MACC Care Limited

Abbey Rose Nursing Home

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 5 January 2016 and was unannounced. The inspection was undertaken by an inspector, a specialist advisor; this is a person who
specialises in services for people living with dementia 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 and has experiences of services for people living with dementia.

A registered manager was in post. 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.

Abbey Rose Nursing Home provides a service for up to 38 people. People living at this home may have a range of different nursing care needs. A registered nurse is available at all times. There were 33 people living there at the time of our inspection.

At our last inspection on 3 June 2014 the provider was not meeting all the regulations that we assessed. During this inspection we found that the regulations have been actioned.

People's safety was not fully protected by medication practice within the service and people's rights to give consent to their care and treatment were not always followed. This included processes for giving people medicines disguised in food or drink. Risks to people's care were not always identified and managed as they should be.

People had confidence in the openness of the management and systems were in place to monitor the quality of the service, and various quality audits were completed. However, shortfalls in practice were not always identified and so were not fully addressed.

People were safeguarded from abuse, because the provider had clear procedures in place and staff were trained and knew how to follow the procedures to keep people safe.

Sufficient staff were employed and suitably recruited to provide care and support to people and ensure their needs were met. People received a service from staff that were trained, supervised and supported to ensure they were able to perform their role.

People had a choice of food and drink and their different dietary needs were catered for where appropriate and their health care needs were met.

People received care from staff that were on the whole caring and respected their privacy, dignity and independence. Where we saw isolated incident of poor practice procedures were in place to monitor and address this.

People were involved in planning and agreeing their care and were able to participate in social activities if they wished. People were confident their concerns would be listened to and acted upon. Systems were in place to listen to, investigate and respond to people's concerns and complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medication procedures were not always followed to maintain safe practice. Procedures were in place to manage risks and investigate incidents relating to people's safety, but risk management procedures were not always followed in all cases.

People told us they felt safe and there were sufficient numbers of suitably recruited staff to provide care and support to people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were not fully supported to give consent to their care to ensure their rights were fully protected.

Staff were trained and supported to perform their role.

People had a choice of food to ensure a healthy diet and had access to health care professionals.

Is the service caring?

Good

The service was caring.

People were confident that they were treated with care and kindness by staff.

People's privacy, dignity and independence were respected, procedures were in place to monitor and rectify any shortfalls in practice.

Is the service responsive?

Requires Improvement

The service was responsive.

People felt they were listened to and involved in their care.

People were confident that their concerns would be listened to and acted upon.

People could take part in social activities, if they wished. Where people raised concerns about limitations in pursuing their social interests, the provider had plans in place to address this. People were able to maintain contact with family and friends.

Is the service well-led?

Requires Improvement

People were happy with the service they received and felt managers were approachable.

Systems were in place to monitor the quality of the service and consult with people. However, shortfalls in practice were not always identified and this affected the overall quality of the service people received.

Abbey Rose Nursing 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 took place on 5 January 2016 and was unannounced. The inspection was undertaken by an inspector, a specialist advisor; this is a person who
specialises in services for people living with dementia 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 and has experiences of services for people living with dementia.

Whilst planning our inspection we looked at the information we held about the service. This included, the previous inspection report, notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority who purchased the care on behalf of people and reviewed reports that they sent us on a regular basis.

During our inspection we spoke with 11 people that lived at the home, five relatives, a health care professional, the nominated individual, one nurse, six care staff, the cook, the activity coordinator and a domestic staff. We looked at the care records of four people, to check their care was being delivered as planned. We looked at the medicine management processes, and two staff recruitment records and records maintained by the home about the quality and safety of the service. We observed how people were supported by staff.

Requires Improvement

Is the service safe?

Our findings

People told us they received their medicines as prescribed by their doctor. One person said, "They never miss giving me my medicine." Another person told us, "The staff always make sure I have my tablets on time and ask if I need anything for pain."

