

Abbot Care Centre Limited

Abbot Care Home

Inspection report

Partridge Road
Harlow
Essex
CM18 6TD

Tel: 01279452990

Date of inspection visit:
12 December 2018

Date of publication:
18 January 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:

Abbot Care Home is a residential care home which provides accommodation and personal care for people across three separate wings, each of which has separate adapted facilities. One of the wings specialises in providing nursing care and two of the wings support people living with dementia. At the time of the inspection, 53 people were living at the service.

People's experience of using this service:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received care from staff who knew and understood them and with whom they felt comfortable. Staff were thoughtful and patient when providing care and supported people to make choices about all aspects of their daily life. Staff were respectful and showed empathy, compassion, and kindness when speaking to people.

Individual risk assessments were in place to protect people from harm and ensure staff provided care in accordance with people's needs and preferences. They reflected people's current needs and provided information for staff about how to support people in order for them to improve or maintain their independence. People and their relatives were fully involved in the review of their care.

A robust recruitment process was in place to ensure staff had the appropriate skills and background checks to support people living in the service. New members of staff completed an induction programme during which they spent time with more senior staff before providing care to people.

The provider supported staff to complete a variety of training sessions. This ensured they had the necessary skills to meet the needs of people.

There were effective systems in place to ensure that people's medication and personal information was kept safe. There were also systems in place to record, analyse and learn from accidents and incidents. People and their relatives knew how to raise concerns or make a complaint and were confident the registered manager would take prompt and appropriate action to address any issues raised.

There were systems and processes in place to monitor the service and identify and drive forward improvements.

Rating at last inspection:

Requires improvement (published 21 November 2017).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At our last inspection, on 3 August

2017, we found the provider to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was insufficient staff to care for people and keep them safe from harm. A high reliance on agency staff meant people could not be assured they were being supported by staff who knew them well. Consequently, people did not always receive care and support which suited their individual needs and preferences. People's meal time experience varied across the service and in some areas, there were not enough staff deployed to support people at meal times. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the quality of the service. At this inspection, we looked to see whether the provider had implemented the action plan. We found the provider had made the required improvements to improve the standard of care and they were no longer in breach of any regulations.

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.

Abbot 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:

The inspection team consisted of two inspectors 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. In this incidence they had experience of caring for an older person and dementia care.

Service and service type:

Abbot 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.

Since the last inspection, the service had appointed a new registered manager. The manager is 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 was an unannounced inspection.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injury, events that stop the service running and safeguarding alerts. We assessed the information we require providers to send us at least once annually 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.

During the inspection, we spoke with six people who used the service and six relatives to ask about their experience of the care provided. Some people living in the service could not easily give their views and opinions about care. To help us gain a better understanding of people's experiences we observed the interactions between people and staff.

We spoke with seven members of staff including the registered manager, care workers, the activities co-ordinator and domestic staff.

We also reviewed a range of records. This included eight people's care records and medication records. We looked at three staff files in relation to recruitment and supervision records, documents relating to the management of the home, complaints and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

Staffing and recruitment

- On the day of this inspection, we observed there were enough staff available to meet people's needs and keep them safe.
- The registered manager had made changes and implemented measures to reduce the reliance upon agency staff. This included the recruitment of more permanent staff and establishing a pool of bank staff who were used to fill gaps in the rota such as sickness or annual leave. When agency staff were required the registered manager told us they sourced them from the same agency and tried to ensure the same agency members of staff were used, this meant people recognised them and they were familiar with the needs of people.
- We observed that staff knew people well and saw people's needs being met in a safe and effective way. Where the need arose, people were given one to one support from staff in a timely way. One person said, "I am safe because there's so many people about looking after us."
- Comments from people and relatives included, "I am safe because there's so many people about looking after us." and, "We feel [relative] is safe here, there is plenty of security, on doors and so on. The reception is manned; there are sufficient people around to care for [relative]." And, "[Relative's] had no falls here, we take [relative] outside and back home sometimes, they handle [relative] really well here, we both worked in care so we know what to look for."
- The registered manager met with senior staff on a weekly basis to review and manage staffing levels. Individual service user's dependency levels were reviewed and staffing levels adjusted according to changes in people's needs or if there was a new admission to the service.
- Where the need arose, people were given one to one support from staff to ensure their needs were met and they were kept safe.

Systems and processes

- Staff had completed safeguarding training; they understood how to recognise signs of abuse and were clear about what action to take if any concerns arose.
- The provider had a recruitment policy in place. Each staff file contained all of the necessary pre-employment checks to ensure the safe recruitment of new staff.
- Plans were in place to advise staff about what action to take if an emergency arose.

Assessing risk, safety monitoring and management

- Risk assessments were in place in areas including mobility, nutrition and managing behaviours. They provided staff with the necessary information to support people in accordance with their expressed preferences and to minimise the risk of harm to people and the staff who supported them.
- Care plans included information for staff to support people with specific medical needs such as epilepsy and diabetes. For example, we reviewed the care plan of a person with a diagnosis of epilepsy. Their care

plan included a seizure plan, information about the medication they were prescribed and clear details about what action staff should take if the person was having a seizure.

