

Mrs Linda Jane Harris

# Abbey Grange Care Home

## Inspection report

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### 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

This unannounced inspection visit took place on 02 November 2018.

Abbey Grange Care Home is a 'care home'. 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.

Abbey Grange Care Home is registered to provide accommodation and personal care for up to 25 older adults who require support with their personal care needs. At the time of the inspection, there were 21 people accommodated in the home.

At the last inspection in September 2016 the service was rated 'Good'. At this inspection we found the service remained 'Good'. We found the manager and the registered provider had continued to maintain the safe standards of care and to ensure people received good levels of care.

There was no registered manager, however a manager had been appointed and they were in the process of registering with Care Quality Commission to become a registered manager.

The registered provider had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required.

Recruitment checks were carried out to ensure suitable people were employed to work at the home. People who lived at the home and records, confirmed there were sufficient staff were on duty. We also observed this.

The manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

There were risk assessments to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required.

Care plans were in place detailing how people wished to be supported. People who received support, or where appropriate their relatives, were involved in decisions and consented to their care. People's independence was promoted.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. We noted some improvements were required to the storage of medicines as room temperatures for the storage for medicines had not been monitored. The manager took immediate action to rectify this.

People were supported to meet their nutritional and hydration needs. Comments from people who lived at the home were all positive about the quality of meals provided.

People had been assisted to have access to healthcare professionals and their healthcare needs were met. Feedback from a visiting professional was positive.

Improvements were required to ensure that people who lived at the home had an opportunity to participate in activities of their choice.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns. We saw evidence of complaints that had been received and one ongoing complaint.

The manager used a variety of methods to assess and monitor the quality of care delivered at Abbey Grange Care Home. These included external audits by visiting care consultants, regular internal audits of the service, surveys and staff and resident meetings to seek the views of people about the quality of care being provided.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Abbey Grange Care 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.

This inspection visit took place on 02 November 2018 and was unannounced. The inspection was carried out by one adult social care inspector 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.

Before our inspection visit we reviewed the information we held on Abbey Grange Care Home. This included complaints, safeguarding outcomes and notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

Before this inspection we were aware of an ongoing complaint at the home. The complaint had been referred to other authorities who are responsible for reviewing complaints about care providers. As a result, we did not look into the specific details of the complaint. However, we reviewed how the provider had received and investigated the complaint.

We spoke with a range of people about the home including seven people who lived at the home, four relatives and two staff members. In addition, we also spoke with the manager and the owner.

We looked at care records of four people who lived at the home, training and recruitment records of staff members and records relating to the management of the service. Before the inspection, we also contacted the local authority safeguarding team. This helped us to gain a balanced overview of what people experienced living at Abbey Grange Care Home.

# Is the service safe?

## Our findings

People who lived at the home told us they felt safe living at Abbey Grange Care Home and with the way staff supported them. Comments from individuals who lived at the home included, "Oh yes I do feel safer than you do in your own home. They lock up at night and they look after you and there is always someone coming around to check on you day and night. We have a buzzer and if we press it they come quickly" and "I feel safe with the staff talking to the manager is like talking to a friend." One relative said, "I think they do their best to keep people safe, If there are any problems if [relative] gets unstable they respond to get professionals in to assess her and they arranged physiotherapist for [relative]. They do quite well for them."

The manager had procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed since the last inspection and training continued to be updated for staff. Where allegations of abuse had been made, staff had worked with the local safeguarding professionals and the local police. The manager was the safeguarding champion in the home. They were responsible for attending external meetings with local safeguarding agencies to share any best practice around safeguarding vulnerable adults. In addition, staff had been recruited safely, appropriately trained and supported.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to people and their staff. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded. Reviews has been undertaken following significant incidents or events in the home. However, we noted improvements were required to ensure all the bedrooms that required window restrictors had them fitted. We observed three bedrooms had missing restrictors however, the rest of the windows were secure. We spoke to the manager who took immediate action and addressed this after our inspection. This would reduce risks of incidents of self-injurious behaviours such as people attempting to jump from the windows.

