

Prime Healthcare (Bury) Limited

Abbeydale Residential Care Home - Bury

Inspection report

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16 January 2018
23 January 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection which took place on 15, 16 and 23 January 2018. We had previously carried out an inspection in January 2015 when we found the service had complied with all the regulations at the time except staff had not received the training they needed to help ensure people's rights were protected. The service was rated overall as Good. At this inspection we found the service remained overall Good.

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

Abbeydale Residential Care Home is a large extended detached property, which provides accommodation for up to 32 older people who require support with personal care. There were 31 people living at the home during our inspection.

The service had a manager who was registered with us. 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 and associated Regulations about how the service is run.

At this inspection we found the breach in regulation had been met. Staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The service had good contact arrangements with the local deprivation of liberty team for advice. Two best interest meetings were held during our inspection. This helps to ensure staff supported people in the least restrictive way possible and their rights were protected.

The home was clean and comfortably furnished. Although we could see that ongoing improvements had been made to the decoration of the home since our last inspection progress was slow and the home looked tired in parts. The registered provider agreed during our inspection to arrange for a team of decorators to go into the home to complete all outstanding work.

We saw that improvements were in the process of being made to care plans and risk assessments to give more detail of potential risk of harm, people's personal preferences and guidance to staff on how to support people. Other recent improvements had been made with a new fire alarm and call system, a stair lift and a new passenger lift had been installed at the home.

Staff knew how to protect people from abuse and were confident that the managers at the home would take action should they raise any concerns.

Staff had been safely recruited. There were sufficient numbers of staff to meet people's needs. People were

supported by staff who were trained and supported by managers in their job roles.

Medicines were provided safely and when required. People were supported with their health needs. The home was clean and staff had access to the equipment they needed to help prevent and control infection.

People told us they enjoyed the food and their weight and any risk of malnutrition was monitored.

People spoke positively about the staff and throughout our inspection, we observed staff interactions that were relaxed and friendly.

Activities were available for people to participate in if they wanted to and visitors told us they were made to feel welcome.

There was a procedure to help people to complain if they wanted to. We saw that where a complaint had been made action had been taken to make changes in service delivery and the management of any future complaints.

Feedback about the service was obtained annually from people who used the service, their families and staff.

The home had a registered manager as is required. Since our last inspection a deputy manager had been appointed as part of arrangements to strengthen the management of the home.

Improvements had been made to the external oversight at the home. The registered provider had recently appointed an area manager who was supporting the home to make improvements particularly in relation to care planning and risk assessments.

Systems were in place to monitor the quality of the service provided. The provider had notified CQC of significant events except deprivation of liberty safeguards. These were completed and sent to us during the inspection.

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 remains Good.

Is the service effective?

Good ●

The service was Requires Improvement at the last inspection and is now Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Abbeydale Residential Care Home - Bury

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 was planned to check 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.

This was an unannounced comprehensive inspection which took place on the 15, 16 and 23 January 2018. One adult social care inspector undertook the inspection.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We received a PIR from the provider however information in the return was limited.

We reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority safeguarding and commissioning teams for their views on the service. They raised no concerns with us.

During our inspection we spoke with four people who used the service, four visitors, the registered manager, the deputy manager, two senior and four care workers, including one night staff, the senior cook and the laundry assistant.

We carried out observations in public areas of the service. We looked at new care records and risk assessments being put into place by the deputy manager, a range of records relating to how the service was managed including medication records, two staff personnel files, staff training records, duty rotas, health

and safety checks and quality assurance audits.

Is the service safe?

Our findings

At our previous inspection we found that the service was safe. At this inspection we did find a number of health and safety issues relating to window restrictors and storage on top of wardrobes which were not fixed to the wall. Both concerns were addressed immediately by the home. The service continued to be good in this area.

People told us they felt safe. They said, "Yes I feel safe" and "I know people here so I feel safe and I don't feel lost." Visitors said, "I have peace of mind" and "I feel [relative] is safe. I never worry. It's a stable staff team and it is reassuring seeing the same staff faces."

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. People we spoke with who lived at Abbeydale told us they felt safe. Staff received training in safeguarding people from abuse including the poor practice of colleagues. Staff we spoke with knew how what to do if they suspected abuse and were confident the registered manager and deputy manager would deal with any issues they raised promptly. They said, "I have raised a concern previously and [registered manager] took immediate action to address the matter" and "[Registered manager] would always deal with it."

We found there was a system of staff recruitment in place. The provider completed pre-employment checks before they offered staff employment. These checks should help to ensure people are protected from the risk of unsuitable staff being employed. We looked at two staff records. Overall we found there were safe systems in place however on one file we looked at employment dates needed to be more detailed and wherever practically possible a reference from where a staff member previously worked with children and vulnerable adults should be obtained. The registered provider told us they would address this issue.

