

## Abbey Grange Residential Home

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### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

The inspection took place on 18 February 2015, it was unannounced.

The home provides accommodation and personal care and support for up to 29 older people some of whom are living with dementia. At the time of the inspection 23 people were living at the home.

It is a requirement that the home has a registered manager. One of the providers was also the manager and

they were registered with us under the Health and Social Care Act 2008 in 2010. 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.

# Summary of findings

The provider had not always taken all reasonable steps to help protect people from avoidable physical harm and abuse. The systems in place for routine cleaning and infection prevention and control were not always fully effective.

People felt safe in the home and staff were trained and able to tell us about their responsibilities to prevent and report any abuse. The provider and senior staff were aware of their responsibility to report any safeguarding incidents to the relevant agencies.

The provider had not always followed the legally required steps that help protect people's rights in regard to them consenting to their care and treatment or when they were unable to give consent because they lacked mental capacity.

People liked the staff that supported them and felt there was staff available when they needed them. Staff knew people well and understood the support they needed. The staff had been provided with relevant training and most felt well supported.

People liked the food and they were given choices. Their nutrition and hydration needs were monitored and where there were concerns these were discussed with the GP.

The staff worked well with external professionals to meet people's health care needs. Partnership working with people and others involved in their care in times of health crisis could be improved.

People felt they were treated as individuals and they were asked what help they wanted. They felt their independence and dignity were promoted. They had good relationships with the staff who they found helpful and kind. People and their relatives felt the service was homely and they were made welcome and appropriately involved in care decisions.

People felt the care and support they received was personalised and took account of their preferences. People had opportunities to take part in hobbies and activities they enjoyed but were also given space and privacy. If they had any concerns they felt able to raise these and felt they would be listened to.

People and their relatives felt the service was well run. They and staff felt able to raise any issues with the provider and senior staff. The environment was being improved by areas being refurbished. The provider was not effectively assessing and monitoring the quality and safety of the service and planning improvements in areas identified.

You can see what action we have asked the provider to take by viewing the end of the full report.

# Summary of findings

## 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 not consistently safe.

People felt safe, but the systems in place to help protect them from avoidable physical harm and abuse were not consistently implemented by the provider. The systems to manage infection prevention and control were not always effective. People were being supported by sufficient staff to meet their needs. People had the help they needed with their medicines.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

People's consent to care and treatment was established informally as care was provided.. People were receiving care from staff that had attended relevant training and who felt supported. People were offered food and drink that they enjoyed and required. People felt their health needs were well met.

**Requires Improvement**



### Is the service caring?

The service was caring.

People were treated as individuals and their independence, privacy and dignity were promoted. People had good relationships with the staff who they found helpful and kind.

**Good**



### Is the service responsive?

The service was responsive.

People's care was planned in a personalised way and kept under review. They were asked their opinions and they felt listened to. Their relatives and health professionals were appropriately involved in care planning.

People's views and preferences were respected and they were helped to stay in contact with their families and friends. They had opportunities to take part in meaningful activities and community involvement.

**Good**



### Is the service well-led?

The service was not consistently well-led.

The provider was not effectively assessing and monitoring the quality and safety of the service. People and their relatives felt there was an inclusive and open culture where their feedback was welcomed.

**Requires Improvement**



# Abbey Grange Residential Home

## 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.

The inspection took place on 18 February 2015. The inspection was unannounced and was carried out by two inspectors and an expert who had experience of older people's care services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we spoke with other agencies for their opinions of the service including the local authority

and Healthwatch. We looked at the statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send to us by law. We used this information to help us plan our inspection.

During our inspection we met and spoke with 13 people who lived at the home. We spoke with two people and their families in detail and tracked their care by looking at their records and speaking to staff about them. We spoke with three other relatives, a GP and district nurse. We also spoke with the registered manager and deputy manager, four of the care staff team, the cook and the activities coordinator.

We looked at records of three people's care plans, medicine administration charts, handover and communication books, staff training records and quality assurance surveys and audits.

# Is the service safe?

## Our findings

People told us that the home was always clean, tidy and homely. Feedback in the home's surveys also showed that relatives and professionals found the home clean and well presented. We saw that most parts of the home looked clean but there were some signs that cleaning was not always carried out thoroughly. The provider told us that while the building work was being carried out there was not much point cleaning the floors as workmen were walking through regularly. For example the bed in a vacant room had a stained bed base and brown marks on the bedrail covers. One lounge carpet needed cleaning to remove food stains.

