

Abbey Chase Residential and Nursing Homes Limited







Abbey Chase Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

The inspection took place on 23 September 2015 and was unannounced.

Abbey Chase Nursing Home provides accommodation, nursing and personal care for up to 62 older people. The service does not admit people for whom dementia is a primary diagnosis.

There was a registered manager 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 and associated Regulations about how the service is run.

The service had not implemented the principles of the Mental Capacity Act 2005 (MCA) or adhered to the Act's Code of Practice. Some of the people living at the service lacked capacity and needed support in making decisions about their care and treatment. Mental capacity assessments had not been carried out to establish

Summary of findings

people's capacity and identify the support they needed to make decisions. Any decision made on behalf of a person who lacks capacity must be made in that person's best interests. No best interests meetings had been held, which meant there was no evidence that discussions had taken place to establish the best interests of people who lacked capacity.

There were restrictions on people's freedom of movement within the service that had not been authorised. For example a number of people had rails installed on their beds. The registered manager advised that no applications for DoLS authorisations had been made to the DoLS Supervisory Body. This meant the provider had not received the proper authorisation to put these restrictions in place.

There were enough staff deployed to meet people's needs safely and promptly. People told us staff were available when they needed them. They said staff supported them in a way that kept them comfortable and maintained their dignity. Relatives told us there were enough staff to make sure their family members received the care they needed. Staffing rotas were planned to ensure staff with appropriate knowledge and skills were available in all areas of the service.

People were supported by staff that had the skills and experience needed to provide effective care. Relatives told us that staff knew their family members' needs well and provided consistent care. Staff had induction training when they started work and access to ongoing training. Staff shared information about people's needs effectively. The provider made appropriate checks on staff before they started work, which helped to ensure only suitable applicants were employed. Staff understood safeguarding procedures and were aware of the provider's whistle-blowing policy.

Risks to people had been assessed and measures implemented to reduce these risks. There were plans in place to ensure that people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly to keep the premises and equipment safe for use. People's medicines were managed safely. Medicines were stored and recorded

appropriately and staff who administered medicines had regular training and competency assessments. People were supported to stay healthy and to obtain treatment if they needed it. Staff monitored people's healthcare needs and took appropriate action if they became unwell. People's nutritional needs were assessed when they moved into the service. Where people had individual needs related to their diet and nutrition, relatives said that staff worked hard to ensure these needs were met. People told us that they enjoyed the food provided and that they could have alternatives to the menu.

Staff were kind and sensitive to people's needs. People had positive relationships with the staff who supported them. Relatives said that staff provided compassionate care and were professional and caring. The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff understood the importance of maintaining confidentiality and of respecting people's privacy and dignity.

People's needs had been assessed to ensure that the service could provide the care they needed. Care plans had been drawn up from the initial assessment to make sure that people received the support they needed. Relatives told us they were encouraged to contribute to their family member's care plans.

People had opportunities to give their views about the care they received and the provider sought feedback from relatives, healthcare professionals and staff. People said they would feel comfortable making a complaint and were confident that any concerns would be dealt with appropriately. Staff told us they had opportunities to express their views and raise any concerns they had. Any complaints received had been responded to appropriately. Records relating to people's care were accurate, up to date and stored appropriately. The provider had implemented an effective quality assurance system to ensure that key areas of the service were monitored effectively.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were sufficient staff deployed to meet people's needs in a safe and timely way.

Staff supported people in a way that maintained their comfort and safety.

Staff understood their responsibilities should they suspect abuse was taking place.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People were kept safe by the provider's recruitment procedures.

People's medicines were managed safely.

Good



Is the service effective?

The service was not always effective.

The service had not implemented the principles of the Mental Capacity Act 2005 (MCA) or adhered to the Act's Code of Practice.

People were supported by staff that had the necessary skills and experience to provide effective care.

Staff received appropriate support from their managers and had access to regular supervision and appraisal.

Staff had access to the training they needed to deliver effective care.

Staff shared and communicated information about people's needs effectively.

People's nutritional needs were assessed and individual dietary needs were met.

People were supported to stay healthy and to obtain treatment when they needed it.

Requires improvement



Is the service caring?

The service was caring.

Staff were kind and helpful.

People had positive relationships with the staff who supported them.

Staff communicated with people effectively and provided support in a sensitive way.

Staff understood the importance of maintaining confidentiality and of respecting people's privacy and dignity.

Good



Summary of findings

Is the service responsive?

The service was responsive to people's needs.

People's needs had been assessed to ensure that the service could provide the care and treatment they needed.

