Cotdean Nursing Homes Limited

Abercarn Care Home

Inspection report

56 High Street
Pensnett
West Midlands
DY5 4RS

Tel: 01384480059

Date of inspection visit:
19 February 2019

Date of publication:
05 April 2019

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: Abercarn Care Home is a residential care home registered to provide accommodation and personal care for up to 35 people aged 65 and over. At the time of the inspection there were 21 people using the service.

People's experience of using this service:
People continued to receive safe care from staff who had been provided with safeguarding training. There were detailed risk management plans in place to protect and promote people's safety. Staffing numbers were being maintained to keep people safe and the registered manager followed the established recruitment procedures to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Improvements had been made since the last inspection to ensure administration procedures were always safe and consistent. Systems were in place to ensure that people were protected by the prevention and control of infection. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people.

People received enough to eat and drink and were supported to access health professionals when required, including opticians and doctors. Staff provided support to people when needed to make sure they received continuing healthcare to meet their needs.

People were supported to have choice and control of their lives. Staff supported people in the least restrictive way possible and upheld their legal rights. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted by staff. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind and caring. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

People's needs were assessed and initially planned for with the involvement of the person and/or their relative where required. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. We have made a recommendation about improving how people are involved in decisions about their ongoing care and support needs.

The service continued to be well managed. People and staff were encouraged to provide feedback about the service. Staff felt well-supported and had opportunities to share ideas, and exchange information. Effective systems were in place to monitor and improve the quality of the service provided through a range of internal checks and audits. The registered manager was aware of their responsibility to report events that occurred within the service to the CQC and external agencies.

The home continued to meet the characteristics of a rating of good in all areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The home was rated Good at the last inspection (report published in December 2015).

Why we inspected: This was a planned inspection based on the previous rating to check that this service remained good.

Follow up: We will continue to monitor the service through the information we receive.

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 effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Abercarn Care 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 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.

Inspection team:
One inspector carried out this inspection along with 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. On this visit the expert's area of expertise was as a family carer of an older person who uses this type of care service.

Service and service type:
Abercarn Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. 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 is run.

Notice of inspection
The inspection took place on 19 February 2019 and was unannounced.

What we did:
Before the inspection:

We reviewed information we had received about the service since the last inspection in October 2015. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually (the Provider Information Return) to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection. We checked for feedback from local authorities and commissioning bodies.

During inspection:
We looked at the information we had gathered. We met and spoke with seven of the people living at Abercarn Care Home and spent time observing staff working with and supporting people in communal areas of the home. We also spoke with five relatives. We spoke with three care staff, the cook and the registered manager. We also spoke with one visiting healthcare professional.

We reviewed a range of records. This included two people's care records and medication records. We also looked at the training records of all staff and staff rotas. We reviewed records relating to the management of the home and looked at a small selection of policies and procedures developed and implemented by the provider.

Good

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection on 23 October 2015 we had found guidance for staff to ensure consistency of administration of 'as required' medicines, including patches, needed to be more comprehensive. At this inspection we found improvements had been made.

Using medicines safely

- People received their medicines on time and in a safe way. We observed that staff had been trained and followed the provider's processes when administering medication.
- The administration was undertaken in an orderly and safe manner. We saw people receiving medication were familiar with the routine in place.
- Some people had been prescribed medication to be taken 'as required' and staff had a consistent understanding about the protocols for when people would receive such medication. The written protocol for such medication was not initially in the medication administration folder, but it was found and placed there having been inadvertently filed away. We were assured by staff responses that the protocol was adhered to.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe living at the home. They told us they were safe living at Abercarn Care Home and were well supported by staff at all times. One person said. "I feel safe here, I don't worry about anything."
- Staff were clear about issues that could be indicative of abuse and referred to action they would take to report any concerns and keep people safe.
- Staff had received training about safeguarding and supporting people. We saw records that detailed when staff had received training and they were regularly provided with updates/refresher training.

Assessing risk, safety monitoring and management

- People's care and support needs were known to the staff who were clear about actions they would take to keep people safe, recognising that each person had different support needs.
- A visitor advised that their relative had been well supported with a health condition and that risks associated with the condition had reduced since they had been in the home.