- Staff we spoke with knew the details of people's care plans and records reflected people's current needs.
- The maintenance team regularly assessed the environment to ensure it was safe for people to use.

Using medicines safely

- Systems were in place to manage medication and people were supported to take their medication safely.
- Staff completed training in medication and had their competency checked through observation of practice and written competency assessments.
- Regular medication audits were completed and any concerns identified were investigated and explained.
- The West Essex Clinical Commissioning Group (CCG) had recently completed a medication audit of the service and were present on the day of the inspection.

Preventing and controlling infection

- The service managed the control and prevention of infection well. Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the risk of cross infection.

Learning lessons when things go wrong

- The service had a process in place to assess, monitor and respond to accidents and incidents. For example, the registered manager had completed an investigation into a safeguard alert was raised by the ambulance service due to a delay in access the service out of hours. It identified the front door bell only rang in one unit and was the same sound as people's call bells. Prompt action was taken to rectify this to a bell with a different tone that rings in all the units. The registered manager regularly reviewed records to look for any trends or changes, which may be needed to people's care.
- Staff understood what constituted as an incident and knew what action to take if an accident or incident occurred.
- The registered manager shared the outcome of investigations of incidents and complaints with staff to minimise the potential for reoccurrence and minimise the risk for people living in or visiting the service.

Is the service effective?

Our findings

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

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 assessed in accordance with best practice principles.
- Support plans contained information about people's social and cultural needs and included their preferences in relation to religion and preference of care worker. Some people had difficulties with communication due to hearing or cognitive impairment. Care plans provided clear guidelines for staff about how best to support people. For example, one person's care plan informed staff to give them time to digest the information and not to rush them.
- Staff supported people to use equipment such as walking aids and hoists to promote independence and safety.

Staff skills, knowledge and experience

- Staff had completed training in a variety of areas and competency assessments carried out to ensure staff were able to apply the knowledge gained to their daily practice.
- Staff received annual appraisals and regular supervision which helped support them in their role and identify any learning needs and opportunities for professional development.
- The registered manager maintained a spread sheet identifying when supervision and appraisal sessions had taken place and when staff had undertaken training. This was used to highlight when updates and refreshers were due and enabled the registered manager to maintain a clear oversight of staffs training needs and achievements.
- An induction programme was in place to support new members of staff when they first joined the service. As part of the programme new starters worked alongside more experienced colleagues before they provided care for people, this ensured that they knew people's preferences and how they wished their support to be delivered.
- New staff members were supported to complete the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the health and social care sectors.

Supporting people to eat and drink enough with choice in a balanced diet

- Not everyone was happy with the change and we received mixed feedback regarding the quality and range of food available at meal times. The registered manager was aware of this and was in the process of reviewing the provision of food at meal times.
- Staff were available to help people. Staff supporting people to eat did so with dignity and respect and allowed people to take their time.
- Staff were knowledgeable about people's specific dietary requirements. For example, one person told us, "I have a nut allergy but they all know that so I'm ok."

- Where people were found to be at risk of malnutrition or a low fluid intake this was clearly recorded in their care plans, and staff monitored and recorded their food and fluid intake. This information was analysed by and staff had made appropriate referrals to the relevant health professionals.

Supporting people to live healthier lives, access healthcare services and support

- Staff had responded promptly to people's changing health needs and referrals had been made to specialist healthcare professionals, including dieticians, optician and speech and language therapists, for additional advice and support.
- Staff had documented the outcome and advice received from appointments any appointments or assessments attended.

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

- There was an on-going refurbishment project in progress.

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 when needed are helped to do so. When they lack the 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met."

- Staff had completed training in respect of the MCA and understood their responsibilities to ensure people were given choices about how they wished to live their lives. Care plans showed that MCA's were personalised and decision specific in areas including bed rails, finance, door gates, medication and the use of sensor mats.

- Staff were able to describe how they supported people who had been assessed as having fluctuating capacity for example, by offering visual choices about what to wear or eat and drink. One staff member told us, "We know people very well and if residents decline personal care we will give them space and support them later."

- When necessary staff had held best interest meetings and relevant people, such as their relatives or an appropriate health or social care professional had been involved in making decisions about people's care. This meant that any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen.

- When people had appointed a lasting power of attorney (LPA) it was clearly documented in their care plan. An LPA is a legal document that allows someone to appoint one or more people to help them make decisions or to make decisions on their behalf in relation to their health and welfare or finance.

- We observed staff consistently gaining consent from people before supporting them.

Is the service caring?

Our findings

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

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 and relatives were consistently positive about the support people provided by staff and we observed staff were empathic and caring when providing care.
- Comments from people and relatives included, "The staff are great, they are fun, they are kind, they are funny, they make me laugh, and they chat to us", "Staff genuinely care and have a laugh and a joke with people", "We are happy here and [relative] is well looked after" and, "Carers are nice and the governor is good."
- Staff knew people well and provided personalised, kind and compassionate care.