The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. We reviewed the call bell system and found people's needs had been responded to in a timely manner in the majority of the times. The manager had regularly audited the response times. Comments from staff included, "Staffing levels are fine we have a great bunch and have enough of us around to give the residents the care they need." One person who lived at the home said, "Yes I would have thought there is enough staff. They are very busy but if there is a problem there is always someone to help" and, "I think there are quite a few of them, if I ring my buzzer they come fairly quickly within seconds or minutes."

People were supported with the proper and safe use of medicines. We observed the staff on duty administering medicines during the lunch time round. We saw the medicines trolley was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The people we spoke with told us they were happy with the support they received with their medicines. Medicines had been checked on receipt into the home and given as prescribed. Medicine administration records showed medicines had been signed for. This meant people had

received their medicines as prescribed and at the right time. The manager had internal and external audits in place to monitor medicines procedures. Temperatures for medicines fridge had been monitored however, the storage room temperatures had not been regularly recorded. The manager and the provider took immediate action and rectified this. This would ensure medicines are stored at the recommended temperatures to maintain their effectiveness.

Processes were in place to help maintain a safe environment for people who used the service, staff and visitors. We saw ongoing renovation work was in progress to improve the appearance and the safety of the environment. Infection prevention measures were in place. For example, hand sanitising gel and hand washing facilities were available around the premises. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. A new hatch had been fitted to prevent care staff from unnecessarily entering the kitchen area thereby preventing the spread of infections. We found equipment had been serviced and maintained as required. For example, records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

# Is the service effective?

## Our findings

People's needs, and choices were assessed, and their care and support delivered to achieve effective outcomes. Staff knew the people well and were sensitive in their approach. People who lived at the home said, "Yes staff seem to be knowledgeable, they will answer my questions, but they need to stay longer as they keep moving on", "Yes I would say they are well trained, they all go to see the manager and she tells them what to do, yes they are well trained "and "Yes they seem to be, they know what they are doing and why they are doing it."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. During the inspection we observed people were able to access their local community independently and could come and go as they wished. Some of the people who lived at the home had been assessed as lacking capacity to consent to their care and DoLS authorisation requests had been made to the local authority. The manager informed us this was an ongoing process.

The manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. They understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection.

People were supported to eat and drink enough to maintain a balanced diet. We observed staff supported people to eat their meals. Staff offered a choice of drinks. They encouraged individuals with their meals and checked they had enough to eat. We observed staff gave people an alternative choice if they didn't like the meals on offer. Guidance was available for staff on how to support people with their hydration during warmer weather to prevent dehydration. One staff member had been nominated as a hydration champion to share best practice with other staff in the home. Comments from all the people we spoke with about the food was positive. They included, "The food is very good, there is so much to choose from. The cook comes to me and asks me what I want, like homemade meat and potato pie. You get enough to eat if I don't think there is enough I tell them" and "It is all very good on the whole, very nutritious and we get enough, oh yes they look after you."

Staff recorded in care records each person's food and fluid likes and dislikes. This was good practice to provide preferred meals in order to increase their nutritional intake. Some people required close monitoring of their health needs and some had special dietary needs such as vegans. People were weighed regularly and more frequently if unintentional loss or increase was noted. We found staff assessed people against the risks of malnutrition and staff knew what actions to take in the event of significant weight loss.

People's individual needs were met by the adaptation, design and decoration of the premises. We saw that the provider was undertaking further improvements to modernise the environment and ensure it was



dementia friendly. We saw people who lived at the home had access to the grounds which were enclosed and safe for people to use. In addition, there was a conservatory and a lounge for people to make a choice on where to spend their time. We observed people moved around the building freely.

