

Knights Care Limited

Abbey Court Care Home - Leek

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Abbey Court is a residential care home that provides personal and nursing care for up to 52 people. The accommodation is provided in a single building, arranged over two floors, with communal facilities including dining rooms and lounges on both floors. At the time of our inspection, 47 people were using the service, some of whom were living with dementia.

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

The provider used management systems to identify and effectively manage risks to the quality and safety of the service. However, improvements were needed to ensure the audits and checks were consistently effective in identifying and rectifying any shortfalls.

People felt safe and were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. There was a consistent approach to safeguarding and any concerns were taken seriously and investigated thoroughly in an objective way.

Risks associated with people's care and support were managed safely. People received their prescribed medicines when needed and there were suitable arrangements in place in relation to the safe administration, recording and storage of medicines. There were enough, suitably recruited staff to meet people's needs.

The service worked in partnership with other organisations and health and social care professionals, who were positive about the care and support people received. Staff received training and ongoing support to meet people's individual needs. People were supported to have a varied and healthy diet and to access other professionals to maintain good health.

Staff knew people well and always promoted their dignity and independence. There was a kind and caring, inclusive atmosphere. People were supported to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care and support plans reflected their needs and preferences and were regularly reviewed. People's diversity was recognised and promoted by the staff and systems were in place to meet people's communication needs. People had opportunities to take part in activities and social events and were supported to follow their hobbies and spiritual beliefs. People and their families were well supported and staff provided compassionate and dignified end of their life care.

People and their relatives had no complaints but felt confident any issues raised would be resolved. There were systems in place to capture people's views on how the service could be improved and these were

acted on. Staff felt supported and valued by the management team.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 27 July 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The overall rating for the service has improved to Good.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Details are in our well-led findings below.

Abbey Court Care Home - Leek

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.

Inspection team

One inspector and an assistant inspector carried out the inspection. The team were supported by a nurse advisor, who has specialist knowledge of this type of service, 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

Abbey Court 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. Since our inspection in July 2018, a new manager had started working at the service and registered with us in May 2019.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, clinical lead, deputy manager, senior care workers, care workers and Lifestyle/Wellbeing staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and induction. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at environmental and fire safety records.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were always protected from alleged abuse as incidents had not always been reported to the local safeguarding authority. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from the risk of abuse and avoidable harm.
- People told us they felt safe. One person said, "Yes I feel safe, [about] everything, the staff, I've got no trouble with the girls they're lovely". Relatives had no concerns, one said, "Absolutely delighted from day one. [Name of person] is fine, the staff are good and they are a lot safer than when they were at home".
- Since our last inspection, staff had received further training which was reinforced during supervision sessions. Discussions showed staff were confident to recognise and report signs of abuse.
- The registered manager had built a good relationship with the local safeguarding team and effective systems were in place which demonstrated that any concerns were reported and investigated promptly, using local safeguarding procedures.

Using medicines safely

At our last inspection we recommended the provider consider National Institute for Health and Care Excellence (NICE) best practice guidance for 'Managing Medicines in care homes' when recording the administration of medicine. The provider had made improvements.

- People received their medicines as prescribed and effective systems were in place to ensure medicines were stored correctly and disposed of safely. However, we found that when people received their medicines on an 'as required basis', known as PRN, staff did not follow a consistent system, for example recording why the medicine had been given. This was discussed with the lead nurse during the inspection and registered manager, who confirmed this would be actioned immediately.
- Improvements had been made to ensure people's medicines were regularly reviewed and remained relevant, for example reviews of anti-psychotic medicines had been introduced.
- Staff followed correct procedures when people lacked capacity to make decisions about their medicines and they needed to be administered without their knowledge or consent.
- Since the last inspection, new training had been introduced for staff, supported by a robust competence

system to check that staff continued to administer people's medicines as prescribed.

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and planned for and staff understood the risks to people's health and wellbeing and how to manage them.
- Some people had complex needs and presented with behaviour that challenged themselves and others. Staff had guidance on how to manage these situations in a positive way and when needed, involved other professionals to understand and reduce the causes to minimise the risk of harm.
- When risks were identified to people's skin integrity, appropriate plans were in place which were kept under review and specialist advice was sought and acted on when needed.
- Risk assessments and risk management plans were person-centred, kept under review and considered how restrictions could be minimised to give people as much freedom as possible whilst keeping them safe.

