

Oakley Carehomes Limited

Abbey Care Home

Inspection report

Collier Row Road
Romford
Essex
RM5 2BH

Tel: 07888705327

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Abbey Care Home is a care home registered to provide personal and nursing care for up to 20 people. At the time of the inspection eight people were using the service.

Abbey Care Home is located in a residential area and each person using the service had their own bedroom but shared the lounge, kitchen and bathrooms.

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

People had risk assessments, which provided information for staff to ensure they were protected from avoidable harm. The home was clean and kept tidy. Staff had infection control training and there was a Covid-19 risk assessment to minimise the spread of infections. Staff had access to and knew how to use personal protective equipment.

Staff were caring, respectful and knew how to meet people's individual needs. Staff felt supported and were happy working at the service. We recommended the provider needed to review the staffing level.

People had meals and snacks which ensured they had a balanced diet.

The provider listened to people and their relatives through regular meetings.

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

Rating at last inspection

The last rating for this service was good (published 17 October 2019).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about infection control, meals and staffing. A decision was made for us to inspect and examine those risks and how the service was managed..

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe, Effective, and well-led sections of this full report.

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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Abbey Care 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 as part of our regulatory functions. This inspection checked 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.

Inspection team

The inspection was carried out by one 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.

Service and service type

This service 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 the information we already held about this service. This included details of its registration, information we received from people and any notifications of significant incidents the provider had sent us. We sought feedback from the local authority and professionals who might work with the service.

During the inspection

We spoke with two care staff, the deputy manager, a cook and the registered manager. We reviewed a range of records including people's care records, staff rota, staff training records and menu.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included reviewing a range of records we requested and received such as the provider's policies, procedures confirmation of staff recruitment processes. We spoke by telephone with two relatives about their experience of care provided at the service.

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 good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about infection prevention and control, staffing levels and protecting people from abuse. We will assess all of the key question at the next comprehensive inspection of the service.

Staffing

- Before the inspection, we had received concerns relating to the staffing level at the service. The registered manager told us that they reviewed the staffing level based on the number and needs of people using the service.
- The registered manager confirmed although most of the staff had been unable to work for some time due to the Covid-19 outbreak, the service maintained the staffing level. They told us the service used agency staff to cover shifts for permanent staff.
- On the day of our visit there were three care staff and the registered manager on shift. There were also a cook and a domestic member of staff. We noted two care staff covered the night shifts. This staffing level was enough to meet the needs of people using the service at the time of our visit.
- We noted the number of people using the service would increase when people who admitted to hospital returned and when new people came. This meant the current staffing level needed reviewing.
- We recommend the provider adopts best practice of reviewing staffing levels to ensure the staffing levels are suitable for the number and needs of people using the service at any one time.
- The registered manager told us they had a plan to recruit new staff, which would help resolve the need to use agency staff. We noted the registered manager required agency staff not to work in other care settings to minimise the spread of Covid-19.
- Relatives told us there were enough staff at the service. One relative said, "I do think there are plenty of staff employed in the home from what I have seen when visiting during the six years [my relative] has been living at the home."
- We noted the cook finished work at 2:00pm, which would affect the afternoon staffing level. The registered manager told us this would be reviewed. After the inspection, the provider confirmed that the cook's working hours were extended to 4:00pm and this would enable them to prepare the evening meals.
- Staff felt there were enough staff at the service. Comments from staff included, "Yes, there are enough staff, we manage, and we work as a team."

Preventing and controlling infection

- We noted the service had been visited by infection prevention and control team (IPC) NHS team regarding concerns about IPC.