We were shown the cleaning schedules and told these had recently been reviewed. The provider told us that there was an annual audit of the condition of mattresses and they were disinfected weekly. The weekly cleaning was not in the schedule and there was no recorded evidence this took place.

During the inspection we tried to use the hand sanitizer dispensers that were situated around the home, but we found these were either empty or filled with soap instead of sanitizer. Two new domestic staff had been appointed in September 2014. They had not been provided with training in infection prevention and control (IPC) but this training was being held for them the day after the inspection. The provider said they had been shown what to do by the previous domestic assistant. The deputy manager was the lead for infection control and they had attended training on IPC but had not had specific training for this lead role. The provider was aware of the Code of Practice on the prevention and control of infections but had not ensured that all essential criteria were in place.

People living at the home told us that they felt safe and free from the risk of abuse. One said, "The staff are always there to help us and I feel safe, they always know what to do". Another said, "The staff are very good here and do care for you, I always feel safe". People's relatives felt their family member was safe from the risk of abuse and felt confident the provider would take any allegations seriously and take appropriate action.

Staff told us that they had been trained on safeguarding adults from the risk of abuse and knew how to raise any concerns with the provider. They felt senior staff listened to

any concerns they raised. One said, "We can raise any issues and are encouraged to". We saw the local authority safeguarding procedure folder was available at the staff desk.

The provider and deputy had appropriately reported safeguarding incidents. There had been two safeguarding concerns raised by other agencies during the last year. The provider told us they had worked with the local authority during the investigations. The provider told us they would work with the local authority in addressing any lessons to be learned after these investigations were concluded..

A new member of staff told us that they had not been allowed to start work until the provider had received background checks. This included references from previous employers and clearance from the Disclosure and Barring Scheme (DBS). We looked at this person's recruitment records which confirmed that good practice principles were followed to help keep people safe. We were made aware of one circumstance where the provider had not followed their own policy and had employed a person, who was not a care worker, without a DBS check in place. The provider told us they had not recognised the need for the DBS check and would address this immediately.

People were supported in areas that posed a risk to them such as falling while they moved around the home. One said, "I feel safe here, the staff look after me". One family told us, "Residents know the staff and they feel safe. I and the family know [person's name] is safe". We saw that staff assisted people to move in an unhurried way while giving them clear guidance in a caring and timely manner. Staff told us they helped ensure people's safety by giving them help when they wanted it and by using the correct procedures and equipment.

We saw that there were systems for managing people's risks as part of their care plan. Risk assessments were completed and actions to reduce the risks identified were included in their care plans. We looked at people who were at high risk of developing sore skin and saw that they had appropriate pressure relieving mattresses and cushions. Staff told us they had read the risk assessments and any changes were discussed at the shift handover meetings. Handover records were detailed and contained information about any changes to people's care needs, advice from health professionals and other relevant information. This showed that staff were given the information they needed to support people correctly.

## Is the service safe?

People told us that there was always staff available to help them. One said, “We don’t wait, there is always staff around”. We saw that staff worked in an unrushed and calm way and were able to answer call bells quickly. We saw that staff were flexible. For example at lunchtime the provider, cook and domestic assistant all joined care staff and assisted people with their meal. This meant that the people who needed personalised support during their meal were able to eat with everyone else.

The provider told us that they staffed the home based on the number of people living there and by using a calculation tool that factored in the level of care needs each person had. Senior staff told us that no agency staff were used and the team worked flexibly to cover vacant posts and any sickness or leave. Four carers had left in recent months and some staff felt the provider needed to recruit more staff. Care staff worked both day and night duties and some moved between a variety of roles including carer, domestic, maintenance, activities organiser and cook. The rotas showed that at times staff worked extra shifts or extended their planned working hours.

People told us that staff gave them the help they needed with their medication. A GP and district nurse told us that they had no concerns about the management of medication in the home. We observed staff giving medication and saw that they clearly understood their responsibilities and they followed best practice procedures. Medication charts were clear and well completed. People had medication risk assessments and care plans within their care records. We looked at the medicines care plan and administration charts for two people and found that they were up to date and accurate. Medicines were appropriately stored and all within their ‘use by’ date. Appropriate systems were in place for the receiving and returning medication to the pharmacy. The deputy manager told us that only staff who had attended training on medicine administration were authorised for this role. Their competencies were checked by senior staff observing them to make sure they were confident following the procedures.