Staffing and recruitment

- People and their relatives had no concerns about staffing levels at the home. One person said, "When I press the buzzer, staff come right away or as soon as they can. I can't say anything wrong about the staff".
- Since our last inspection, the registered manager and provider had introduced systems to effectively monitor people's dependency levels and how many staff were needed to support them. They told us additional staff had been recruited and the use of agency staff had been reduced, which meant people were supported by staff they knew well.
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. The provider also monitored nurses' registration with the National Midwifery Council. These checks assist employers in making safer recruitment decisions.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- The home was clean and staff were observed to be using personal protective equipment when needed.
- Staff received training and were supported by a member of staff who acted as an infection control champion, which ensured best practice was followed.

Learning lessons when things go wrong

- Since the last inspection, the provider and registered manager had developed an open culture in which all staff clearly understood their role in bringing about improvements needed at the service.
- Thorough reviews had been carried out, for example in relation to safeguarding, medicines and staffing and improvements made. This showed us lessons had been learned when things had previously gone wrong.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 received training in the MCA and understood what they should do to make sure decisions were taken in people's best interests and in the least restrictive way possible.
- People's capacity to make certain decisions was assessed when needed and any best interest decisions were recorded, with the appropriate involvement of family members and professionals. Decisions were kept under review to ensure people's rights were upheld.
- When people were potentially being deprived of their liberty, applications had been made for legal authorisation. These were monitored and updated to reflect any changes in people's needs and any conditions were included in people's care plans to ensure they were complied with.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider completed a comprehensive assessment of people's needs before they were accepted into the service.
- People's care and support was planned for and delivered in line with best practice. For example, we saw that detailed plans were in place for people who had diabetes, which considered their wider health needs and staff made appropriate referrals to other services to make sure their needs were met. This showed the provider had acted since the last inspection.

- The home worked closely with other agencies such as the diabetic specialist nurse, and tissue viability team, which supported staff to meet people's needs effectively, in line with best practice.

Staff support: induction, training, skills and experience

- There were effective systems in place to ensure staff had the skills and knowledge to meet people's needs.
- New staff received a comprehensive induction and did not work unsupervised until they and their manager were confident they were able to do so. A buddy system was in operation, whereby two staff acted as 'new starter champions', to ensure staff knew who to go to if they had concerns. We saw this system in operation on the day of our inspection. The registered manager told us, "New staff are not included in the rota unless they feel ready and until we feel they are ready. It all depends on individuals, some take a few days, and some take a few weeks. We have good staff retention."
- Staff felt supported to fulfil their role through training, observations of their practice and regular supervision meetings. Staff were encouraged to develop their skills and knowledge through further training. One member of staff said, "The training is very good. We get a lot of updates. I've done NVQ Level 2 and they encouraged me to do Level 3 and apply for the senior position". These are nationally recognised qualifications in health and social care.

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

- People told us they had choice over their meals and at lunchtime we saw people were shown small plates of food to help them make their choice. This was particularly supportive for people living with dementia who may not be able to recall what a dish was like from its description.
- People's individual likes and dislikes were recorded, including consideration of any religious or ethical beliefs, which may preclude people from eating meat. One person said, "I have hot dinners and puddings afterwards, custard and sponge [all my favourites]".
- People's dietary needs were assessed and met. Staff followed guidance from the speech and language therapist where people were at risk of choking and needed liquids thickened and meals pureed.
- Staff monitored people's weights where needed and any concerns were promptly escalated to the dietician or GP.

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

- People told us they were consulted about improvements in their bedrooms. One person's relative told us, "[Name of person] has picked the colour for her room, magnolia, and is having a new wooden floor and a new sink. They're doing a little at a time".
- Refurbishment was ongoing and people were involved in improvements planned for the communal lounges. A fireplace was to be installed to provide a 'homelier feel with 'zoned' space, such as a TV area and quiet area. A reminiscence area was also planned to trigger memories, which meant the provider considered the needs of people living with dementia.
- People had access to safe outside space which promoted their wellbeing and independence.

