

South Coast Nursing Homes Limited

Abundant Grace Nursing Home

Inspection report

Abundant Grace House
Firle Road
Seaford
BN25 2JE

Tel: 01323875500
Website: www.scnh.co.uk

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21 March 2019

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30 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:

Abundant Grace provides nursing and personal care for up to 67 people with a range of complex health care needs which included people living with Parkinson's disease, diabetes and dementia. At the time of the inspection there were 62 people living at the home. The home is modern and purpose built over two floors, the first floor is for people living with dementia. People had access to a number of lounges, an activities room, dining areas and landscaped gardens. People had their own bedrooms with en-suites.

People's experience of using this service:

- People's care plans relating to their nutritional and communication needs had improved since the last inspection. Staff were aware of people's needs and people were supported in the way they preferred.
- The management oversight of the home had improved, risks to people were identified and assessed. People, staff, relatives and professionals spoke positively of the management of the home. A member of staff told us, "There have been positive changes since the change in management who have developed a supportive and caring team."
- The management team were motivated to continuously drive improvements to the care people received.
- People were safe from the risk of abuse and other identified risks relating to them.
- The home was clean and staff had a good understanding of infection prevention and control.
- Staffing levels met people's needs and staff were suitable to work with people.
- People received effective care from skilled, supported and knowledgeable staff. Staff received training to support people's specific needs.
- People were supported to maintain a balanced diet and were complimentary of the food and choices provided.
- 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 kind and compassionate care. A relative told us, "The care provided is caring, compassionate and thoughtful at all times."
- People's privacy and dignity were respected and their views listened to. People received person centred care that was specific to their needs. Activities were an important part of people's days and these were tailored to meet people's interests.
- There was a complaints procedure in place which was accessible to people.
- People were supported with compassionate end of life care.
- There were a range of audits in place which were used effectively to address issues and improve the quality of the service.
- People were supported to be engaged in the running of the home and told us their feedback was listened to. Staff worked with other organisations to meet people's needs.

Rating at last inspection:

Requires Improvement (The last report was published on 21 March 2018). The overall rating for Abundant Grace has improved to Good.

Why we inspected:

This was a planned inspection based on the rating received at the last inspection.

Follow up:

We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led

Details are in our Well Led findings below.

Good ●

Abundant Grace Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses, this type of service.

Service and service type:

Abundant Grace is a care home providing accommodation, nursing and personal care for older people living with dementia or frailty. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. The provider is 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 used information, the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- We looked at information we held about the service including notifications they had made to us about important events.
- We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection:

- We spoke with 18 people who lived at the home, the manager, a director, a healthcare professional, five members of staff and seven relatives or visitors.
- We reviewed a range of records about people's care and how the service was managed. These included the individual care records for six people, medicine administration records for eight people, two staff records, quality assurance audits, incident reports and other records relating to the management of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse.

- There were systems and processes in place to protect people from the risk of abuse, such as safeguarding procedures that were known by staff. People and their relatives all told us they were safe. One relative told us this was because the staff take time to get to know people, "My partner has lots of health problems, but staff know just how to care for her."
- Staff had a good understanding of safeguarding and how to keep people safe. Staff knew the potential signs of abuse and what to do should they have any concerns.
- Staff felt confident that the manager and deputy manager would act on any concerns they raised. One member of staff told us, "Whenever I speak to the managers they always listen to me and take me seriously." We saw that appropriate referrals had been made to the local authority safeguarding team, when appropriate.

Assessing risk, safety monitoring and management.

- Risks to people were identified, assessed and measures put in place to lessen these risks.
- People's care plans detailed people's specific health conditions, their associated risks and provided staff with guidance to support people safely. For example, one person required support to transfer using a hoist, risks to the person had been identified and reduced. Their relative told us their husband was hoisted in and out of bed and this was always done, "very carefully."
- Risk assessments were updated in a timely way to support staff to understand how to support people safely when their needs changed. For example, one person was recently diagnosed with epilepsy. Their care plan and risk assessment gave staff robust guidance to support this need and included details about observations of seizures and the person's medication to lessen the risk to them should they have a seizure.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Staff received health and safety training and knew what action to take in the event of a fire.

Staffing and recruitment.

- Recruitment processes were robust and ensured staff were safe to work with people before they started working at the home. There was a mix of nursing and care staff on each floor and there was always a nurse on shift to ensure people's needs were met.
- There were sufficient numbers of staff to support people on both floors of the home. People told us that staffing was consistent and there were always staff available. We observed that people received care in a timely way and staff responded to people's requests quickly.

Using medicines safely.