# Is the service effective?

## Our findings

People told us that staff asked their consent before providing support and they had signed consent forms, we saw that their records confirmed this. One person said, “Yes staff ask me what I want their help with”. Staff told us they always asked people’s consent and would not pressurise anyone and would return later to offer assistance again. People’s relatives felt appropriately involved in decisions about their family member. One relative had not been told about a medication change the GP had made and felt the care staff should have mentioned this. Another said, “They always call if there is a concern”.

We looked at how the requirements on the Mental Capacity Act 2005 (MCA) were being implemented to protect people who do not have capacity to give their consent for their care and treatment. The provider showed us the documents they would use to assess people’s mental capacity and record any decision made in their best interest if someone lacked capacity. Decisions had been made and agreed with relatives but mental capacity assessments had only been carried out where external professionals had been involved and led on this process.

We also looked at how the MCA Deprivation of Liberty Safeguards (DoLS) were being implemented. DoLS aims to make sure people in care homes, who lack mental capacity, are looked after in a way that does not inappropriately restrict their freedom. The provider had made DoLS applications during the last three years and notified us as required. We saw one example where staff supported people sensibly and sensitively where they had restrictions placed upon them.

People told us that they liked the staff that supported them and they felt they had the right skills. Comments included, “I am very happy and nothing is too much trouble they understand my needs” and “Very happy here thanks staff are lovely” and “I have no complaints – especially about the staff who understand me”. We saw and heard how staff assisted people and this showed they understood people’s needs and took time to make them comfortable.

We saw one person was lacking appetite and at times became distressed while being assisted with their lunchtime meal. We saw that consideration had not been

given to how this person was best supported as the most inexperienced member of staff on duty was delegated to assist them with their meal. The provider acknowledged that support could have been arranged differently.

Staff told us that handover meetings were held between each shift and there was a written handover to help them have the information they needed. Staff told us they received supervision from the senior staff every one to two months and could get advice when needed. Improvements were still needed to make sure that senior staff were provided with supervision.

Staff told us that they were supported to stay up to date with good practice through training and one to one meetings with a line manager.. They were able to tell us how they applied the training in their roles and we also saw staff do this.

The provider showed us information about recent training and planned training for new staff and existing staff. Staff had attended training relevant to the type of service provided such as dementia awareness. Staff showed that they understood how to engage effectively with people living with dementia. For example, staff supported people in a patient and friendly way offering reassurances and repeated information if needed. One staff member told us that people living with dementia had their choices respected. They gave the examples of people choosing where they sat, what they wanted to eat and what clothes they wanted to wear. This showed staff training in dementia helped improve the quality of people’s everyday living experiences.

Training in some areas could be improved, for example only six care staff had attended end of life care and domestic staff had not been given infection prevention and control training until they had been in post for six months.

People told us that they had enough to eat and drink and that they had a choice. Comments included, “Yes it’s lovely here, the people are nice and the food is good” and “Lovely food, I enjoyed that”. We saw staff offer drinks throughout the day and if anyone mentioned having a drink it was provided. We saw that when lunch was served people chose where to sit. People told us that the food was good and prepared with fresh ingredients. They said if they did not like what was offered the cook would make them

## Is the service effective?

something else. We saw that people's care plans included likes and dislikes and dietary needs. Staff were attentive when assisting people, sitting next to and talking with them.

We saw that some people were seated in the dining room for 45 minutes before the meal was served. The building work being carried out above the dining area was not stopped during the meal which detracted from what could have been a pleasant occasion. The provider told us work would normally be stopped but there was a water leak so this was not possible. This was not raised or explained people..

The cooks joined the care staff to assist people with their meals and so got their comments first hand. The cook on duty was able to tell us about people's preferences and special needs. They said they were made aware if someone was at nutritional risk and needed additional calories in their meals. Care staff said that people at nutritional risk had their weight monitored regularly and the GP was involved. A health care professional told us, the food always looks lovely and they had no concerns about nutrition and the management of weight loss. Staff explained what action was taken if a person had

unplanned weight loss. These included, weighing frequently, offering alternative and high calorie meals and snacks and involving the GP. Staff were able to tell us who was at risk of dehydration and we saw staff assisting and encouraging these people to drink.

People told us that staff helped them with health needs and an optician and chiropodist attended regularly. The GP described the service as very effective and proactive in reporting concerns. They said staff appropriately referred people for medical assessment and followed the advice given. They said staff reliably followed instructions and they had no concerns about people being supported with their health needs and end of life care. The local authority told us that after investigating a safeguarding concern they had found that one person's weight loss was not reacted to quickly and robustly enough. They had found the staff were concerned about the person and were trying to respond to their appetite loss with little success. They felt there was a lack of leadership in the early stages so joint planning with health professionals was delayed. The provider felt everything had been done that was possible but was waiting for the report to see if any lessons could be learnt.