Staff rotas we examined showed that staffing levels were provided at consistent levels. The deputy manager said that they were in the process of introducing a four weekly rolling rota to help enable better planning and efficiency at the home. Outside agency staff were not used. This meant people received consistent care from staff who knew them well. We saw staff responded quickly to meet people's needs and worked well as a team.

Staff told us they thought there were enough staff on duty to meet people's needs and confirmed there was a low staff turnover. The registered manager said that staff being able to communicate effectively with people who lived at the home was essential and this was a consideration during new staff members probationary period.

Assessments were carried out to identify any risks to the person or the staff supporting them. These included any risks to people's health and well-being. We saw that new risk assessments had started to be introduced which were more detailed and guided staff on the action to take to mitigate the identified risks.

Health and safety checks had been carried out and there was a programme of regular maintenance to the building and any equipment used; such as hoists. The home had two hoists and a stand aid which were said

to be used by only two people. There was no hoist sling audit in place. This was addressed during our inspection with photographs slings also produced as evidence. This should help to ensure that slings were safe to use. Staff received moving and handling training through the local authority training partnership. A senior had taken on responsibility for moving and handling people and checked the competence of other staff during hoist and stand aid transfers. The registered manager said that they would look for additional training for the senior care to ensure that they had validation to do this. We saw an air mattress that was on loan from the local authority and the servicing label was out of date. The deputy manager contacted the local authority and arrangements were in place to have the equipment checked.

We looked at fire safety records. We saw systems were in place to regularly test and service the fire alarm system. Fire drills took place every two months, however the records showed that the fire drills took place at around the same time. The registered manager said that they would undertake fire drills at different times of the day to help ensure all staff took part and check that the correct action would be taken by them.

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed and medicines were stored securely. We found medicines management policies and procedures were in place. Only trained staff were authorised to administer medicines and had access to the treatment room. Medicines were subject to monthly rotation. We checked controlled medicines and found them to be appropriately stored, signed for by two staff in the register and those we checked were accurate. No creams, thickeners, homely remedies or medicines being given without a person's knowledge were in place at the time of our inspection.

People we spoke with told us the home was clean. A visitor said, "It's always spotlessly clean and never smells." We saw that staff wore personal protective equipment (PPE) when carrying out personal care tasks. Although we saw staff regularly changing white aprons there was no distinction when handling food. The deputy manager said that they would order blue disposable aprons for staff when handling food. Records showed that staff had received training in infection prevention.

The kitchen had received a food hygiene rating of 5 from the food standards agency. This meant that they used safe food hygiene and storage systems. Paper towels, hand wash and hand sanitizer were available throughout the home for people, staff and visitors to use. The service used a red bag system to transfer soiled items to the laundry to help prevent the spread of bacteria. In October 2017, the local authority health protection nurse completed an infection control audit at Abbeydale. The home achieved 95% compliance.

Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury and action taken by staff or managers. We found that the service kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences. We saw that people had sensor monitors in their bedrooms, which alerted staff during the night if people had moved. We activated one of these sensors to which staff responded immediately.

Is the service effective?

Our findings

At our previous inspection we found the service was requires improvement in effective. At this inspection we found improvements had been made and the service was rated good in this area.

At our last inspection the service had breached the regulation in place at that time relating to the lack of arrangements in place for staff training to ensure people's rights were protected. We were informed that this training was undertaken following our inspection. We were also aware that the local deprivation of liberty team had been into the home to support managers. The registered manager and the deputy manager said they had a good relationship with the DoLS team and could raise any questions they may have with them. The registered manager told us that every month staff informally discuss safeguarding, MCA and DoLS during break periods to promote staff awareness.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS.) A review of records showed that consideration was given to people's mental capacity and whether they were able to consent to their care and support.

People had been assessed in line with the MCA to determine whether they had capacity to make specific decisions and also whether a DoLS authorisation was required. The DoLS authorisations were kept on file however we had not received any DoLS notifications. This was addressed immediately by the deputy manager and all were sent to us. The deputy manager told us that where relatives had a power of attorney for health and wellbeing a copy of the certificate was taken and retained on the person's file. One person had an independent mental capacity advocate (IMCA) in place. Two best interests meetings took place during our inspection.

We were told that two managers or seniors would always undertake pre-admission assessments. This was so one could talk to the person and if applicable their family and the other could complete the pre-admission assessment. They would then discuss on the basis of information received whether or not the home could safely and effectively meet the person's needs.

Care staff told us that when they started to work at the home they had shadowed an established staff member to help them get to know people and their routines before they worked independently. New staff carried out the Care Certificate and were then expected to attained at least a Level 2 qualification in care. The Care Certificate is a standardised approach to training for new staff working in health and social care. The induction includes an introduction to the home, information about the individual staff member's role and policies and procedures.