- Medicines systems were organised and people were receiving their medicines when they should. One person was living with Parkinson's disease, their care plan detailed robust guidance for staff to support their medication needs. Their medicines needed to be given at the same times each day to ensure its effectiveness, records and our observations reflected that this happened. Their relative told us, "He must have his medication on time throughout the day due to his illness and this happens without fail."
- Some people received their medicines 'covertly', without knowing they were taking them. There was clear guidance for staff and this had been authorised by health professionals to be in their best interest.
- Staff had received comprehensive training about giving people medicines and competency assessments were carried out to ensure their practice remained safe. One member of staff told us, "The medicines training is really useful to continue your learning, it keeps our practice up to date."
- We observed a member of staff administer people's medicines. They were knowledgeable and kind in their approach. It was clear they knew people well as they administered people's medicines in the way they wished. For example, the member of staff was conscious about supporting a person with their eye drops after they had finished lunch, in line with their wishes and to maintain their dignity.

Preventing and controlling infection.

- The environment was very clean and well maintained. Staff were aware of infection control procedures and received training in this area. There were designated staff to ensure they home was clean and infection control procedures were maintained.
- Staff had access to personal protective equipment such as gloves and aprons and we saw them use this appropriately during the inspection.

Learning lessons when things go wrong.

- Accident and incidents were managed safely and lessons learned to improve the care people received.
- Staff ensured accidents were responded to in a timely way to maintain people's safety. We saw that incident forms were completed and medical attention sought, when necessary.
- The manager analysed accidents and incidents regularly to identify any emerging patterns, trends and learning. For example, they identified that one person was prone to falls when in their room in the early evening. They reviewed the person's risk assessment with them and encouraged them to come out to the communal areas during this time so staff could support them. This measure has reduced the number of falls they experienced and improved their wellbeing by socialising with others.

Is the service effective?

Our findings

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

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.

- A pre-assessment was carried out before people moved into the home to help gain an understanding of people's backgrounds, needs and choices.
- The manager told us how they worked with health professionals when people moved into the home, to ensure staff had the knowledge and guidance to support people's specific health conditions. We saw this information was used to develop people's care plans.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. For example, religion was important for some people living at the home so the manager ensured they received regular services relating to their different religions. This demonstrated that people's diversity was included in the assessment process.

Staff support: induction, training, skills and experience.

- People were supported by staff with the skills and knowledge to deliver effective care and support. Staff received a range of training opportunities that met the specific needs of people living at the home such as dementia and catheter care. One member of staff told us, "The training was really useful, the dementia training in particular. It helps you better understand people and their changing behaviours."
- The manager adapted training to meet people's changing needs. For example, they were facilitating a 'drop in clinic' for staff to be upskilled in epilepsy care due to one person's recent diagnosis and seizures.
- Staff felt supported in their role and received regular supervision and appraisal. A member of staff told us, "Supervision is helpful, gives you time to discuss issues but you can go and see the manager at any time." New staff received a comprehensive induction which included training and shadowing senior members of staff.

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

- People's nutritional needs were met and people were complimentary of the meals provided. One person told us, "The food is excellent."
- People who required specialist diets were supported in line with their assessed needs. The chef had a detailed list of people's requirements which was updated by the manager with any changes. For example, some people required a 'soft diet' due to their health needs. Referrals had been made to the speech and language therapy (SALT) team. We observed staff to support people in line with their SALT guidance at lunchtime.
- People were supported to maintain a balanced diet. Staff were aware of people's likes and dislikes and

respected people's choices.

- People could choose from a variety of options at meal times and drinks and snacks were readily available throughout the day. A relative said, "They have a good choice of food and alternatives are always available."

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

- Staff worked well with other organisations to support people to receive timely care. For example, one person had a skin tear following a fall, staff worked with tissue viability nurses and healed the wound quickly by following their guidance.
- A healthcare professional praised the communication between them and the staff team and told us, "I would highly recommend Abundant Grace, the communication is excellent."

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

- The building was divided into two floors, the upper floor specifically for people living with dementia, although people could access all areas of the home if they wished.
- People's rooms were personalised with their furniture and possessions. People felt the home and their bedrooms were well maintained.
- The area of the home designed for people living with dementia had large wall canvases, such as a picture of bluebells to help people navigate. The manager recognised there was further potential to improve the personalisation of the environment. They showed us memory boxes staff were supporting people to make, to put outside their rooms to aid orientation.