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

- Staff supported people to make choices in their day-to-day care, which promoted their independence.
- Staff were keen to offer people opportunities to spend time as they chose and where they wanted.
- Care plans included information about people's life story such as significant life events, social activities they enjoyed as well as information about people's past history of employment.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. They consistently knocked on people's bedroom doors and waited to be invited in before entering.
- Equality and Diversity was part of the provider's training requirements to ensure people were cared for without discrimination and in a way that respected their differences.
- Staff respected people's individuality, diversity, and personal histories and preferences and always considered people's individual needs when delivering their care.
- Some people were cared for in bed or chose to spend time on their own in their rooms. Staff were continuously 'popping' their heads into people's rooms checking everything was okay.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

Personalised care

- People and their relatives were involved in planning and reviewing their care plans. This ensured care was provided in accordance with their individual preferences.
- Relatives told us, "We had a birthday party on Saturday for [relative] it was brilliant the home arranged it. We brought everyone down, everyone seemed to come alive as soon as the party started, it was brilliant." And, "I think [relative] feels that they are family now and that's good. [Relative's] comfortable and happy." A person told us, "There was a chap singing and it was very good, everyone enjoyed it."
- Staff supported and encouraged people to maximise their potential and remain as independent as possible. A staff member told us, "[Person's name] will tell us when they want to go to bed and when they want personal care. [Person's name] came on end of life but has improved, we have done physio with them, went from full hoist to stand aid now walks with a Zimmer and does [their] own personal care. Sometimes this personal care can take a couple of hours but [person's name] needs time to do this themselves."
- An activity coordinator was employed within the service. They organised a variety of events which people from all the units were able to attend. A staff member told us, "We have singers coming in often and most residents love this activity. [There is] knitting club, school children come in regularly, and we have close ties with the local junior schools. We had a poem day that's a new thing and local poet came in it was really successful."

Improving care quality in response to complaints or concerns

- Systems were in place to manage any complaints and records showed complaints were responded to appropriately and in a timely manner.
- People and relatives were confident in the registered manager's ability to respond to complaints and reported that verbal concerns were promptly and effectively responded to. One relative said, "I can't find anything to complain about, the staff they are really good, we had problems with laundry but they helped us sort that out mostly labelling issues."

End of life care and support

- Staff supported people and families with end of life (EOL) care. Where appropriate preferred priorities of care (PPC) had been completed and these reflected peoples preferred last wishes.
- The service had developed links with the local hospice and staff had recently completed EOL training provided by staff from the hospice.

Is the service well-led?

Our findings

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

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

- A new registered manager had been appointed since the last inspection. Staff, people, and relatives were all consistently positive about the progress and changes they and the team supporting them had implemented.
- All the staff spoke positively about the registered manager, describing them as supportive, approachable and receptive to ideas. Comments from staff included, "I'm very well supported. I don't think I would have survived without the manager's support" and, "The management, I couldn't fault them. As a staff group, we are organised and know what we should be doing. I been here a long time and never experienced this before."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager and their supporting team had worked hard to implement positive changes within the service and develop strong leadership to drive improvements. They shared a clear vision for the future of the service and systems were in place, which enabled them to monitor and develop the service. The registered manager told us, "We want to celebrate and work with staff to improve the service, keep people safe and move forward."
- The registered manager and senior staff met daily to discuss what was happening at the service on that particular day. The meeting provided the opportunity for staff to raise any concerns and be informed of any changes and ensured the registered manager had oversight of the day to day running of the service. One team leader told us, "We have a meeting for 15 minutes we discuss everything, the manager or care manager attends. Incident forms will also alert all senior staff; the home manager checks the system and informs the regional manager and head of care. Even regional managers are aware and will make suggestions. I find this meeting very helpful as we support each other."

Engaging and involving people using the service, the public and staff

- The registered manager recognised and encouraged staff to celebrate personal success and staff's actions that had a positive impact upon people living in the service.
- Effective communication systems were in place between staff and management. Regular staff meetings were held to keep staff up to date and inform them of any changes.
- Regular meetings were held with people living in the service and relatives. The registered manager was also visible throughout the day on the units and had an open door policy enabling people and relatives to speak with them during the day if they had any concerns.

- Resident and relative meetings and satisfaction surveys were used to gain feedback and engage with people using the service and the public.

Continuous learning and improving care

- The registered manager completed monthly audits and reviews. These included medication audits, health and safety audits and care plan reviews. Action plans were implemented to identify and address any issues found and records showed that concerns were promptly resolved.

Working in partnership with others

- To aid the development of the service links had been established with the local community and key organisations, reflecting the needs and preferences of people living at Abbots Care. For example, the registered manager had started working with the compassionate neighbour's project, a befriending service, who visited two people living in the service and Harlow dementia action alliance, a group that works collaboratively to promote dementia awareness and dementia friends training, had provided a dementia friend's session for relatives and staff at the service.
- The service was also working alongside the rapid intervention service, to look at ways of reducing unnecessary attendance to accident and emergency and hospital admissions.