contacted healthcare professionals if they had concerns due to incidents such as falls. For example, a person had recently experienced some falls due to their specific needs and the provider discussed the action they were taking to address this. Although the person had capacity they were putting themselves at risk due their actions, the provider demonstrated that they had sought advice about how to minimise the risk of future falls from relevant professionals and was also seeking advice from the sponsoring authority.

The provider demonstrated they worked in partnership with health and social care professionals to make sure people received the care and support they needed. The health and social care professionals we contacted were satisfied with the standard of the service and told us if they made suggestions or gave professional advice about people’s care and support staff always followed this and that staff had the knowledge they needed to inform the professionals of people’s health care needs.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation and nursing or personal care in the further education sector | Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines<br><br>**Regulation 13 of the Health and Social Care Act (Regulated Activities) regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act (Regulated Activities) regulations 2014.**<br><br>People were not always protected against the risks associated with the unsafe use and management of medicines.<br><br>**Regulation 13(1)** |

| Regulated activity | Regulation |
|---|---|
| Accommodation and nursing or personal care in the further education sector | Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment<br><br>**Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**<br><br>The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.<br><br>**Regulation 18 (a)** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records<br><br>**Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** |

This section is primarily information for the provider

# Action we have told the provider to take

People were not always protected from the risks of unsafe care and treatment because people's records were not always accurately maintained.

**Regulation 20(a)**

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision<br><br>**Regulation 10 of the HSCA 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.**<br><br>The provider did not have effective systems in place to assess and monitor the quality of the services provided. |

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.