Procedures were in place to ensure people's medicines were, received, stored and administered safely. However, we found some inconsistencies in practice. We saw that where people had prescribed creams that needed to be applied, these were often missing and some creams were not dated, so staff would not be able to tell if they were being used within the recommended dates. Some creams were found without labels so it was not possible to ascertain if these were in use for the correct person. Two people's medication administration records showed recent gaps in recordings and it was not clear if these people had received their medicines as prescribed. Some people received their medicines disguised in food or drink, and we saw that clear guidance was not available to inform staff as to how all the medications should be taken. In addition the pharmacist was not always involved in the decision making process to support the staff to ensure the medicines disguised were taken in the correct way. We saw that where people were prescribed medicines to thicken their drinks, this was administered from a generic container, rather than from individual prescriptions. This was not in line with good practice guidance.

People that lived at the home told us they felt safe living there, people's relatives spoken with had no concerns about the safety of their relation. People told us they would speak to the manager if they were concerned about their safety. One person said, "Yes I am safe, I like the place." Another person said, "I am safer here than my own home alone."

All staff were clear about how to report any incidents relating to people's safety and all said they had received training in this area. A staff member told us, "We have to keep people safe, we can't hide anything and must report if concerned." Another member of staff said, "If we report to the manager and the manager doesn't act, we have to report it to social services, in people's best interest to keep them safe."

The provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people's safety. This information was on display around the home in an easy read format for staff and visitors to see. Where issues about people's safety had been reported to us, information we have showed that the appropriate actions had been taken to keep people safe.

We saw and staff told us that risk assessments were undertaken to ensure that staff supported people safely. People and relatives spoken with said that any risks to their care were managed effectively. One relative told us that their relation was admitted to the home with significant pressure sores. The relative told us that the staff had worked very hard to support the person and manage their pressure areas to ensure they healed.

However, one person had a sensory mat in their room; we saw no evidence of risk assessment or agreement with the person for the safe use of this piece of equipment.

One person told us they had fallen out of bed when they were first admitted to the home and said the experience had been very frightening. We saw that the majority of beds were fitted with integral bed rails which were in use and these were correctly fitted with bed rail bumpers to reduce the risk of injuries. However, where the beds had been fitted with overlay pressure relieving mattresses we saw they were not fitted at the correct height, in line with current guidance to prevent people from falling out of bed. In addition there was no evidence of regular checks being carried out on the bed rails and no guidance for staff to enable staff to check whether the bed rails were safely fitted and compliant with current guidance. The nominated person said there were new procedures in place in regards to ensuring the bedrails were correctly fitted, but this had not yet being put into practice.

Staff knew the procedures for handling emergencies, such as fire and medical emergencies. A member of staff told us that they all received fire safety training and that fire drills took place on a regular basis. We saw and staff told us that equipment, used for people's care were serviced regularly and the environment was maintained to ensure people's safety.

People living at the home, relatives and staff said there were enough staff to meet people's needs. We spoke with staff about the usual staffing levels and staff rotas looked at confirmed the levels were as described by staff. Our observation was that there were enough staff to meet people's needs. Staff said that when other staff were sick or on leave they were always replaced, by bank staff or agency staff as a last resort.

At our inspection on 3 June 2014 we found that the provider was not ensuring safe procedures were followed when recruiting new staff. During our inspection staff confirmed and records showed that all required checks were completed before they started their employment. We saw that pre-employment and Disclosure and Barring Service (DBS) security checks had been completed. DBS checks help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff demonstrated good knowledge of how they obtained consent from people on a day to day basis, when providing care and support and confirmed they had received training on this topic. Staff told us they would always discuss things with people and ensure their consent before providing care. All staff said if they thought someone lacked the capacity to give consent they would report it to a senior member of staff. A staff member told us in such situations decisions would have to be made in the person's best interest, involving other professionals. However, we found that practice in regards to the MCA was not fully in line with the knowledge and understanding demonstrated by the staff that we spoke with. For example, four of the three records looked at showed that where people lacked the capacity to make decisions about receiving medicines disguised in food, a best interest process had not been followed to support this decision. We were told by staff that another person was at risk of falls, and had a pressure mat installed in their room, but we saw no evidence that this person had been involved in the decision to use this piece of equipment to restrict their movement.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The nominated person told us that applications for DoLS had been made to the local authority for a number of people, but authorisations had not yet been granted. Staff said they had received training on DoLS, and were clear that they would report any concerns to the registered manager if they felt people's liberty was at risk. Staff spoken with knew what would constitute a DoL for the people they supported. A member of staff said, "If someone could make their own decisions and didn't want to be here and we lock the door to prevent them going out that's a deprivation."