People were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. Care records we looked at contained information about people's healthcare needs and the services that people who lived at the home had access to. Staff had documented when individuals were supported to attend appointments or received visits from for example, GPs and district nurses. Documentation was updated to reflect the outcomes of professional health visits and appointments.

# Is the service caring?

## Our findings

During our inspection visit we observed people were relaxed, happy, smiling and comfortable. We confirmed this by talking with people. For example, comments included, "I would say staff are caring, they know what is the matter with you and they know if something is wrong. If I want to know something I just ask and it is right", "They listen to everyone and they never get angry with anyone even those who are confused and shouting out." A relative said, "Oh yes, they are caring. Some are better than others but generally they are very good."

We observed staff engaged with people in a caring and relaxed way. For example, they spoke to people on the same level and used appropriate touch and humour. One person who lived at the home said, "They have taken time to get to know me and they have a chat with me."

Staff had a good understanding of protecting and respecting people's human rights. Staff had received training which included guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010.

People's independence and autonomy was promoted. We observed people being as independent as possible, in accordance with their needs, abilities and preferences. We observed people being encouraged to do as much as they could for themselves. For example, we saw one person accessed the community independent of staff to attend to their own personal affairs, including shopping and other social events of their choice. They managed their own medicines independently. In one part of the home people had been provided with kitchenettes to ensure they could continue independently making their own drinks and light snacks. Staff explained how they promoted independence, by enabling people to do things for themselves. Comments from people included, "Oh yes that's why I try to be independent you should be allowed to be, like having a bath on my own", and "We do a lot of our own stuff, sometimes I have a bath myself with a bit of help."

Staff were able to tell us about ways in which they ensured people's privacy and dignity were respected. One staff member said, "I always knock on people's doors and make sure people have a dressing gown on when helping with personal care." Staff also addressed people in their preferred name. People's routines and preferences were documented in ways which presented a rounded picture of the person and showed these were taken into account when planning care. For example, the 'life story book' document was used to record what was important to each person in maintaining their preferred way of life and presented their family history.

Visiting relatives told us the management team encouraged them to visit at any time. They said this gave them the freedom to access the home around their own busy schedules. We observed staff welcomed relatives with care and respect. For example, they had a friendly approach and one relative said, "You always feel welcomed when you walk in." However, before the inspection, we had received concerns from one visitor regarding their ability to the home. Their concerns were referred to the Local Government

Ombudsman who are an independent adjudicator for health and social care.

There was information on how people could access advocacy services should people require their guidance and support. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

People received personalised care that was specific to meet their needs and they were involved in the planning, goal setting and reviewing of their care. Comments from people included; "The staff are good and helpful" and "We can sit down and plan what I want to do, they do anything for you."

People's care records demonstrated that the home had ensured that people's care plans fully reflected their physical, mental, emotional and social needs. They had been developed where possible with each person, family and professionals involved with them, identifying what support they required. The manager had invited relatives to contribute to reviews where people lacked capacity.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to mobility, mental and physical health and medication. Assessments and all associated documentation were personalised to each individual. Documentation was shared about people's needs should they visit for example, the hospital. This meant other health professionals had information about individuals' care needs before the right care or treatment was provided.

People were supported to maintain local connections and important relationships. People were actively encouraged and supported to maintain local community links. For example, people had been supported to maintain contact with their family relations. However, we noted that people were not adequately supported to ensure they could have access to meaningful day time activities. People, their relatives and staff had commented on this in their meetings and surveys. However, we observed no activities during our inspection. The manager informed us the staff member responsible for activities was on leave and that they would review this. This would demonstrate that the provider listens to people's views and requests and will assist people to ensure they have access to meaningful day time activities of their choice.

Technology was used to support people to receive care and support. This included, use of surveillance to monitor the perimeter of the premises, a modern call bell system which could be audited, broadband, telephone facilities and Wi-Fi connectivity for those people who had gadgets that required internet connection.