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

- People were supported to maintain their health through regular health appointments and check-ups.
- A GP visited on a weekly basis and staff worked collaboratively with them to ensure people's needs were met. They told us staff always had the information they needed when they visited and staff contacted them if they had any concerns between visits.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were happy with the care they received and how staff supported them. A relative told us, "The staff are very, very understanding with [Name of person] It was a big thing [moving into the home permanently] and the staff were good with them". Another said, "They've got some lovely staff; it's the way they speak to people".
- People were supported by staff who were kind and caring and knew them well. There was a calm, relaxed atmosphere throughout the home and people looked comfortable in the company of staff.
- Staff treated people as individuals and communicated effectively, ensuring they were at eye level when having a conversation, and speaking clearly and calmly. One member of staff said, "We look at people's abilities and [how to break down] barriers".

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

- People were involved in making decisions about their care and told us they could choose how they spent their time. A relative told us "[Name of person] is not as mobile and they [staff] encouraged them to go into the day room but it was [Name of person's] decision not to".
- Staff were committed to offering people choice and involving them in decisions about their care and support. One member of staff told us, "We have a resident of the day each day. Part of it is to make sure we review people's care plans monthly and thoroughly but it is also to make a fuss of a resident and make them feel special. For example, we had a resident of the day who wanted to re-decorate their bedroom and the staff helped them do that, it made them very happy".
- People's families were encouraged to support their relatives to make decisions when it was appropriate and advocates were available if needed. An advocate is a person who supports people to express their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times.
- People's privacy was maintained. One member of staff, "We don't discuss residents in the communal areas and only give information about the resident to the family if authorised in the care plan".
- Staff recognised the importance of promoting people's independence. "We encourage people to do as much for themselves as possible but we are there to help when needed".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs in relation to their sexuality were discussed during the assessment process but this was not always recorded. However, we saw the provider was working to gather more detailed information about people's history and 'life story'. The registered manager told us they would ensure this included exploring and recording people's protected characteristics, to ensure their preferences were fully identified and met. We will follow this up at the next inspection.
- People received person-centred care from staff who understood their diverse needs and the service was flexible in delivering care and support in a way that met these needs. For example, adjustments were made to ensure a person was able to bring their pet dog with them. The registered manager told us, "They come as a package".
- Care planning focussed on the person's whole life and encouraged them to identify their wishes and aspirations. For example, there was a 'Tree of Dreams' on display at the entrance to the home. The registered manager explained, "The luggage labels identify 'in transit' wishes, which are converted to 'stars' when people achieve them. For example, visits had been arranged to the National Arboretum at Tamworth".
- People's care was reviewed regularly, including 'Resident of the Day', which gave each person an opportunity to discuss all areas of their care and support. The registered manager monitored this to ensure any concerns were acted on.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the AIS by identifying and meeting the needs of people with a disability or sensory loss. Staff were knowledgeable about people's needs and understood how they preferred to communicate. For example, a member of staff told us how they communicated with a person who had hearing loss and preferred to write in a notepad.
- We saw staff maintained good eye contact with people and were aware of people's body language when supporting them. Another member of staff told us, "We have the chance to get to know people very well. When they can no longer communicate verbally we can understand their facial expression or communicate through a squeeze of a hand".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them. Also enables or supports contact with families, friends and others in the community as well as personal care.

- People and relatives told us they were able to join in social events and were supported to follow their hobbies and interests. One person said, "I've plenty to do". A relative told us, "They do so many things with them".
- People were consulted about their preferences and supported by the provider's Lifestyle and Wellbeing team, who organised a varied programme of events. This including regular outings and activities, for example on the day of our inspection, people enjoyed a film show of changing seasons in the local environment. People were supported to attend local church services and worship at home, to maintain their religious beliefs.
- A programme of events was displayed at the home, which included coffee time, dancing, exercise and quizzes. A member of staff told us, "We have residents in the age range 60-103 and we make sure the activity choices are accommodated and suitable for each individual".

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise any concerns and complaints and were confident the registered manager would listen and resolve them. One relative said, "All the information is on the front desk. If I had any problems I'd knock on [Name of manager's] door".
- Although the service had received no formal complaints, there was a system to log and track any concerns or complaints. There was a record of a meeting with a person who had raised a complaint with their family member's social worker. The provider had met with them to discuss their concerns and provided a written response of the outcome.