People said they thought staff had the skills to meet their needs, and we saw that people's needs were being met. One person told us, "Oh yes they are trained, brilliant staff, very good." Staff told us that core training and other training was available, and that the training they received gave them the skills to do their job. We saw that the provider had a planned approach to staff training. All staff said they received the necessary supervision, support and appraisal to help them to do their job.

People told us they had enough to eat and drink and had a choice in what they ate and drank. One person

told us, "I am not a big eater, I should be thankful I have been provided with a meal in my room, it's my choice." Another person said, "The food is good. I can't complain about that. They come round and ask what we want to eat, but we can change our minds." Drinks and snacks were available, although we saw that people in the down stairs lounge were not left with a drink, so that they could help themselves during the day. Staff told us that culturally appropriate meals were available based on people's needs and preferences. Staff told us and records showed that people's diet and fluid intake and weight was monitored, to ensure they maintain good food and fluid intake.

We saw that adaptive cutlery and plate guards were provided to support people to eat independently. However, we saw one person who did not use their adaptive cutlery, because it was not fully suitable for them, so they found it difficult to support themselves with their meal. This person was not offered any assistance to eat their meal and was struggling. We pointed this out to the nominated person, who asked a member of staff to support the person.

We spoke with the cook, who confirmed that they had plenty of resources to ensure there were ample stocks of fresh foods and vegetable to meet the needs of people. Fresh fruit and vegetables were delivered daily and we saw that this was available for people. The cook told us that specific dietary needs were catered for to meet people's needs and that people were free to change their minds about what they wanted to eat on a daily basis.

People said their health care needs were met. People told us they saw the doctor when they were unwell. One relative told us, "Dad sees the doctor when he needs to." Staff spoken with confirmed that health care professionals, such as dietician, dentist, speech and language therapist and chiropodists were involved in supporting people's health needs.

Good

Is the service caring?

Our findings

Everyone spoken with said the staff were kind and caring towards them. One person living at the home told us, "The staff are marvellous, they are very kind." Someone else said, "Staff very good, they are like angels to me." A relative said, "All staff are very helpful and pleasant. They are like friends and they always have time for you." With the exception of one member of staff we saw that all staff demonstrated a caring approach towards people. A member of staff told us," I am patient and enjoying helping others which is very rewarding." Another staff member said, "When caring for people you have to think they could be your parents. So you do it with the best of your ability."

People told us that staff respected their privacy and dignity. One person said, "The staff always knock on my door and ask if they can come in." Staff spoken with said they knew how to respect people's dignity and privacy and we did observe this happening in most cases. Staff told us and records showed that privacy and dignity formed part of the staff training programme, to ensure staff had the skills to support people with dignity. We saw that people were treated in a respectful and dignified manner for the vast majority of the time we were at the home. We saw one instance where staff supported someone with eating and drinking in a hurried manner, without speaking with them. However, we saw that the provider had implemented procedures to monitor staff interactions with people. The training and monitoring process that were in place should ensure that the poor practice we saw was an isolated incident.

People told us they had a choice and made decisions about their daily routine and their independence was supported. One person told us they liked to get up early and staff respect this. Another person told us they were independent and did things for themselves, but staff always asked them if they wanted to have a bath or a shower. A relative said, "Dad is able to be as independent as possible." Staff said they supported people to make their own decisions about their day to day care and offered them choices. One staff member said, "I always ask and explain things, people like to choose their own clothes and I always respect that."

Requires Improvement

Is the service responsive?

Our findings

People felt they were listened to and involved in their care. Some people living in the home were happy that the staff knew what care they needed and did not feel they needed to be involved in their care planning or reviews and were happy for relatives to take that role. One relative told us about their experience of being involved in planning their relation's care. The relative also commented that the care plan had been updated with their involvement.