The service had a complaints procedure which was made available to people on their admission to the home. Copies were on view in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We saw two complaints had been received and one was being dealt with by the Local Government Ombudsman. CQC does not deal with individual complaints about the care providers. We regulate the systems for receiving and dealing with complaints and how these had been implemented. We were satisfied that the provider had followed their complaints policy and had offered people the opportunity to raise complaints. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We spoke with people who lived at the home and with relatives. They told us they knew how to make a complaint if they were unhappy. They told us they would speak with the

manager who they knew would listen to them. One person who lived at the home said, "Yes I would go straight to the manager and ask for their help", and "Any complaints I would speak to one of the seniors."

We checked whether the provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. People's records had communication care plans that detailed people's communication needs. The manager was not familiar with the AIS requirements and further improvements would be required to ensure this was met. We would also expect the provider to establish a policy on the Accessible Information Standard to ensure consistence in their practices.

Records we reviewed demonstrated that the provider and the staff had taken into consideration people's preferences and choices for their end of life care. People could be assured they would receive a pain free and dignified death.

## Is the service well-led?

### Our findings

There was a manager employed at Abbey Grange Care Home. They had applied to be registered with CQC. 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.

People who lived at Abbey Grange expressed a high satisfaction with the care they received. In addition the staff we spoke with told us they felt the manager and the owners worked with them and supported them to provide good quality care. We only received positive comments from staff and people and their relatives and they included, "Oh yes I know the manager they are very good very down to earth." "The manager is very good and hands on."

One visiting professional told us, "I have no concerns regarding people's safety. We raised a safeguarding alert once but spoke to the manager beforehand and they dealt with the issue very well, they liaised with CQC and safeguarding to address the issue."

We saw staff and resident meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings. In addition, staff and 'resident/family surveys were carried out every three months. Staff were asked regularly to comment about the management, their achievements and what they did well or wanted to see improve in the home. The management would analyse any comments and act upon them. We saw people and staff were consulted on the daily running of the service and any future plans. There was a staff reward system and people were involved in deciding who was the employee of the month.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. The manager was experienced and had a health and social care background. They were experienced, knowledgeable and familiar with the needs of the people they supported. Care staff had delegated roles including medicines ordering, dignity champions, infection control champions and hydration and nutrition champions. Each person took responsibility of their role and had been provided oversight by the manager who was in turn accountable to the owners. The manager completed a monthly report on the welfare of each individual who lived in the home and submitted this to the owners to demonstrate accountability. The owners also undertook their own monthly quality visits. We noted that this needed to be further improved, to ensure it covered all areas of regulatory compliance and that they needed to have oversight on the conduct of the manager. This would demonstrate they are effectively exercising their duty to oversee the manager's compliance.

The manager and provider had auditing systems to assess quality assurance and the maintenance of people's wellbeing. We found regular audits had been completed by the manager. These included medication, the environment, care records, accidents and incidents and infection control audits. Any issues found on audits were quickly acted upon and lessons learned to improve the care the service provided.

There was evidence of duty of candour especially where care provided had not meet people's expectations. Apologies were offered, and changes were made in a timely manner. This showed the service had exercised transparency and learned from mistakes.

We also noted that an external consultant had been contracted to carry out independent care quality inspections on behalf of the provider. An action plan and improvement plan had been developed to guide the manager on areas they needed to improve. The local authority contracts team had also visited the home. We saw any suggested action had been acted on and were in progress.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included, healthcare professionals including GPs, practice nurses, and district nurses.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating within the service.

The manager had notified CQC of any accidents, serious incidents and majority of safeguarding allegations as they are required to do. We noted one incident involving the police had not been notified. The manager informed us this was an oversight and assured us that this would be rectified. This would mean we would be able to see if appropriate action had been taken following any significant incidents in the home to ensure people were kept safe.

The manager, the owners and the staff had worked hard to sustain the standards that they had set at our last inspection. There was evidence of visions for the future, plans and a desire from the registered provider, the manager and the staff to continue to move the home forward and ensure people received good standards of care.