

## Abbey Court Nursing and Residential Homes Limited

# Abbey Court Nursing and Residential Home

### Inspection report

200 Kedleston Road  
Derby  
Derbyshire  
DE22 1FX

Tel: 01332364539

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Abbey Court Nursing and Residential Home is a residential care home that was providing accommodation, nursing and personal care for 33 older people at the time of this inspection. The service can support up to 40 people across three floors in one building.

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

Potential risks to people had been assessed and measures put in place to reduce these. The provider had made improvements to the environment and premises to ensure people were protected from the risk of harm. Improvements had been made to equipment, systems and processes to protect people from the risk of infection. These improvements were in progress at the time of our inspection.

There were quality assurance procedures in place, however they were in the process of being developed. The registered manager undertook audits and checks. They were able to provide evidence of improvements since the last inspection, but more work was required to achieve consistently good outcomes for people. The registered manager and provider were committed to providing good quality care for people and to ensure improvements were sustained to develop the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey Court Nursing and Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was requires improvement published 2 May 2019. The service remains rated requires improvement.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 14 February 2019. Breaches of regulation 12, safe care and treatment and regulation 17, good governance were found. We issued a warning notice to the provider for breaches under regulation 12, giving them a time-frame in which to make the required improvements. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. No areas of concern were identified in the other Key Questions, we therefore did not inspect them.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Abbey Court Nursing and Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included the provider action plan and information the provider and other agencies, such as health professionals, had shared with us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report.

During the inspection

We reviewed the physical environment and records relating to the safety of the premises and the provider's action plan for improvements to quality assurance. We spoke with the registered manager, the deputy manager and the provider. We observed care and supported provided in communal areas.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection in February 2019 the provider had failed to robustly assess the risks relating to the health safety and welfare of people. The provider had not protected people from the risk of surface burns from uncovered radiators. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice which gave the provider a timescale in which to make the required improvements and ensure people were safe.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were kept safe from any potential risk of harm from the environment.
- The provider had taken action to make improvements to the premises. This included fitting radiator covers for all radiators in communal areas, bathrooms and people's rooms. This helped to protect people from the risk of surface burns from exposed radiators.
- The management team completed formal checks of the building and safety equipment. The results of these checks were clearly recorded with action plans which identified actions required to mitigate any potential risks. These action plans were then shared with the provider to follow up.
- The provider had yet to develop robust environment risk assessments that would support effective assessment and mitigation of potential risks. The registered manager told us these would be developed once all immediate improvements had been completed.

### Preventing and controlling infection

- At our last inspection we found systems and processes were ineffective in ensuring people were protected from the risk of infection.
- At this inspection we found the provider had taken some action to manage the risk of infection and further improvements were in progress.
- The provider had a programme of replacing bed rail protectors where these were damaged or soiled. They told us they were replacing six at a time and those most damaged were prioritised for replacement.
- The provider had replaced a very small number of commode chairs where these were soiled or damaged. However, we found a commode seat with a ripped cover. Staff told us and we saw there were two new commode chairs on site and this chair would be removed and replaced immediately. The provider told us they had a programme of replacement for commode seats.
- The provider had relocated the clinic room from the basement to a designated first floor room. This was

clean, bright and well organised which supported the safe storage and dispensing of medicines.

- The provider had made significant improvements to the wet laundry areas. These included installing wipe clean panelling over walls and ceilings to enable staff to clean and disinfect the area. This helped to reduce the risk of infections when managing soiled laundry.
- Work was still in progress in the dry laundry area where linen and clothing was dried, ironed and stored. This included panelling over walls and ceilings and boxing in pipe work to support effective cleaning.
- The provider had purchased a new cleaning trolley and equipment. The registered manager was in the process of introducing a colour coded cleaning system for staff to follow in line with infection control best practice.
- Further work was required to ensure flooring in areas such as sluice rooms and bathrooms/toilets was properly sealed and sufficient ventilation was available in ground floor toilets and bathrooms.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection in February 2019 we found audits used to monitor and assess the quality of the service were not effective in identifying improvements and ensuring these were completed in a timely manner. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- At this inspection we found elements of the service had improved, however, new governance processes were yet to be fully embedded.
- The registered manager has started to implement a range of audits to assist in identifying where improvements were needed. Audits were completed in areas such as infection control and health safety, medicines and the environment.
- The registered manager was part of a management team, which included the registered provider. The management team regularly met to review the quality of the service and identify future planned improvements. Systems and processes to develop action plans and planned implementation dates did not always support timely improvements. The registered manager identified and shared outcome of audits with the provider.
- Outcomes and target dates were not always clear from documentation or communications.
- The provider told us they would implement more robust action planning to clearly demonstrate outcomes where improvements are required, to include achievable target dates.

Continuous learning and improving care

- The registered manager and provider were working on improvements identified through previous inspections and Local Authority visits to ensure progress that could be sustained.
- The registered manager and provider shared reasons for improvements with people, relatives and staff.
- The registered manager and provider both recognised the shortfalls within the service. The management team were positive about moving forward and making changes that would improve the service. They were committed to providing a good quality service and to identify ways that they could do this.



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

- The provider had made improvements since our last visit. For example, they had undertaken remedial works and upgraded areas of the premises to ensure people were safe.
- The registered manager had reviewed and improved the monitoring and recording of staff training and was in the progress of implementing checks and audits to support them in monitoring the quality of care.
- The service provided evidence of development since the last inspection, but more work is required to achieve consistently good outcomes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was committed to ensuring that a high-quality service was provided and sought information from a variety of sources, including people, staff and external agencies, to support them to make improvements.
- The registered manager gave examples of learning when where systems and processes had gone wrong. They told us how they had tried to learn from it to reduce the risk of recurrence and involved the provider in this learning process.

Working in partnership with others

- The provider and registered manager were working with the external agencies, such as local authority and health commissioners, to support them to make the required improvements within the service.
- The registered manager and staff continued to have positive relationships with health and social care professionals in providing the care people needed.

We could not improve the rating for Well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.