# Is the service caring?

## Our findings

People told us they found the staff helpful and kind. One told us they had been unwell and the, “staff were lovely”. A relative told us, “[Person’s name] is always clean and tidy and always seems happy”. Throughout the day we saw staff interact with people in a calm and friendly manner. They were polite and used an appropriate volume and tone of voice. Staff used people’s preferred term of address and took time to listen to what they were saying. We saw that staff knew people well and engaged sensitively with them. For example, medication was administered respectfully and at lunchtime conversations showed staff knew how best to engage and support people. Staff comments included, “After lunch [person’s name] will ask for a jam sandwich – she loves them” and “I am just taking more gravy to [person’s name], she always likes more”.

Staff we spoke with were able to describe people’s care needs and also knew about their families and lives before they came to the home. We saw people being enabled to be independent when possible, moving around the home as they wished. We saw staff ask people what they wanted and respond to their requests and wishes. For example, a number of people asked the activity coordinator if they could play bingo. A game was played and several people and some relatives took part. One person told us, “It is lovely to play games together it makes it feel like one big family”.

People told us they felt included in planning their support and said staff asked them what help they needed. We saw several families visiting throughout the day, two told us they visited every day. One relative said, “They ring if there is a problem and always involve us”. Relatives told us they were made to feel welcome and offered a drink and that this made the whole place seem very homely. One said, “We chose this place because it’s homely and there are no restrictions”.

People told us staff helped them the way they liked and protected their dignity and privacy. They felt their religious needs were met. One said “Staff make sure I have privacy and are kind and gentle”. Staff were seen throughout the day treating people with dignity and respect and were kind and compassionate. One relative told us that; “The care is 100% good” and “I have nothing but praise for the home”.

We saw some thank you cards received over the past year. Comments included, “A big thank you for all the support, care and kindness you have showed to [person’s name] and the family during his time with you” and “Thank you all for all your wonderful help and kindness”.

Staff said that they try to encourage people to spend time in communal areas so they do not become socially isolated. However, when people were clear that they liked to stay in their bedroom this was respected.

# Is the service responsive?

## Our findings

People told us the care was provided in a personalised way. For example, one person said, “They do things the way I like them”. A relative told us, “The staff know [person’s name] needs and routines”. We saw that staff took time to make sure people had what they needed. For example, staff made sure one person’s cushions were in the right place and their walking aid was placed where they wanted it.

The care plans showed that information had been collated about people’s previous lives, hobbies and interests so that staff could better understand them as individuals. We saw arrangements were in place for people to do enjoyable and interesting things. The activities organiser told us that they asked people individually what they wanted to do. This included going with people if they wanted support to go out for a walk. We saw this member of staff playing dominoes with one person and reading from the newspaper to another person. They offered people the choice about which television channel they wanted to watch. They told us that regular activities were organised by care staff such as quizzes and external entertainers also visited. People were supported to go shopping if they wished to and events were attended such as theatre shows. Eleven people had chosen to go to a local pantomime. Photographs were displayed that showed people taking part in and enjoying group activities and celebrations. Some people wished to attend a place of worship and this was arranged with staff support if needed.

Staff showed that they understood how to engage effectively with people living with dementia. For example, staff supported people in a patient and friendly way offering reassurances and repeated information if needed. One staff member told us that people living with dementia had their choices respected. They gave the examples of people choosing where they sat, what they wanted to eat and what clothes they wanted to wear. This showed staff training in dementia helped improve the quality of people’s everyday living experiences.

People were encouraged to maintain relationships that were important to them. We saw visitors during the day and relatives spoken with told us they could visit at any time. One relative told us, “I visit every day and am always welcomed”. We observed staff were friendly and welcoming to visitors to the home.

Staff told us that they felt well informed about people’s needs and preferences. They found their handovers between shifts worked well and kept them informed about people’s changing needs. The deputy manager told us that each person’s care plan was reviewed regularly reviewed. The ones we saw confirmed this. We saw that these included details of the practical help people needed with daily living, mobilising and care tasks as well as any risk areas such as falls. We saw examples of the service working with health and social care professionals to help ensure good outcomes for people. A health professional confirmed that staff raised health concerns appropriately and responded quickly to advice given.