Care plans had been reviewed regularly to ensure they continued to reflect people's needs.

People had opportunities to take part in activities.

The provider sought the views of people who used the service, relatives, healthcare professionals and staff about the quality of care and support.

Complaints were managed and investigated appropriately.

Good



Is the service well-led?

The service was well led.

The management team provided appropriate leadership and support to staff.

There was an open culture in which people were encouraged to express their views and contribute to the development of the service.

Staff had opportunities to discuss any changes in people's needs with their managers, which ensured that they provided care in a consistent way.

Records relating to people's care were accurate, up to date and stored appropriately.

The provider had implemented effective systems of quality monitoring and auditing.

Good



Abbey Chase 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 was 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.

The inspection took place on 23 September 2015 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The

provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 15 people who lived at the service and four relatives. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We also spoke with eight staff, including the registered manager training manager, nursing, care and catering staff. We looked at the care records of ten people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at six staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

The last inspection of the service took place on 7 March 2014. There were no breaches of Regulation at that visit.

Is the service safe?

Our findings

People told us they felt safe at the service and when staff were providing their care. They said that staff supported them in a way that maintained their comfort and dignity. One person said of the staff, “They make sure I’m safe and comfortable.”

There were sufficient staff deployed to meet people’s needs in a safe and timely way. People told us staff were available when they needed them and that staff attended promptly if they rang their call bells. One person told us, “They’re very quick if I ring the bell” and another person said, “I never have to wait long if I use the bell.” We observed that staff made sure call bells were within people’s reach in case they needed to call for assistance. Relatives told us that there were enough staff with appropriate skills to make sure their family members received the care they needed. One relative told us, “There’s always someone around if he needs anything. They are always popping their head round the door.”

The staffing rotas were planned to ensure that staff with appropriate knowledge and skills were available in all areas of the service. Staff told us that there were enough staff on duty on each shift to meet people’s needs effectively. They said they had time to provide people’s care in an unhurried way. Care staff told us that qualified nursing staff were available if they needed to raise any concerns about a person’s health or welfare. We observed that people’s needs were met promptly during our inspection and that people were not rushed when receiving their care.

People were protected because staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. They told us that safeguarding had been discussed at team meetings and the registered manager had made clear the requirement to report any concerns they had about abuse or poor practice. Staff were aware of the provider’s whistle-blowing policy, which enabled them to raise concerns with external agencies if necessary.

Staff carried out risk assessments to identify any risks to people and the actions necessary to minimise the likelihood of harm. For example staff evaluated the risks to people of pressure ulcers and inadequate nutrition and/or hydration. Where risks were identified, staff implemented measures such as pressure relieving equipment and

repositioning regimes to reduce the risk of pressure ulcers and dietitian input and food/fluid monitoring charts to address the risk of inadequate nutrition and/or hydration. Risk assessments were reviewed regularly to ensure they continued to reflect people’s needs.

The service aimed to learn and improve from any incidents and accidents that occurred. Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence. The provider had developed plans to ensure that people’s care would not be interrupted in the event of an emergency, such as flooding, including the provision of alternative accommodation if necessary. The provider carried out regular health and safety checks to ensure the premises and equipment, such as adapted baths, hoists and beds, were safe for use. The provider had obtained testing certificates for water, gas and electrical safety, including portable appliances, and standards of food hygiene in the service. There was a contract in place for the safe disposal of clinical waste.

The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. Fire-fighting equipment was checked and serviced regularly. A fire safety engineer visited on the day of our inspection to carry out the quarterly inspection of the fire alarm and fire-fighting equipment, including door closers, sounders, smoke detectors and emergency lighting.

People were kept safe by the provider’s recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work.

People’s medicines were managed safely. Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. There were appropriate arrangements for the ordering and disposal of medicines. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person

Is the service safe?

had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines.

Is the service effective?

Our findings

The service had not implemented the principles of the Mental Capacity Act 2005 (MCA) or adhered to the Act's Code of Practice.

CQC monitors the implementation of the MCA and the Deprivation of Liberty Safeguards (DoLS). The MCA exists to protect people who lack capacity to make their own decisions and to ensure their best interests are considered when decisions that affect them are made. The Deprivation of Liberty Safeguards ensure that people receive the care and treatment they need in the least restrictive manner.

The registered manager told us that some of the people living at the service lacked capacity and needed support in making decisions about their care and treatment. However there was no evidence that mental capacity assessments had been carried out to establish people's capacity and identify the support they needed to make decisions. One of the key principles of the MCA is that any act done for, or any decision made on behalf of a person who lacks capacity must be done, or made, in that person's best interests. The registered manager told us that no best interests meetings had been held. This meant there was no evidence that discussions had taken place, involving all relevant people, to establish the best interests of people who lacked capacity.