Care staff we spoke with and training records we reviewed showed that care staff had received the training they needed to carry out their roles effectively. The registered manager told us that the majority of basic training that staff received was through the local authority training partnership. They said they had not

experienced any problems in accessing training.

Staff said, "I have never had so much training. I feel like a new person. Confident" and "Career progression is encouraged. I am being trained to be a senior and [deputy manager] is mentoring me." We were told by the deputy manager that they had recently completed a Level 5 course in leadership and management.

We asked about the systems in place for staff support and supervision. The registered manager said, "We are available for staff at any time, should staff have any concerns." Staff told us that the registered manager and deputy manager encouraged staff to raise any concerns with them at any time. Records we saw showed that care staff had received an annual appraisal and had a supervision session with the registered manager. A staff meeting was also planned for and held on 17 January 2018. We were sent copies of the minutes of this meeting. This gave staff the opportunity to share new ideas and raise any concerns they had.

People said, "I mostly like the food. I don't like vegetables but I love the bread and butter pudding!" and "The foods alright." We saw the cook asked people what they wanted to eat throughout the day. They told us they had recently started to ask people twice a day as sometimes people had forgotten what they had chosen to eat.

We saw that although table clothes were on tables they were not as well presented as previously. We were told that the tables had been fully set until recently but some people had started to clear the tables and put things away. We saw that there were plenty of staff available to support people with their meals. People were encouraged to eat as much as possible. Where people needed additional assistance, this was carried out discreetly. Staff sat with staff at eye level and supported people in an unhurried way.

During our inspection we spoke with the cook. They had a good knowledge of people's likes and dislikes, allergies and any specific dietary needs such as special prepared food. We saw that the service used an online version of Malnutrition Universal Screening Tool, which supported staff to monitor people who were at risk of malnutrition. We saw that the cook was aware of people's MUST rating. We talked about a person who had recently been admitted to the home who had previously had a limited diet. The cook told us that wherever possible they fortified drinks to help increase this person's calorific intake and encouraging them to eat more and varied foods. We saw that some staff had attended a nutritional conference. The home had a small stock on site of nutritionally balanced soft food that could be used in an emergency.

People who lived at the home had access to healthcare services and received on going healthcare support. The home had a mobile dentist and optician who saw people routinely annually and both private and community chiropodist who visited every 6 or 12 weeks.

Visiting relatives told us, "We like [relative's] room. It's nice, clean and warm and they give the room plenty of fresh air" and "We didn't like the carpet in the lounge it couldn't be kept clean. We prefer the new flooring."

Since our last inspection a new fire alarm and call system, a stair lift and a new passenger lift had been installed at the home. We also saw that the home had made steady progress replacing flooring and decorating corridors and bedrooms. Although we acknowledged that progress had been made, the home looked tired in parts. Redecorating the home had been slow as the homes part time maintenance person was undertaking the work alongside other duties. The provider confirmed during our inspection that they would send a team of decorators into the home to complete any outstanding work.

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

People said, "It's alright here and the staff are okay", "The staff are really helpful and nice" and "I like most of the staff and some are very kind to me." Visitors said, "We know everyone and we are made to feel welcome", "[Relative} always looks nice" and "It's very nice here and they ask if I want a cup of tea."

The registered manager said that everyone who lived at the home was considered and cared for in the same way as they would their own, "Mums and dads". Staff told us, "It's like a family here. It's alright", "No cliques here. It's like a big family" and "People are different at different times of the day."

Throughout our inspection we observed staff interactions that were relaxed, kind and friendly. During the inspection we observed that staff knew people very well. We saw that people were treated with respect and dignity. We saw people were well presented; we observed staff knocking on people's bedroom doors before entering.

We arrived at the home at 7.30am on the second day of our inspection. We saw that a lot of people were already up. We asked about arrangements for people getting up and going to bed. We were told that people go when they are ready. Most people like to go to bed and get up early with a small number going to bed very late and getting up late. We were told that people were checked regularly during the night to see if they were awake or needed to be made more comfortable. Staff who worked on nights told us that no-one was woken up to get them ready for the day.

We saw that most people spent time in the three lounge areas with two people spending time in their rooms during the day or when visitors came for privacy. The registered manager said that were people would be unable to stimulate themselves they were encouraged to spend time with others in the lounge area to help prevent them becoming socially withdrawn. There were three shared bedrooms in the building of which two were in use. We talked with two people who shared a room and they said they were happy with their current arrangements. Where people were not able to tell us the registered provider purchased a privacy screen that would be available for use if needed.

Information about people was held in two offices that could be kept locked when not in use.