We saw that staff kept computer records of any issues, health concerns or incidents and the action taken. The senior staff were able to tell us about recent events and what had been done as a result of these, which showed they were well informed.

People and relatives we spoke with told us that the provider and staff were very responsive and that they would feel confident that any issue they raised would be dealt with. None of the people we spoke with had felt they needed to complain but that they were aware of the complaints procedure. One person told us, “Yes its lovely here, have no complaints”. The provider told us that they had only received one formal complaint since our last inspection in May 2014 which was being dealt with through the local authority safeguarding procedures. The provider told us that there was a system to record how complaints were responded to but none had been received since our last inspection in May 2014. They did not record minor issues raised verbally so there was no record to show how the service had responded to these.

# Is the service well-led?

## Our findings

The provider was also the registered manager. This meant they had responsibilities as an owner, employer and day to day management of the service delivery. The rota showed that the provider worked in the home only three days a week, Monday to Wednesday. We found them project managing the refurbishment work and carrying out building work when we arrived for the inspection.

The provider had delegated many areas of management responsibility to the senior team of three. This including medication management, staff supervision, care planning and review, infection control and notifying us of significant events. The deputy was responsible for several of these areas told us they had a maximum of one day a week to carry them out. Senior staff meetings were not held and there were several months between one to one supervision sessions for the deputy. We had made a requirement at the inspection in 2013 that support for senior staff was increased. The frequency of one to one meetings had increased when we checked at our inspection in May 2014 but this improvement had not been maintained. The lack of an out of hours on call rota meant senior staff could be contacted at any time and were never fully off duty.

As identified in this report there were areas of the service where expected standards had not been met, for example the implementation of the Mental Capacity Act 2005, infection control, work place risk assessments and protecting people from the risk of abuse. This showed that improvements were needed in the way the service was managed.

There was no an overarching quality assurance system used and no improvement plan in place for 2015 that had been shared with people who use the service and staff. There were audits for some areas such as infection control, medication and care plan reviews.

There was a system in place to obtain the views of people who used the service, staff and health care professionals. People were asked for their opinions but there was no evidence to show that the results from these surveys were analysed or feedback given to the people who had participated in them. The provider said they held meetings a few times a year with people in the home and relatives and friends. They told us these were usually arranged with

a social event such as a cheese and wine or a party to try to increase the attendance.. As a result the provider could not effectively show how they responded the the feedback of people using the service.

We found that some records were not well kept. The provider had difficulty finding the start date for an employee as this was not in their personal file. The training monitoring chart did not contain details of all the courses that were provided and the last dates staff had attended training. The recording in the computerised care records had been raised as a concern at past inspections and by external agencies about a variety of issues. The use of standard statements in people's care plans that were preloaded into the system meant that plans were not always personalised and accurate. There was no system for visiting professionals to leave their advice or action points, other than the district nurses, who had their own folders. This had caused difficulties when professionals had felt their feedback had not been recorded correctly by the care staff they had given verbal feedback to. The provider had been given this feedback but had not made any changes to improve the arrangements. Staff had limited access to the computer to record care information as there was only one staff computer. A tablet device had been purchased to help but the poor Wi-Fi connection had limited improvements..

These shortfalls were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us the service was personalised and their wishes were respected. They found the culture of the service was caring, friendly and homely. People felt they were supported to stay independent and maintain important relationships with their friends and family. One person told us that "All in all this is a very good home".

Staff told us the provider was approachable and they felt able to raise any concerns they had. One said, "If anything worried me I would go straight to the senior in charge or the owner". Staff told us they enjoyed their work and felt valued especially by the people in the home. Staff meetings were only held a few times a year so there were limited formal opportunities for staff to discuss their care practice as a team and contribute to the running of the home. Staff we spoke with told us this would be useful.

## Is the service well-led?

People and relatives felt the provider was approachable and helpful. One relative told us the provider had, “A good way with people in the home”. We saw that they understood people’s needs and helped at lunchtime preparing drinks and assisting one person with their meal.

The local authority shared with us their findings from their last quality monitoring visit in May 2014. The provider told

us they had actioned the recommendations made. These included registering with the national dignity in care campaign and appointing a dignity champion, supervising new staff within the first month and getting staff to sign they have read minutes of staff meetings.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider was not effectively assessing and monitoring the quality and safety of the service and planning improvements in areas identified. They had not evaluated the effectiveness of systems in place to improve practice.</p> <p>They had not always maintained accurate, complete and contemporaneous records about care and treatment provided and other records in respect of the management of the service.</p>