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

- People's everyday health needs were well managed by the staff who accessed support from a range of health and social care professionals such as GP's, district nurses and social workers.
- People's health needs were supported in a timely way and staff were quick to act should people's needs change. For example, one person had become increasingly anxious. Staff worked closely with an occupational therapist to implement distraction techniques to support the person's wellbeing. They also requested a medicine review with the GP to ensure the person had access to medicines they required. This proactive approach helped to reduce the number of incidents of anxiety the person experienced.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 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 received MCA training and understood the relevant consent and decision-making requirements of this legislation.
- Mental capacity assessments were completed and where people were found to not have capacity to make certain decisions, best interest meetings had taken place. For example, one person required a medical

procedure that they could not consent to. A best interest meeting was held with a variety of healthcare professionals and the person's next of kin to agree a decision in their best interest.

- Some people living at the home were subject to restrictions due to their assessed needs. DoLS applications were decision specific to ensure outcomes for people were met in the least restrictive way and where DoLS were authorised, these were complied with to support people in their best interest. For example, one person had a condition on their DoLS for staff to support them to access the gardens as this is something they enjoyed, we saw evidence that this person was supported to go into the garden regularly, in good weather.

Is the service caring?

Our findings

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

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

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

- People were treated with kindness and respect. We observed positive interactions between people and staff and it was evident staff knew people well. For example, we observed staff having chats with people about things that interest them, people were enjoying the interactions and sharing jokes.
- People told us they felt well supported and praised the caring attitude of staff and the management team. One person told us, "The staff are all very kind and patient."
- People were supported to maintain relationships with their family and friends and they were welcome at the home without restriction. We saw staff be friendly with people's relatives and include them in conversations with people. A relative told us, "I visit daily and am always made welcome."
- People were offered emotional support when they needed this and staff showed concern for people's wellbeing. For example, people's emotional needs were assessed and one person's care plan guided staff on how to support them should they become emotional about their family. A person told us, "Staff smile whenever they see you and I feel that they care about me as well."
- People were supported to maintain their personal identity. People wore clothes that reflected their choices and personality. For example, one person wanted their hair cut and coloured, staff spent time with them looking at photos on the internet and showed the one they chose to the hairdresser.
- People's religious needs were respected. Local religious groups were invited into the home should people request this. For example, one person held a monthly meeting in an area of the home which local people could attend to celebrate their faith.

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

- People and their relatives, where appropriate, were supported to be involved in decisions about their care and given support to express their views. For example, one person wanted to discuss their care, a member of staff met with them and showed them the new computerised care system. A relative told us, "I am kept up to date and am informed of any change in my relative's health."
- People's communication needs were assessed and their care plans contained guidance for staff to enable staff to support their needs. For example, one person had difficulty verbally communicating due to their health condition. The care plan guided staff on how to support the person to enable effective communication.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. People were encouraged to make their own decisions, where appropriate, and supported to be independent. For example, one person's care plan prompted staff to offer the person choices of clothing and to observe their body language as this is how they express their decisions. One person told us, "I get up and go to bed when I want, and staff help me when I need help. I try to be independent, but they are always there."
- People's mobility had been assessed and mobility aids were in place to support people's independence. We saw staff ensured people had access to these to enable them to move about the home independently.
- People's privacy and dignity was respected. We observed staff to respect people's wishes for privacy and staff knocked and waited for consent before entering people's rooms. People could spend time alone in their room if they chose to and could spend time as they wished. One person told us, "I have lived in the home for three years and the staff are excellent, I choose when I get up and when I go to bed."
- Staff respected people's confidentiality and recognised the importance of not sharing information inappropriately. People's confidential information was stored securely.

Is the service responsive?

Our findings

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

At the last inspection on 22 and 23 January 2018, we asked provider to take action to make improvements to the sharing of information with staff regarding people's dietary needs and staff understanding of the Accessible Information Standard.

At this inspection we found this action had been completed. The manager ensured catering staff were aware of people's dietary needs and were updated when these changed through meeting with them. Staff and the manager were aware of the Accessible Information Standard and communication care plans were in place for people who required them.

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 received personalised care that was responsive to their individual needs. People's care plans contained information about the person's life history, preferences and way in which they like to be supported. A relative told us, "Settling in here for my husband was hard but the staff listened and his care plan largely follows his life when he was at home."
- Staff were responsive to people's needs. One person's care plan stated they were at risk of skin breakdown due to their limited mobility and needed support to reposition regularly. Staff were aware of this need and the person's records showed that staff supported them to reposition appropriately.
- People had access to activities that met their interests and there was a varied activities programme. For example, one person had a love of animals, staff were aware of this and there were animal photos in their room. We saw they enjoyed visits from external entertainers who brought animals into the home.
- The management team demonstrated a good understanding of the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. People's individual needs were assessed and people were provided with information in a format that met their needs. For example, whilst one person was waiting for reading glasses due to changes in their eyesight, staff read their letters and care plans to them.
- People had access to technology to meet their needs. The provider and manager recognised the importance technology could have on people's access to resources, stimulation and engagement. For example, the provider had installed Wi-Fi in the home to support people to access the internet in their rooms and video call their families and friends.

