Abbeyfield Newcastle Upon Tyne Society Limited(The)

Abbeyfield Residential Care Home - The Grove

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Abbeyfield Residential Care Home – The Grove is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 32 people.

People's experience of using this service and what we found
The management team at the service were not following government guidelines or adhering to lockdown regulations. New admissions to the home and people discharged from hospital were not isolated as per government guidelines, which placed people and staff at risk of contracting COVID-19. People were at risk due to infection and prevention control processes not being monitored or associated risks not being assessed correctly.

The quality and assurances systems in place were not effective, audits were not fully detailed, and records were not always present. The management team had not completed a fire drill since September 2019 and regular checks of the environment were not always documented or completed. The provider failed to ensure the quality and safety of the service were monitored effectively.

Medicines were not managed safely. People's medicine and care records did not contain information for staff to follow to safely support people or contain person-centred information.

People had their dependency assessed regularly but this was not used to determine how many staff were required to support people safely. Staff told us that they felt there was always enough staff on duty, but relatives provided mixed reviews on staffing levels.

We have made a recommendation that the provider reviews their processes in place to calculate the number of staff required to safely support people.

The registered manager was open and honest with the inspectors during and after the inspection process. They acknowledged the concerns which had been highlighted to them and started to take action and were working towards resolving the issues.

Relatives told us they were very happy with the support provided to people by staff and felt they were safe. The staff team at the service was well established and staff could tell us the individual needs of each person.

Staff told us they enjoyed working at the service and had good relationships with the people they provided support to. Staff worked in partnership with other healthcare professionals.

People were actively engaged at the service and attended regular resident meetings. Feedback from these meetings was used by the registered manager to make improvements throughout the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 12 February 2020).

Why we inspected
We undertook this targeted inspection to review the infection prevention and control arrangements in place at the service.

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 COVID-19 and other infection outbreaks effectively.

We inspected and found there were concerns with the infection prevention and control processes and quality and assurance systems in place, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbeyfield Residential Care Home – The Grove on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safety of people and the risk of harm. We also identified breaches in relation to the management and monitoring of the service, medicines management and record keeping.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Abbeyfield Residential Care Home - The Grove

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by two inspectors.

Service and service type
Abbeyfield Residential Care Home – The Grove 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.

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
We gave the service short notice of the inspection. This was due to the COVID-19 pandemic and we wanted to make sure the registered manager of the service could support the inspection.

What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the provider about serious injuries or events. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection
We reviewed documentation and reviewed the arrangements for infection prevention and control. We spoke with three members of staff including the registered manager and two care staff.

After the inspection
We reviewed three people's care records and three staff recruitment files. We spoke with five care staff and received written feedback from nine relatives. We looked at a range of records. These included staff training, staffing rotas, accidents and incident records, policies and procedures and information relating to the governance of the service.

Requires Improvement

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. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Infection control procedures in place were not robust enough to keep people safe from infection. People who were discharged from hospital or new to the home were not isolated for 14 days as per government guidance. This placed people and staff at risk of contracting COVID-19.
- Cleaning schedules in place did not provide assurances that best practice guidance was being followed to reduce the risk of infection. Schedules did not show regular cleaning of touch points or that areas accessed by visitors were deep cleaned after each visit.
- Quality and assurance systems in place did not show that infection prevention and control processes were being followed correctly by staff, and that they were being effectively monitored.

Infection control systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

- The provider responded to our concerns and created an action plan to show how they would safely monitor infection prevention and control practices at the service.
- Staff were observed to be wearing PPE and had access to this. One staff member said, "I've received PPE training and tested for COVID-19 before going into the service."
- The provider had a process in place to test both people living at the service and staff members on a regular basis for COVID-19 infection.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety were not always assessed or managed safely. For example, health and safety checks were in place, but we found records did not provide assurances that these checks were effectively monitored or completed frequently enough to ensure people were not placed a risk.
- Fire drills had not been completed at the service since September 2019, which placed staff and people at risk. The fire risk assessment had not been fully reviewed.
- Not all risks associated with the environment had been considered, assessed and mitigated. For example, fire risks associated with the use of emollient creams had not been assessed.
- Staff did not have individual risk assessments in place to assess their risk of contracting COVID-19. However, the registered manager completed these with all staff by the end of the inspection process..

Risks to people had not been fully assessed. This placed people at risk of harm. This was a breach of

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

● The registered manager responded positively to our feedback and confirmed they would review all of the issues identified. The local fire officer was also working with the registered manager to ensure fire safety at the home.
● Individual risks people may face had been fully assessed and mitigated. For example, people had falls risk assessments in place to help staff reduce a person's risk of injuring themselves.
● Lessons learned from investigations following accidents and incidents were shared verbally with staff to reduce the risk of similar events happening in the future. These conversations were not always fully recorded.
● Staff and relatives told us people were safe. One relative said, "I have no worries about [person]'s safety."