Is the service responsive?

Our findings

At our previous inspection we found the service was good in responsive. At this inspection we had no concerns and the service continued to be good in this area.

We saw that recently with the support of the provider's area manager the home had started to make improvements to care records and risk assessments. This meant they would be more person centred and detail information to guide staff how to support people. By the end of this inspection, the deputy manager had completed nine new care records and this process was ongoing until all had been completed. A senior support worker told us that they thought the new care records were a significant improvement on the old records.

During our inspection a number of activities took place. These included a singer coming into the home on the first day of our inspection, which everyone enjoyed. Most afternoons' people had access to board games, such as draughts and dominoes. One person was teaching a staff member to knit and another person was colouring. They said, "I really love colouring. I do it most days." We noted that not many people joined in with these types of activities during our inspection. Some people said that they occasionally went out to a local pub for a meal and they had done this at Christmas. People said that they liked to get out.

There was an activities schedule and noticeboard close to the entrance. There was no designated activities co-ordinator. The senior staff were responsible for ensuring that activities took place. Records about what activities took place were limited, which made it difficult to evaluate. This issue had also been raised by the area manager and plans were in place to make the necessary improvements.

The registered manager told us that enabling people to die with dignity was important to the home. Care records we reviewed identified if the person had specific wishes about how they wanted to be cared for at the end of their life. Some staff had received Six Steps training in end of life care. The Six Steps champion told us that the service attended the local Six Steps forum meetings. Mouth care packs and body creams were available for staff to use to help support people to remain as comfortable as possible during this time. Staff attended people's funerals, where they were invited.

We looked at the complaints record log. We were told that all complaints were logged. We looked at one complaint that had been made in detail because it was complex. In discussion with the registered manager and deputy manager it was clear that they had made changes to policy, procedures and communication. This action taken was added to the complaint outcome during our inspection.

We saw that any compliments made about the service were kept in the form of thank you cards and letters. Comments we saw included, "Thank you very much for looking after [relative] and for the support you gave me and my family. It's been sad and difficult seeing [relative] getting more ill but it certainly helped knowing that you were looking after [relative] for us", "I can't thank you enough for looking after [relative] over the last few months. I know it can't be easy doing the job you do, but you carry it out with cheerfulness and caring" and "You are a very lovable and professional team and if I ever needed help then I know I could

come to you. Thank you for looking after me when I was visiting [relative], the numerous cups of tea and lunches made me feel like part of your family."

Is the service well-led?

Our findings

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 is run. The registered manager was present throughout our inspection.

Since our last inspection the management structure had changed. A deputy manager now supported the registered manager as well as four senior cares staff in the day-to-day running of the home. There was always a manager or senior on duty.

We also noted that the provider had acquired a number of care homes since our last inspection. A new area manager had been appointed who had oversight of the service. We saw that the area manager had carried out a 'Quality Outcome Review' on 14 and 15 November 2017. We saw a copy of the report and action plan for this visit. We saw that work had either been completed or in progress on the action plan. The registered manager and the deputy manager spoke positively about the registered provider and the area manager about the support they provided to the home.

The home had sent us a Provider Information Return (PIR) as required by law. However the information in the document was limited. We talked to the registered provider and the deputy manager about ensuring that records contained all the detail we needed to evidence that they were meeting the regulations that are the fundamental standards. We noted that there had been an improvement in the detail in statutory notifications. The home's rating from the last report were displayed and on the homes website.

We found there were systems of monthly and annual quality assurance check and audits. These included accidents and incidents, pressure area care, care records, etc. A senior was nominated to carry out these checks, which were overseen by the registered manager.

We asked the registered manager and deputy manager what improvements had been made to the service since our last visit. Apart from, improvements to the building and care and risk planning they told us that champions had been put in place for the six steps, dignity, oral care and pressure care. During this inspection the registered manager and deputy manager took swift action to address all the concerns we raised with them and amended their auditing systems to prevent them reoccurring.

Everyone we spoke with told us they found the registered manager and the deputy manager to be approachable and easy to talk to. The registered manager told us that they valued the hard work carried out by the staff team. They told us that staff occasionally went out together for a meal, which they paid for to thank them for their hard work.

We saw that quality assurance surveys had been sent out to people, their relatives and staff. There had been a good response rate to the quality assurance surveys from all groups but no analysis has been completed.

This needs to be done to identify any concerns raised and take action where possible to resolve them. The analysis was completed during our inspection.

We saw positive comments on a number of relative survey responses. These included, "Your staff are genuine, caring and excellent in their work with empathy and compassion under the most trying of circumstances" and "A fantastic welcome to the grandchildren. Particularly good relationship with [deputy manager] who I feel really understands and is attentive to [my relative. Thank you."