Improving care quality in response to complaints or concerns.

- The provider ensured there were systems in place to deal with concerns and complaints. This procedure was readily available for people, relatives and staff and the manager responded to complaints in a timely

manner. For example, one person had made a complaint about the temperature of their food. This was investigated in a timely way and the person was happy with the outcome.

- People told us they did not feel the need to make a complaint. A person told us, "I have no complaints, people are very kind to me." A relative told us, "I am very happy with the care and any concerns are easy to raise."

End of life care and support.

- People were supported in a dignified way at the end of their lives and people's wishes were known by staff. The manager told us how they had improved end of life care by completing robust care plans for people to support their wishes. For example, one person's care plan detailed their preferred type of service and their named vicar so staff would know what type of funeral they wanted.

- People's relatives were complimentary of the end of life care their loved ones had received. One relative said in a thank you card, 'You made the last few months pain free for Dad and he felt loved. His last words were, you have made an old man very grateful.'

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 on 22 and 23 January 2018, we asked the provider to take action to make improvements to the frequency of staff supervisions to ensure training and development needs were identified in a timely way, we asked the provider to ensure people had care plans in place to cover all of their needs and assessments to be in place for the use of sensor mats.

At this inspection we found this action had been completed. The manager had made improvements to the quality assurance and oversight of the home to drive improvements, people's care plans were specific to their individual needs and the use of sensor mats had been reviewed and assessed for all people using them.

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 with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care.

- People received support from staff that promoted person centred practice. People told us they were happy with the care they received.
- There was a positive, open culture at the home. The manager and deputy manager led by example and were visible around the home. It was evident that they knew people and staff well through their interactions with them.
- The manager was aware of their responsibilities under the Duty of Candour regulation. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment. We saw that when things went wrong the management team worked openly with other professionals, people and relatives to learn from any mistakes and acted to improve the care people received.
- The management team were dedicated to making improvements to the service and there was a learning culture imbedded in staff practice. For example, the management team had encouraged staff to become more confident in supporting people following an incident or a fall. Staff learnt from incidents by having 'debrief' sessions to improve their knowledge and the support people received.

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

- The management team, including the provider, were hands-on in the running of the home and were aware of their regulatory responsibilities. People, relatives and staff spoke highly of the management team and the

provider. A member of staff told us, "Management are so approachable and open. Staff stay working for the company which speaks volumes about feeling valued."

- A director told us they were confident in the manager and deputy manager's ability and said, "I go home and know the home is in safe hands. They are passionate and have pride in the home and are committed to delivering great care."
- Staff understood their responsibilities and felt well supported. One member of staff told us, "If I have any issues I am well supported. I can go to the manager and they always give me advice."
- Quality assurance processes were robust and identified areas in need of improvement and the manager acted on any issues. For example, a medicines audit noted an issue with staff not consistently completing MAR charts. This was acted on immediately and measures were put in place to prompt staff to complete these records consistently. The manager told us there had been a significant improvement in the completion of MAR charts due to these measures. The MAR charts we reviewed showed staff had consistently completed them.
- The provider completed quality assurance checks to support the manager to drive improvement at the home, any issues they noted were acted upon. An audit completed in February 2019 showed that a member of staff did not have a full employment history on file. This was rectified immediately and staff records we reviewed had the relevant documentation in place to assure the manager of staff suitability to work with people.

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

- People, their relatives and staff were engaged in the running of the service. People told us they felt their opinions were listened to and acted on. For example, feedback from a residents meeting asked for a variety of drinks to be on the tea trolley. This was acted upon and people had access to hot and cold drinks at their request throughout the inspection.
- The manager and provider offered various opportunities for people to be involved and to share their views. This included, meetings, surveys and a suggestions box. They acted on feedback received. For example, one person commended the food in a questionnaire response. This was used to maintain the standard and presentation of the food, we saw the chef pay attention to detail when presenting people's food.
- The manager and deputy manager created a 'relatives and friend's forum' to support relatives to network with each other and cover topics of interest such as dementia and adult social care funding.

Working in partnership with others.

- The management team and staff had developed good working relationships with other professionals to meet people's needs in a timely way. We observed staff talking with a health care professional on the phone. They were knowledgeable about the person's health and medicines when being asked questions about the person.
- A health care professional spoke positively about the staff's ability to partnership work and how they listened to their guidance. They told us, "The staff team are good. The activities team do exercises with individual residents to maintain my work with them."
- The home had good links with the local community and had raised money for charity through coffee mornings.