One relative told us, "When [relative name] moved here, the manager sat with me to talk about [relative name] to ensure they had relevant information to enable them to receive individualised care and support." We saw that people's life histories had been completed to inform all staff about the person as an individual. Staff were knowledgeable about the individual likes and dislikes people had and their preferences for receiving care.

A relative and a health care professional told us about how staff had responded to the needs of a person admitted with pressure ulcers. The health care professional told us that staff had managed this very well and had followed instructions given. This ensured the person's needs were met and how the person's condition had improved, through the responsiveness of the staff team.

People living at the home and their relatives said they didn't think there were enough activities taking place to encourage social interactions. Most people were in their rooms, either asleep or talking with visitors. One relative told us," [Person's name] is happy in their room. They have tried to get [person] involved in activities." Another person spoke of their boredom in the home and commented that they would, "Love to go out of the home on trips." This person described sitting in the lounge day in and day out as soul destroying. They said that even just to be pushed in their wheelchair up to Erdington that would be good. In particular the individual said they would, "Love to go to a football match." This person said they missed going to matches, and it was their hobby, they said this would give them something to look forward to. The activity co-ordinator said they were not aware that there was a budget for external trips, but hoped to do fundraising events to enable people to go out during this year. A film had been organised for the afternoon of our inspection and we saw some people were supported to enjoy the screening.

People told us they were able to pursue their faiths and religious believes as they wished and some people said they attended church services that took place in the home.

People told us there were no restrictions on their friends and relatives visiting them. Relatives said they were free to visit the home. We saw that visitors were free to visit the home and there were several people visiting on the day of our inspection. A relative told us, "Visitors are always welcomed." One relative talked about how the whole family was made welcomed to have Christmas lunch with their relation, they told us, "That

was nice as it was a family atmosphere."

People told us they had no concerns or complaints about the service provided and all said they would speak with senior staff if necessary and were confident they would be listened to and their concerns investigated. No one had made a complaint to date. One person told us, "They are all good people. If I had any complaint I would speak to the person in charge, but I have nothing to complain about." Staff knew how to raise concerns on behalf of people. We saw that the complaints procedure was displayed in a simple format in the hallway and was fully accessible for visitors and people living at the home to see. There were no recent complaints on record at the home.

Requires Improvement

Is the service well-led?

Our findings

We saw that there were systems in place to monitor the quality of the service, and various quality audits were completed. These included audits of medicine management, care records, health and safety, accident and incidents, infection control. We saw that the nominated person also visited the service regularly and completed a monitoring report on the quality of the service. However, we found shortfalls in practice throughout the inspection, which showed that some practice issues were not being identified by these quality audits. These included, shortfalls in medication practice, bedrails safety, obtaining consent to care and treatment, in line with good practice. We found some deficit in records, such as absent risk assessments, for people at risk of falling out of bed. In addition we saw a care plan that had not been update to reflect the change in a person's medication, which had happened three months previously and malnutrition assessment scores that had been incorrectly calculated.

At our inspection on 3 June 2014 we found that the provider did not have a robust system in place for monitoring the quality of the service. During this inspection we saw that a more comprehensive system had been put in place to audit and monitor the service and whilst some improvements to practice were needed they were not significant enough to indicate a continued breach of regulations.

There was a registered manager in post and all conditions of registration were met. The provider kept us informed of events that affected the safety of people, as they are required to. The registered manager was on leave at the time of our inspection, but people that lived at the home and relatives said she was approachable and helpful. A relative told us, "I can't fault anything here. Abbey Rose has been brilliant and the manager has been outstanding."

Some staff told us that the registered manager was approachable and that they could speak with her at any time, others felt that she was not approachable. Staff knew there were procedures in place should they wish to raise concerns about poor practice and they felt confident in using the procedures. Staff told us that regular staff meetings were held where there were able to put forward ideas about improving the service and said they would be listened to and acted upon. Health and social care professionals spoken with said staff listened to and acted on any concerns they raised.

We saw there were procedures in place to seek the views of people that used the service. This included, relatives and resident meetings, analysis of questionnaires sent to people living at the home, relatives, staff and care professionals.