There were restrictions on people's freedom of movement within the service that had not been authorised. For example a number of people had rails installed on their beds to prevent them from falling. The registered manager advised that no applications for DoLS authorisations had been made to the DoLS Supervisory Body. This meant the provider had not received the proper authorisation to put these restrictions in place.

Failure to act in accordance with the 2005 Act where service users were unable to give consent because they lacked capacity to do so was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff that had the necessary skills and experience to provide effective care. People told us that they received their care from staff who were familiar to them and that staff knew their needs. One person said of the staff, "They're all very good; they know the care I need." Relatives told us that the staff who supported their family

members were competent and provided their family members' care in a consistent way. One relative told us, "They know him very well. We were involved in developing his care plan and they always follow that."

All staff had an induction when they started work. Staff told us that they had shadowed an experienced colleague during their induction, which had enabled them to develop an understanding of people's individual needs. Staff said they had also familiarised themselves with people's care plans during their induction, which provided detailed guidance about how people preferred their care to be provided.

Staff told us they received good support from their managers and had access to regular supervision and appraisal. They said they were encouraged to contribute their views to these discussions. Staff told us that supervisions and appraisals provided an opportunity to discuss their training and development needs and that the provider had encouraged them to work towards recognised qualifications in care.

Staff had access to the training they needed to deliver effective care. The service employed a training manager, who ensured that the training staff required was available and that staff refresher training in core areas was up to date. All staff attended elements of core training including health and safety, moving and handling, safeguarding, infection control, fire safety and first aid. Staff also attended training in areas relevant to the needs of the people they cared for, such as diet and nutrition and improving outcomes for people living with dementia. Staff told us they had received training in the safe use of any equipment they used when providing people's care, such as slings and hoists.

Staff shared and communicated information about people's needs effectively. Staff beginning their shift attended a handover at which they were briefed about any changes in people's needs or in the way their care was delivered. Staff told us that an allocation list was in place for each shift which identified which staff would provide care for each person. Staff were assigned to work in pairs where people needed two staff to provide their care. The minutes of team meetings demonstrated that the registered manager used these meetings to discuss any changes in people's needs and to reinforce best practice in the provision of their care.

Is the service effective?

People told us that they enjoyed the food provided and that they could have alternatives to the menu if they wished. One person told us, “The food’s very good, I always enjoy it. I’ve put on some weight since I’ve been here” and another person said, “I enjoy the food, there’s plenty of choice.” A third person told us, “The staff bring the menu round every day for us to choose. If I don’t like what’s on the menu, they’ll always make me an omelette or find me something else I like.”

Where people had individual needs related to their diet and nutrition, relatives said that staff worked hard to ensure these needs were met. One relative told us, “They’ll cook absolutely anything for him. They said they’d do him six small meals a day if he wants. They’ve tried really hard.” Another relative told us, “He needs help to eat and they do that. They’re trying very hard to get him to eat well; they won’t give up on him.”

There were enough staff available to support people with eating and drinking where necessary. Staff provided

support in a way that maintained people’s dignity, ensuring that they ate at their own pace and were unhurried. Adaptations were provided to enable people to retain their independence, such as plate guards and adapted cutlery.

People’s nutritional needs were assessed and any dietary needs recorded in their care plans. For example care plans recorded where people needed soft diets, food supplements, high fibre or high calorie diets. Where necessary, food and fluid charts had been implemented to monitor people’s nutrition and hydration. We checked food and fluid charts and found that staff were recording appropriately.

People told us that staff helped them to make a medical appointment if they felt unwell. Relatives said that staff monitored their family members’ health and took appropriate action if their health deteriorated. One relative told us, “They make sure he sees a doctor if he needs to” and another relative said, “They liaise well with the health professionals involved in his care.”

Is the service caring?

Our findings

People had positive relationships with the staff who supported them. People told us that staff were kind and caring. One person told us, “The staff are very kind” and another person said of staff, “They couldn’t be better, they’re wonderful.” Relatives said that their family members received compassionate care from professional and caring staff. One relative told us, “The staff are lovely, they’re all very friendly” and another relative said, “The staff are excellent. He [family member] gets on really well with them.” A third relative told us, “The staff are very good. They’re all very polite.