- The provider had taken action to ensure areas identified as needing improvement by the IPC team were completed. This included providing staff with IPC refresher training and displaying of information such as hand washing technique posters in the service.
- The service training matrix or training record showed staff had completed IPC training.
- There was a Covid-19 risk assessment and arrangements were in place to ensure people who tested positive for Covid-19 infection were isolated in their rooms.
- Relatives made positive comments about cleanliness of the service. One relative told us, "The home is extremely clean. I have seen staff wash their hands frequently, wear gloves and aprons and now since Covid-19, wearing masks." Another relative said, "The home is absolutely spotless and has recently been redecorated. Staff do wear gloves, aprons and more recently have been wearing masks. I have seen staff wash their hands before and after they have tended to [my relative's] personal needs."
- We saw domestic staff cleaning communal areas.
- Staff told us they had access to PPE they needed. The registered manager confirmed that they had enough PPE and that they had no problems getting PPE.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us people felt safe. One relative said, "My relative feels very safe in the home, [my relative] really loves it. [My relative] has never had any falls or infections while [they have] been in the home for over [a number of] years."
- The provider had systems in place to ensure people were safe. Each person had a risk assessment which was reviewed.
- Staff had a good understanding of adult safeguarding. They had attended adult safeguarding training and knew the actions needed to be taken to identify and report abuse.

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.

At the last inspection, this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on a specific concern we had about nutrition and hydration. We also reviewed how the service ensured people consented to care and treatment in line with law and guidance. We will assess all of the key question at the next comprehensive inspection of the service.

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

- Before our visit we had received information stating that people might be at risk of not getting the nutrition they needed because of the absence of the cook during the coronavirus outbreak.
- We noted that during the cook's absence from work, the service used an agency cook, whom we saw and spoke with. A few days after our visit, the registered manager informed us that the permanent cook was back at work.
- Relatives spoke positively about the meals provided at the service. One relative said, "[My relative] loves the food, [they have] told me about the lovely choices [they have]. [They have] never lost weight in the many years [they have] been a resident." Another relative told us, "[My relative] really enjoyed the food and there is a new chef who has responded to [my relative's cultural] heritage. [My relative] has gained weight."
- The service had a two weekly rotating menu. Staff told us the menus were prepared in consultation with people. The lunch on the day of our visit reflected the menu. People could choose and have meals not included on the menu.
- Staff knew people's meals preferences, which were also detailed in their care plans.

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

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.

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.

In care homes, and some hospitals, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- Staff had attended an MCA training and knew that they had to seek people's permission before doing anything and respect their choices.
- Where people lacked capacity to make decisions, staff consulted professionals and relatives to ensure any decisions made were in the person's best interests. One relative told us, "I imagine [my relative] is encouraged to make [their] decisions as much as [they] is able to."

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 good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on a specific concern we had about how the service ensured there was a positive, inclusive and open culture, and how they involved people using the service and others in the provision of personal care. We will assess all of the key question at the next comprehensive inspection of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service promoted a friendly and caring atmosphere in the service. One relative said, "The staff are brilliant and very caring. Whenever I phone up, I get a very friendly response from all staff." Another relative told us, "Staff have always been very welcoming and friendly, and when I phone to enquire about [my relative], they provide me with plenty of information about how [they are] and [have] been during the day and night."
- Staff told us they liked working at the service. They told us they were happy with the way they were supported during the pandemic and the way the service was managed.
- The provider and registered manager were clear about their responsibility to be open and honest at all times. They had reported incidents, accidents and safeguarding concerns. However, we noted reporting of events such as staffing and incidents to professionals was not effective whilst the registered manager was temporarily absent. The registered manager explained that these gaps were due to Covid-19 pandemic, which prevented the provider and registered manager from working. We recommend that the provider adopts a best practice system, which ensures there is contingency management cover at all times.

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

- The service organised meetings for people who used the service and their relatives. We saw minutes of 'residents' meetings. Relatives confirmed they attended meetings. One relative said, "I have attended many relatives' meetings before Covid-19. We discussed many things including any changes to staff, décor, furniture, meals, etc." Another relative told us, "Yes, previously we used to meet on a regular basis to discuss anything happening in the home, how the home should be run or any complaints we or the residents had."
- Staff meetings were held and these allowed them to share information about the service and good practice. Staff confirmed they attended the meetings and they found them useful.
- Staff worked with other social and healthcare professionals to ensure people's needs were met. Staff commented positively on their relationship with other professionals.
- The service had not undertaken a formal survey this year. The registered manager explained they could

not send out survey questionnaires to seek feedback from relatives and professionals. They said they had a plan to do this in the next few months.

- Equality and diversity was an essential part of the service. Staff told us each person using the service was an individual. They said, "We do not discriminate." Records showed people's preferences such as culture, diet and religion were identified and met.