

Coulson & Collins Care Home Ltd

# Abafields Residential Home

## Inspection report

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13 April 2022

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Abafields Residential Home is a care home providing support and personal care for up to 35 people, across two floors. At the time of inspection there were 35 people living at the home, albeit one person was currently in hospital.

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

People liked living at the home and felt supported. Staff also spoke positively about the home and the improvements the current manager had overseen. A range of audits and monitoring were completed to assess the safety and quality of the care provided. People told us both staff and the manager were approachable and they felt comfortable raising any issues or concerns, however, formal resident meetings had not taken place for some time.

We have made a recommendation about how the provider gathers the views of people and relatives.

People told us they felt safe living at Abafields Residential Home receiving care and support from staff they liked and who knew them well. People told us they received their medicines safely and when they needed them. Staff had received training in safeguarding and knew how to identify and report concerns. Accidents, incidents and falls had been documented with consideration given about how to prevent a reoccurrence. The home was clean and people confirmed staff consistently wore personal protective equipment, such as masks, gloves and aprons.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 2 April 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out a focused inspection of this home in February 2021 when breaches of legal requirement were found. The provider completed an action plan after the last inspection to show what they would do to improve staffing levels and governance within the service. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. The report only covers

our findings in relation to the key questions Safe and Well-led which contain those requirements.

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 requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abafields Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

#### Follow up

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?

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.

# Abafields Residential Home

## 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 one 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

Abafields Residential Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post. The home manager was in the process of applying to become registered.

#### Notice of inspection

We gave a short period notice of the inspection due to the COVID -19 pandemic to ensure we had prior information to promote safety. Inspection activity started on 12 April 2022 and finished on 21 April 2022, at which point we had received all the additional information and clarification we had requested from the provider. We visited Abafields Residential Home on 13 April 2022.

### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with seven people and one relative about their experience of the care provided. We spoke with a visiting professional and seven staff members, including the home manager, deputy manager, senior carers and carers. We observed staff providing care, to help us understand the experience of people who used the service.

We reviewed a range of records, this included four people's care plans and daily records. We reviewed five people's medication records and looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and audit documents were also reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at rotas, dependency tool data and Deprivation of Liberty Safeguard matrices.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At the last inspection the provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Enough staff had been deployed to meet needs and keep people safe. People and staff confirmed this. Comments included, "There are plenty of staff", "If you press [the call bell], they come quickly" and "Staffing has got a lot better, we can meet people's needs."
- The manager used a system for working out how many staff were required per shift, known as a dependency tool. The tool was reviewed at least monthly, to ensure rotas reflected people's current support needs.
- Staff had received sufficient training and supervision to ensure they could carry out their roles safely.
- Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

### Preventing and controlling infection

- The home was clean with effective cleaning and infection control processes in place.
- Additional measures had been implemented due to the COVID-19 pandemic. Appropriate policies, procedures and cleaning schedules were in place and government guidance around visiting had been followed.
- Staff confirmed they had received the necessary training, guidance and support to keep people and themselves safe and follow procedures.
- Although clean, the décor of the home was old and worn. Some redecoration work had been completed and the manager told us more was scheduled. However, the provider did not currently have a renovation plan in place, which detailed planned works and timescales. The manager agreed to implement this. We will follow this up at our next inspection.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person stated, "I feel safe, the carers look after us." Another said, "I absolutely feel safe."

- Staff had received training in safeguarding which was regularly refreshed and knew how to identify and report concerns.
- Safeguarding concerns had been reported in line with local authority guidance, with a record kept of what had happened and action taken.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care files contained a range of risk assessments, which provided staff with information about how to meet people's needs and keep them safe.
- Risk assessments had also been completed of the environment and equipment used within the home, to ensure these were fit for purpose and used correctly.
- Safety checks of the premises and equipment had been completed as required, with certification in place to confirm compliance. An up to date fire risk assessment was in place and each person had a personal evacuation plan, in case of emergencies.
- Accidents and incidents had been recorded on the home's electronic system. Documentation included what had happened, action taken and outcomes. Where people had experienced falls, post fall analysis had been completed, which considered contributing factors and interventions which could be used to prevent a recurrence.

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.

Using medicines safely

- Medicines were managed safely by staff who had received training and had their competency assessed annually.
- The home used an electronic recording system to document medicine administration. This had been used effectively and correctly and confirmed people had been given the correct medicines at the right time.
- Where people were prescribed 'as required' medicines, such as paracetamol, guidance was in place to ensure staff knew how and when to administer these. Where medicines needed to be given covertly; such as crushed and mixed with food, agreement to do so had been sought with both the GP and pharmacist and clear administration guidance was in place for staff to follow.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection quality monitoring and auditing was not robust and staff did not feel supported by the provider. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The home did not currently have a registered manager; however, the home manager was in the process of completing the registration process.
- A range of audits and monitoring had been completed on a daily, weekly, monthly and less frequent basis, to assess the quality and safety of the care and support provided. A tracker was used to confirm audits had been completed as planned.
- The provider completed bi-annual audits of the home, which looked at internal audit completion, staff supervision and training, safety regulation compliance, deprivation of liberty compliance, care plans and medicines. The most recent audit had been completed in February 2022.
- Any issues, concerns or actions from auditing were added to the home's overarching improvement plan, which detailed action taken and outcomes along with completion dates.

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

At our last inspection we recommended the provider continued to embed a culture of openness and transparency, using this to respond to concerns raised by staff. The provider had made improvements.

- Staff told us they felt supported and both able and comfortable in raising concerns. The manager acted as a conduit between the provider and staff, which we were told worked well. One staff stated, "I'm much more confident and happier to speak up."
- The provider and manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding concerns and deaths.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The home provided an inclusive environment. Care plans were person centred and explained how peoples specific needs should be met. The provision of person centred care was also apparent from feedback provided by people, relatives and staff and observations of care on the day of inspection.
- People knew who the manager was, albeit some were unsure of their name but recognised them in person. The manager was described as being friendly and approachable, and people said they felt comfortable speaking to them about any issues or making suggestions.
- We received mixed feedback regarding resident meetings, some people told us meetings took place, however, the majority could not remember attending any. The manager confirmed meetings had not taken place for some time, although a new schedule was being set up and they would be held quarterly moving forwards. They were also trying to set up video meetings for relatives.

We recommend the provider considers how people and relatives views about care and the home in general are captured.

#### Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home, although these had been affected by the COVID-19 pandemic.
- The home had links with local churches who attended the home to provide 1:1 services for people, and with a day centre, which people could attend to meet others and socialise.