●Risks to people's health, safety and welfare were assessed at the time of admission and records were reviewed and revised when changes occurred.
●Equipment that was used to help people, including a hoist, were regularly maintained and serviced to ensure they were effective and safe for people and staff to use. At the time of the inspection one hoist had failed and whilst there was a second hoist available, a replacement hoist had been loaned from a sister home whilst they waited for an engineer to visit.
●Staff increased the support provided to people, discreetly at times, to reduce risks of falling. A member of staff advised that when people who were usually independent were going to bed, the staff would often walk with them chatting as they went to ensure the person got to their room safely. The staff member said, "If we see that someone is tired but doesn't want help, we try to provide discreet support just to stop them having even minor falls. We know that any fall can affect their confidence." They added, "Some people now ask for someone to go with them when they are feeling unsteady as they know we really don't mind."

Staffing and recruitment
●There were enough staff on duty to meet people's needs. One person said, "There are always enough staff to help me when I need help." Another person who spent a lot of time in their room commented, "I have my call bell in my room and the carers come quickly."
●From the records we found there were enough staff on duty to meet people's needs and we saw staffing levels were adequate to provide the care and support people required. Staff vacancies, absences and periods of annual leave were covered by regular staff working additional hours or by agency staff.
●When agency staff were used, the registered manager obtained assurance from the agency that they were experienced staff who had been properly recruited and who knew the home to ensure consistent care.
●There were systems to ensure the recruitment processes in the home were safe and robust. The registered manager advised that current staff vacancies were being advertised, and although some interviews had taken place, no suitable applicants had been recruited.

Preventing and controlling infection
●The home was clean and tidy in communal areas and bathrooms.
●Staff told us they had received training in how to reduce the risk of the spread of infection and one staff member advised that refresher training on infection control was planned for the following month.
●The kitchen was very clean and organised with good standards of food hygiene maintained. The last inspection of the premises by the food standards agency had taken place in September 2018 and the rating awarded was the very good (the highest level awarded).

Learning lessons when things go wrong
●The registered manager advised that they undertook analysis after any incident or near-miss to identify if there was any improvement or changes that needed to be made to reduce the risk of the incident happening again.

Good

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

Good: 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
- People's needs had been fully assessed prior to admission into the home and continued to be assessed after admission.
- Each person had an individual set of care plans that covered all aspects of their care and daily lives. Care plans had been reviewed regularly and updated as needed to ensure people received consistent care from all staff.
- Reviews were regularly held to see whether the identified care and support provided was suitable and meeting each person's needs.
- People's diverse equality needs were detailed in their care plans. This included information about how any specific support was to be provided to respect culture, gender and religious needs.

Staff support: induction, training, skills and experience
- People were supported by suitably skilled staff. Staff spoke positively about the training they received to equip them to deliver good care. One staff member commented, "I have been impressed with the training that has been provided."
- Many of the care staff had worked at the service for a long time and were experienced in supporting people.
- The registered manager advised, and staff confirmed, that they were regularly encouraged to undertake additional training. Competency checks of core skills were undertaken by the registered manager on a regular basis.
- The registered manager advised that all new staff would be expected to have suitable qualifications in health and social care or would be required to undertake training in line with the Care Certificate Standards.

Supporting people to eat and drink enough to maintain a balanced diet
- We received a number positive comments from people about the meals they enjoyed. One person said, "There is always plenty to eat and drink and the food is pretty good." Another person added, "The food is good."
- We saw the lunch time meal being served. The majority of people who had lunch in the dining rooms had

the same meal, however some people had an alternative meal that they had chosen. Alternative meal options were routinely available.

●Staff knew people's dietary needs and encouraged people to eat and drink well to maintain good health.

●There was a set 4-week menu in the home, and we were told that it did not change much throughout the year. Staff advised that any changes to the menu were based on feedback from people using the service. Recent changes had included providing alternative main meals suited to people who liked spicy food. One visitor commented positively that their relative had enjoyed the new meal choices that had been provided.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

●People were supported by the staff to receive consistent healthcare support through good communication with external agencies and professionals. A professional advised that communication was timely when information needed to be shared.

●People's healthcare needs were known and well supported, with clear records and care plans in place. One person said, "The chiropodist comes in to sort out my feet, [the] optician comes and does eye tests, we also have a hairdresser to cut and style hair if we want." Another person said, "I have had my eyes tested and I am wearing glasses for the first time – such a difference. It is much better."

●People said they saw their doctors when they needed to. One person said, "I see the doctor if I need to but I don't need to see them often." Staff advised that they had a good working relationship with people's GPs.

●A healthcare professional told us the staff were good at providing consistent care and followed guidance and advice on how to support people with their healthcare condition or when they were unwell. The professional advised, "The staff call for medical support when needed, they are not slow to react."