End of life care and support

- People were supported by staff who understood their needs and preferences for care at the end of their life. Staff were encouraged to undertake specialist training through a local hospice to enable them to meet people's individual needs. Relatives we spoke with told us that people were treated with dignity at the end of their life. One said, "They do put a lot of care in, especially for those on end of life".
- Staff worked closely with palliative care health professionals to ensure people had support, equipment and medicines in good time.
- People's end of life care and support needs were recorded in an end of life care plan, which considered their spiritual and cultural beliefs.

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 Requires Improvement. At this inspection this key question has remained the same. Whilst there have been significant improvements in the leadership and culture at the service, there were aspects of the quality assurance system that needed to be improved.

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

At our last inspection the provider had failed to ensure they had effective systems to identify shortfalls and drive improvements at the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made improvements and was no longer in breach of the regulation. However, further improvements were needed.

- Whilst the registered manager had a good understanding of the notifications they were required to submit to the CQC, there was no effective system to ensure they were submitted in a timely manner. We found that two serious injury notifications had not been sent to us. Although these had been fully investigated and appropriate action taken, it is a legal requirement to inform CQC as this information is used to monitor the service and ensure the provider responds appropriately. The registered manager submitted the missed notifications and implemented a new system before the end of the inspection, to ensure all required notifications would be sent in future.
- Regular audits were carried out to support the registered manager to identify shortfalls in the service and action plans were in place to rectify any concerns. Whilst we found these were effective in ensuring regulatory requirements were met, some improvements were needed because they had not identified some concerns we found during our inspection.
- As discussed in the Safe domain, medicines audits had not ensured the recording of PRN medicines followed good practice guidance. In addition, although we had no concerns that people's creams were applied as prescribed, records showed that staff did not consistently record this. We discussed these issues during our feedback. The registered manager told us they would be addressed immediately.
- Improvements were needed to ensure audits of care plans monitored the recording of people's protected characteristics, to ensure people's preferences were consistently explored and planned for.
- Checks were carried out to ensure the home environment was safe for people and a refurbishment plan showed improvements were planned and ongoing at the home.
- Staff understood their role in providing a quality service and had confidence in the way the service was managed. One member of staff said, "[Name of manager] has made a massive difference here, there are more staff now and the owners are investing in the home".
- A copy of the latest inspection rating and report was on display at the home as required. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

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

- People and their relatives were consistently positive about the approach of staff and there was a warm and friendly atmosphere at the service. They told us things had improved under the registered manager's leadership. A relative said, "More things have been done since he's been here, it's a gradual change. I feel like I'm part of a big family, everyone is very friendly."
- Staff were motivated and proud of the service. All staff we spoke with consistently knew people well and felt they worked well as a team. One staff member said, "I enjoy working here. I never feel like I am not a part of the team."

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 registered manager understood their responsibilities under Duty of Candour and we saw that they were open and transparent with people and their families when accidents and incidents occurred or complaints were raised.
- Staff knew about whistleblowing and would have no hesitation in reporting any concerns they had. Whistleblowing is when staff raise concerns about poor practice in their workplace.

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

- The provider used a variety of methods to gather people's views on how the service could be improved. These included resident's meetings where minutes were taken and copies sent to attendees detailing agreed improvements, and an annual survey. We saw the results of the last survey were positive and the provider was acting on suggestions for improvements to the home environment.
- A resident's advisory forum had recently been developed which was having a direct input into developing activity programmes at the home. This showed us people were empowered to have as much choice and control as possible.
- The registered manager provided consistent leadership of staff and promoted an inclusive culture. Staff were involved in the running of the home and their achievements were recognised, for example through a 'Staff Star' award. A member of staff told us, "I feel I can always approach the manager. I'd go to the assistant manager first but the registered manager is also very supportive. There is an open-door policy, I can ask for support anytime".

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continually improving the service. It was evident they welcomed feedback from people, relatives, staff and professionals involved with the service. The registered manager spoke enthusiastically about their staff and demonstrated pride in their achievements. They said, "They are amazing people", and added, "Abbey Court is now a home, occupancy has increased and people want to come and work here".
- The registered manager and staff had developed partnerships with the local community, including a local church, where staff helped run a dementia friendly drop-in service. This had encouraged friendships between the two services, helping to promote inclusion and reduce social isolation.