

Abbeygate Rest Homes Limited

Abbeygate Rest Home

Inspection report

North Street
Crowland
Lincolnshire
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Tel: 01733211429

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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

About the service

Abbeygate Rest Home is a Care Home providing accommodation and personal care for up to 24 older people. There were 17 people living there on the day of our inspection.

The registered provider also offers day care support in the same building. This service is not regulated by the Care Quality Commission.

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

People told us there were enough staff to meet their needs and they felt safe and happy.

Staff told us there were systems in place to protect people from abuse and avoidable harm and they all knew what these were and what to do if concerns arose..

People told us that there was good access to doctors, nurses , and Occupational Therapists as well as Dentists. This showed that staff worked well with other agencies and peoples needs could be met effectively.

People told us staff were kind and looked after them well; they would not want to be anywhere else. 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.

People told us there were a variety of activities offered daily; they could choose to engage with these or not. Relatives and friends felt comfortable and welcomed when visiting. External agencies also provided entertainment in the home. Small clubs had been set up and these were also popular.

The manager promoted an open-door approach and a no blame culture within the home. They understood their requirements under the duty of candour.

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

Rating at last inspection

The last rating for this service was Good (published 29 September 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Abbeygate Rest 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Abbeygate Rest 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought 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 three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, senior

care workers, and a care worker.

We reviewed a range of records. This included three people's care records and multiple medication records. We 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 and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one professional who regularly visited the service.

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 as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to keep people safe and protected from avoidable harm. Staff were able to tell us what these were and how they would implement them. One relative said that after their (relative) had moved in they used to come at night visiting until they were sure he was "safe and happy and comfortable", but were very quickly reassured that he was.

Assessing risk, safety monitoring and management

- There were effective systems and processes in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety such as their risk of falls or risk of choking. Staff reviewed the risk assessments monthly and put actions in place to reduce these risks, which could include extra monitoring or additional equipment.

Staffing and recruitment

- People told us there were enough staff to meet their needs. Staff told us staffing levels were assessed against a dependency assessment and they never felt rushed looking after people.

Using medicines safely

- People told us staff always asked if they were uncomfortable or in pain. Staff were seen to kneel to assist people taking their medicines in a reassuring manner. Medicines were used, managed and controlled safely.

Preventing and controlling infection

- Staff told us they understood the principles of prevention and control of infection. They were able to provide specific examples. People and relatives said the home was clean and fresh

Learning lessons when things go wrong

- There was a no blame culture within the home, and as well, there was a weekly reflection sheet filled in by senior staff looking at what went well and what could have gone better. If there were any incidents or accidents, these were reviewed as part of this process.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Peoples needs were assessed prior to admission and reviewed in a timely manner. Needs and choices were identified and respected in line with guidance, so they could be met.

Staff support: induction, training, skills and experience

- Staff said they were well supported from induction onwards. Staff were encouraged to further develop their skills, knowledge and experience. The home participated in an apprentice training scheme and people told us they were proud "Their" apprentice had won Apprentice of the year.

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

- People said they enjoyed their meals, and the meal time experience. Home-made baking was popular, and staff were seen to offer choices and assistance when required. Records were kept when people's food and fluid intake needed monitoring.

Staff working with other agencies to provide consistent, effective, timely care

- People were well supported to access a range of appropriate healthcare needs as required, including oral care. Staff worked well with a wide range of other agencies, enabling good access to effective and appropriate care.

Adapting service, design, decoration to meet people's needs

- The building design was appropriate and had been adapted to meet people's needs. Signage was clear and tailored to people living there. Although decorating was being undertaken, this was being carried out unobtrusively, to minimise disruption. One person told us that their room "had all my best things " in it and "it felt really homely"

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- No one had any conditions on their authorisations and Staff understood and demonstrated a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. They demonstrated how they put these into practice effectively, to ensure people's human and legal rights are respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind, and looked after them well; several people said they "Would not want to be anywhere else" Staff spoke to people in a kindly manner and one person who was distressed was being reassured by a staff member kneeling next to her holding her hand and rubbing her back whilst gently talking to her, which appeared to give her great comfort .

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were fully involved in decisions about care. One person said, "They have a really good system here; the girls know how I like to be looked after."

Respecting and promoting people's privacy, dignity and independence

- People, relatives and staff were all conscious of the need to uphold privacy and dignity and promote independence and examples were given of how they provided this. One person said she had lost her "get up and go" after a hospital stay and that staff had supported her to become mobile again and the chef had provided "extra special vegetarian meals" for her to "build her up again".

- Staff were very clear on keeping confidentiality and the General Data Protection Regulations (GDPR), especially "as this is a small town", "what goes on in here stays in here; always"

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were encouraged to live the life they wanted to live. Staff told us care was delivered in a person-centred way, involving the person as much as possible and empowering them to make choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's need for accessible information was met when required by using visual cards, with varying pictures on. This meant that people who could not speak were able to communicate their wishes and feeling not only to staff but to their relatives. Staff said they knew people well enough to be able to interpret their body language, so those living with dementia would display specific behaviours that indicated they were in pain, or needed to go to the toilet and staff could respond appropriately.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there were a variety of activities offered daily, they could choose to engage with these or not. Relatives and friends felt comfortable and welcomed when visiting. External agencies also provided entertainment in the home. People also told us about individual activities they could participate in when they wished. A staff member said that one person comes out of their room just for a club – "it brings a smile to his face".

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process in place along with a "no-blame culture". The manager had an open-door policy, they and the senior team were very visible. Relatives and people told us if they should have concerns, they were resolved very quickly. One person said "If I have a problem [registered manager] will sort it. I can't fault them."

End of life care and support

- Staff told us they liaised with external agencies at the end of people's lives to ensure they provided a dignified; pain free; respectful and calm death, as far as possible. A flower arrangement and gifts thanking all the staff following a recent bereavement arrived during our visit.

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 as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff had a shared understanding of the key challenges, achievements, concerns and risks. They all worked together to enable people to live the best life they could. A relative told us "The registered manager and staff made a difficult decision easy for us" when referring to their relative's admission to the service, which was done with a respite first, then admission when the person and family felt reassured enough.

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

- The provider and registered manager understood their responsibilities under the duty of candour. The manager promoted an open-door approach and a non-blame culture within the home. There was a willingness to accept responsibility when required.

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

- The registered manager and deputy were open and knowledgeable about the service and the people using it. They understood their responsibilities in terms of quality performance, risks and regulatory requirements. As part of the on-going monitoring of the quality of care provided audits were carried out. Any improvements identified during these were actioned.
- Records showed that legally required notifications were being submitted to the CQC as required, in a timely manner.
- One staff member working to be a senior carer acknowledged they had more to learn about the regulatory requirements than they had realised when they were a carer and that they were enjoying the additional training.

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

- Staff, people, and relatives were all engaged in their experience of the service through residents and relatives meetings and surveys. Feedback was acted upon, so for instance Friday's are now at the residents request a home made lunch of the week rather than being part of the 4 weekly rota, to add greater variety, with much discussion going on to make the decision.

Continuous learning and improving care

- Staff were encouraged to consider lifetime learning and were supported in this. Weekly reflection sheets allowed for an open discussion of events, which together with the no blame culture ensured care improvements were actioned.

Working in partnership with others

- Staff and the Manager worked well with external agencies and the wider community for the benefit of people. One community nurse we spoke to said they would be happy to have their relative living there. They were impressed by the way the service continuously reflected and analysed so that "People could live their best lives."