Using medicines safely
● Medicines were not managed safely. People's medicine care plans did not contain all essential information for staff to follow to safely support people.
● Staff administering medicines had not had their competencies assessed regularly to ensure that they were competent to administer people's medicines.
● 'As required' medicines, for example paracetamol, were not accurately recorded when they were administered. Protocols in place for staff to follow for these types of medicines did not contain the relevant information to allow for safe administration.
● Medicine audits in place were not effective and did not provide assurances that medicines were managed safely.

Systems for managing medicines were not safe or in line with national guidelines. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe care and treatment.

● The registered manager responded positively to our feedback and confirmed they would review all of the issues identified and people's medicine records.
● Staff were able to tell us about each individual's needs with regards to medicines.

Staffing and recruitment
● There was enough staff available to support people. People's dependency was regularly assessed but this was not used to calculate how many staff were required to keep people safe. A staff member commented, "There's always enough staff."
● Relatives provided mixed reviews about staffing levels as some felt staffing levels were adequate and others felt more staff were required. One relative told us, "They do seem to be quite short staffed a reasonable amount of the time. This was the case pre- and post-COVID. It seems that the staff numbers are okay but quickly get low if there is illness or emergencies."
● Staff were recruited safely. Pre-employment checks were carried out to make sure candidates were suitable for the role.

We recommend the provider reviews the processes in place to calculate the number of staff required to support people safely.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse. Safeguarding policies were in place which were accessible

to staff, people and relatives.

● Staff were aware of the process to follow if they identified any form of abuse and received training around this. A staff member commented, "Safeguarding training is in date and I'm aware of the process."

Requires Improvement

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. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The quality and assurance systems in place did not fully monitor the safety and quality of the care provided to people.
- Records relating to people's care were not always present or followed best practice guidance. For example, people's care plans were not person-centred and did not contain all of the relevant information for staff to follow.
- Audits in place were not effective and some were missing. For example, medicine audits did not highlight issues with the recording of 'as required' medicines or provide assurances that staff were administering medicines in line with best practice guidance. Medicine audits were carried out infrequently at six monthly intervals. This meant it could be six months before an error is picked up and rectified.
- The management team did not follow government guidance to keep people safe during the pandemic. For example, during national lockdown the service was still allowing hairdressing services to be provided.

The provider had failed to have robust quality assurance processes in place. This placed people at risk of harm. The above is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

- The provider and registered manager responded positively to our feedback and are currently reviewing all records and systems in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked in partnership with other healthcare professionals. Staff told us they had regular interaction with the district nursing team and local GPs.
- People actively participated in resident meetings and provided feedback. Records showed the registered manager used this to improve aspects of the service. For example, people had provided feedback around menu options and the registered manager had discussed menu changes with the chef.
- Staff told us they could provide feedback to the management team during supervisions or directly to the registered manager.
- Staff team meetings had not been carried out for over a year. The registered manager confirmed they held daily staff meetings and huddles which were not recorded. Staff confirmed these meetings were held and

the registered manager assured us team meetings and huddles would be documented.

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

● There was a positive staff culture at the service and staff were very complimentary about the support provided by the registered manager. One staff member said, "The registered manager has an open door policy, she'll always stop what she's doing to give you the time."

● During the inspection, the registered manager and staff were open and honest with us about the service, its strengths and weaknesses and areas which required improvement.

● Relatives were positive about the management and staff team. One relative commented, "The home is calmly and expertly managed."

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; Continuous learning and improving care

● When things went wrong, apologies were given to people and detailed investigations were completed. Lessons from outcomes were not always learned or shared with staff to help prevent repeated incidents occurring.

● Relatives confirmed they were informed if things did go wrong. A relative told us, "I ring up the home when I have any concerns and my comments are acted on immediately."

● Investigations were completed for all incidents. Actions were identified and shared with people, relatives, staff, partnership agencies and the wider provider management team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to manage medicines safely and failed to ensure environmental risks to people were managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have robust governance processes in place to monitor the overall effectiveness of the service. The provider failed to ensure records were accurate and present.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have effective systems in place to safely monitor infection prevention and control process at the service. The provider did not follow government guidance or lockdown restrictions with regards to COVID-19.

The enforcement action we took:

We have imposed conditions on the provider's registration to ensure that infection prevention and control processes are monitored and government guidelines are followed at the service.