●Plans were agreed with other agencies, when appropriate, to ensure that long term issues or plans were fully considered and followed.

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

●Some people's rooms had been personalised with belongings that reflected their personal interests, however some people chose not to have many personalised items on display.

●Communal rooms were tidy, homely and free from any trip hazards or excess furniture that could present a risk to people moving safely around the home.

●The registered manager advised that repairs and ongoing maintenance tasks were carried out promptly. The maintenance staff member was in the home at the time of the inspection dealing with minor tasks including a toilet door lock that had become loose.

●Some of the communal rooms had artwork and objects of interest displayed that had been created or chosen by the people using the service.

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 with appropriate legal authority. 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 found that this was the case. Staff supported people when needed by talking through decisions they had made. We saw that staff supported people to make choices and have as much control as possible over all aspects of their lives.

Good

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said they liked living in the home and their relatives told us people were well looked after. One visitor said, "My relative is much safer here. They have 24/7 care and the staff help [Name] better than I could." Another person said, "I like it here, it's very good and the carers [staff] are all very nice."
- People were treated with kindness and care by the staff. Staff spoke respectfully to people and engaged in light hearted jokes with them. One person said, "They are good carers [staff], I give them banter and they give it back. We have fun."
- We saw that people engaged and chatted with staff often throughout the day and staff provided comfort and reassurance when people appeared to be worried or unsure of what to do next. When one person was sitting near the front window waiting for their visitor, a member of staff sat with them chatting which helped pass the time for the person who became less anxious as they waited.
- We saw people were afforded respect and were informed and kept up to date during the day when there was a change in routine. When the lunch time meal was going to be late, the registered manager went around to all the people informing them about the delay and explaining why. When people were then assisted to the dining room, they did not have to wait for a lengthy period before their meal was served.

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

- When people moved to the home they were involved in making decisions about how their care and support needs were to be met and who was to be involved in helping to plan the support they required.
- People had informal opportunities to discuss their support needs with staff and the registered manager. One person said, "The manager comes to see me every evening and we have a chat."
- Reviews of people's care and support needs were undertaken regularly. The registered manager advised some people did not want their relative involved in the detail of planning their care, and this wish was respected. Other people had been clear they wanted their relatives involved. One relative commented, "I am very pleased with the home, the care is very good. The manager is excellent, she keeps me informed if [Name] is poorly or if there is a change."
- Some people had decided not to be involved in their own reviews and had signed a form to indicate this was their decision, preferring staff to review their care and support needs. The registered manager advised

that when staff reviewed care plans, even though the person had expressed that they did not want to be involved, staff informed the person the review had taken place. However, there were no records of people being told a review of care had taken place and some people could not recall they had been asked. We recommend the provider seeks advice and guidance from a reputable source, about supporting people to express their views and be involved in decisions about their care and support. Helping people to express their views and involving them in decisions about their care and support is an important right.

Respecting and promoting people's privacy, dignity and independence

- Staff were attentive and vigilant in upholding people's dignity. This was very clear when staff were helping people move around the home. When one person was hoisted by two members of staff, the staff ensured that a blanket was used to cover the person's legs during the manoeuvre. During another transfer using the hoist, staff reassured and involved the person fully in what they were doing. They informed the person when they were going to be lowered and gave them the opportunity to assist with removing the hoist sling once they were safely seated.
- One visitor advised that staff were very good at preserving the dignity of their relative and always treated the person with respect. The visitor shared an example of how dignified support with personal care was provided for their relative.
- Each person's written records were securely stored and when staff updated records in communal areas, they took measures to ensure the records were not left unattended and could not be accessed by anyone else.
- People's confidentiality was assured by staff and discussions between staff and people about specific care or support needs were conducted in private.
- People's right to have their privacy respected was adhered to by staff and upheld within the home. Staff knocked and waited to be invited in when they went to a person's room. Each person could lock their bedroom door when they were in their room and could have a key to their room if they wished.

Good

Our findings

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

Good:People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
●People participated in a range of activities to meet their individual needs within the home and in the community. Some people received help from staff to join in activities, while other people told us about a wide range of things they liked to do on their own. One person said, "I go to my bedroom and watch films in my room. When I want to, I sit in the lounge and use my CD player and headphones to listen to music."
●Some people spoke about how they enjoyed some of the activities. People told us they enjoyed external entertainers that visited the home and we overheard staff planning more entertainment in the weeks ahead. One person said, "A singer comes in now and again and there is a regular exercise class which I enjoy." We saw there were two different activity programmes displayed in the dining room, but none of the listed activities on either programme took place on the day of the inspection. The registered manager agreed both programmes were out of date and misleading, and advised they would be removed.
●Some people said that they did not have an activity of interest to become involved in and suggested this was something that could be improved in the home. This was raised with the registered manager who advised they would ensure staff increased the range of activities provided for people.
●People could exercise choice and control about their routines and how they spent their time in the home. One person said, "I go to bed and get up when I want. I ring the bell, the carers come and help me." Another person said, "I can honestly say this is the best home. I have lived in five or six others before and wasn't happy."
●Staff were knowledgeable about people's preferences and routines.

Improving care quality in response to complaints or concerns
●People said they spoke with the staff or registered manager if they had a complaint. Everyone knew who the registered manager was and had frequent contact with her.
●The provider had an established complaints procedure and process in place. The complaints procedure was on display in the home and was available for all people using the service and their relatives. The written format of the procedure was suitable for all people who lived at the home and the registered manager advised it would be provided in large print for people if there was such a request.
●Complaints received in the home were formally followed up and investigated. The last complaint received

had been investigated and followed up with the action taken detailed in the response that was issued.
●A staff member said that in respect of everyday issues, "We try to sort out any problems if we can and make a note of what we've done."

End of life care and support
●The home was not supporting anyone who was receiving end of life care at the time of our inspection. We were told discussions about end of life care and long-term plans were put in place for people as needed.
●Some staff were undertaking a short course specifically about supporting people at the end of their life, to enable them to better support people in the home.
●The registered manager advised that some people had provided some details about their final wishes and others had been reluctant to discuss end of life care.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had a good understanding of people's needs and acted to make improvements that resulted in good outcomes for people.
- The registered manager carried out regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that quality checks were effective and identified areas where actions needed to be taken.
- The registered manager said they had an open-door policy so that people, relatives and staff could raise any issues or concerns or make suggestions. The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.

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

- People and staff spoke highly of the registered manager. One person said, "The manager is smashing. You can go to her with anything and she'll sort it out. She does whatever needs to be done." A member of staff commented, "The manager is approachable. We can ask anything and at handovers we often have unplanned, useful discussions about the care and support we are providing."
- The home had been without a deputy manager and a senior care staff member due to vacancies. Although the registered manager had advertised to recruit new staff, they advised that no suitable applicants had been identified. The registered manager continued to recruit to these posts.
- Quality assurance checks put in place by the provider were undertaken regularly and staff and people spoke highly of the registered manager's commitment and approachable nature.
- Staff felt they were well trained and supported and were committed to the care and development of the people they supported. They said when they had issues they could raise them and were listened to. All staff said they questioned practice if they had any concerns and were aware of the safeguarding and whistleblowing procedures.

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

●People were consulted regularly about the overall quality of the service provided. The registered manager advised that she regularly spoke with all people who used the service about how their care and support needs were being met and to find out if there were any issues or concerns that needed to be addressed. People who lived in the home, their relatives and healthcare professionals described the registered manager as approachable and knowledgeable about the care and support delivered.

●The provider also had an established annual system in place for seeking out and acting on the views and opinions of people, relatives and relevant stakeholders. People were issued with short questionnaires which had been collated by the registered manager and the results were displayed for people, their relatives and any visitors to see. Analysis of the last questionnaire had not been undertaken, but results were mostly positive. A few comments had been received with the returned questionnaires and the registered manager had provided and displayed her written response to these comments. Some of the responses made by the registered manager referred to action that would be taken to address the points that had been raised.

●Assessments contained information about specific preferences and diverse needs and considered some of the protected characteristics under the Equality Act 2010. These included any specific information related to people's disability or religion.

Continuous learning and improving care; Working in partnership with others

●The registered manager demonstrated an open and positive approach to learning and development. Improvements had been made following our previous inspection to ensure aspects of care practice improved, but the registered manager had not been able to devote as much time to driving improvements as they had intended.

●The registered manager had been undertaking several care shifts each week providing direct care and support to cover the two senior staff vacancies. The registered manager advised that some issues such as the misfiled medication protocols and the late booking of training courses for staff, were due to her having a lack of time to undertake the expected duties in a timely manner. The registered manager advised of action being taken to improve recruitment of suitable staff.

●The registered manager kept up to date with developments in care and best practice through discussion with the registered manager of the provider's sister home. There was no computer or IT access in the home for the registered manager to assess the CQC website or other professional websites. All records were paper based and the registered manager gathered information about best practice, healthcare issues or information about legal updates or changes from other people.