Relatives told us that they could visit their family members whenever they wished. They said that staff were always available if they needed to discuss their family member’s care and that staff communicated with them well. One relative told us, “We can visit any time and we’re always made welcome” and another relative said, “They always get in touch straightaway if there’s anything I need to know about.”

The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff were attentive to people’s needs and proactive in their interactions with them, making conversation and sharing jokes. We observed that staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing their care. Staff communicated effectively with people and made sure that they understood what was

happening during care and support. For example we saw two staff supporting a person to mobilise with the use of a standing hoist. Staff allayed the person’s anxiety by clearly explaining the process to the person, telling them where to place their hands and when to stand. Staff reassured and encouraged the person throughout the process.

Staff told us that they encouraged people to do things for themselves if possible to promote their independence. Staff said that they encouraged people to make decisions about their day-to-day lives, such as what time they got up and went to bed, what they wore and what they ate. People told us that staff knew their preferences about their daily routines. We observed that staff encouraged people to make decisions for themselves and respected the choices people made.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. The provider had a written confidentiality policy, which detailed how people’s private and confidential information would be managed. Staff understood the importance of maintaining confidentiality. People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted. Staff understood the importance of respecting people’s privacy and dignity. They spoke to us about how they cared for people and we saw them attending to people’s needs in a discreet and private way.

Is the service responsive?

Our findings

The service was responsive to people's individual needs. People's needs had been assessed before they moved in to ensure that the staff could provide the care and treatment they needed. Where care needs had been identified through the assessment process, these were recorded in people's care plans. Care plans were in place for areas including communication, nutrition, personal hygiene, skin integrity, continence, mobility and pain management. Care plans were person-centred and provided clear information for staff about how to provide care and support in the way the person preferred. Care plans were reviewed regularly to ensure that they continued to reflect people's needs.

Relatives told us that staff followed their family members' care plans to ensure that they received the care they needed. For example some people's care plans recorded that they needed to be regularly repositioned in bed as they were at risk of developing pressure ulcers. One relative told us, "They turn him regularly and record when they've done it in the care notes." Other people had needs in relation to maintaining adequate nutrition and hydration. A relative told us, "They keep his food and fluid charts up to date. They keep them in his room."

People told us that they had opportunities to give their views about the care they received and that these were acted upon. Relatives told us that the provider contacted them to ask for their views about the care and support their family members received. They said that any suggestions they made had received an appropriate response. One relative told us, "They've always responded to any requests we've made. They put in additional storage when [family member] needed more space." Another relative told us that their family member had changed bedrooms at their request.

The provider distributed questionnaires to people who used the service, relatives, healthcare professionals and staff to seek their views on the quality of care and support. The questionnaires returned in 2015 provided positive feedback about the service. People said that staff treated them with respect and that they felt well cared for. People said they felt safe and that their privacy was respected.

Relatives said they were happy with the care their family members received and that they were consulted about their family member's care plan. Healthcare professionals said staff liaised well with them about people's care and followed any guidelines they put in place. They said that staff communicated well with them and had a good understanding of people's needs.

People told us that there were activities they could take part in if they wished. One person said, "There are activities available if want to join in" and another person told us, "Every day there's something going on." Relatives said their family members were encouraged by staff to participate in activities but that decisions not to participate were respected. The service produced a monthly newsletter which provided information for people about activities and events that had been planned. The service had large, well maintained grounds, which had been used for events such as a VE Day anniversary commemoration and a party to celebrate the 25th anniversary of the service opening. A sensory garden had been installed, which provided opportunities for people with visual impairment to enjoy the outdoor environment.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. None of the people we spoke with had made a complaint but all told us they would feel comfortable raising concerns if they were dissatisfied. One person told us, "If I wasn't happy I'd certainly let them know about it" and a relative said, "I've never needed to complain but I certainly would do if there was something wrong."

We checked the complaints record and found that any complaints received had been investigated and responded to appropriately. The only complaints received in the previous 12 months related to a lift being out of service. The registered manager told us that repairs to the lift had taken longer than anticipated due to difficulty sourcing the required parts. As an interim measure, the provider had installed stair lifts to enable people to move between the ground, first and second floors. The lift was repaired on the day of our inspection.

Is the service well-led?

Our findings

The service had a management team that provided appropriate leadership and support to staff. Staff told us they could approach the management team, including the registered manager, deputy manager and training manager, for advice and support at any time. One member of staff said, “There’s always someone we can go to if we need advice.”

Staff told us there was an open culture in which they were encouraged to express their views and to contribute to the improvement and development of the service. They said the registered manager had clarified the vision and values for the service and set out expectations in terms of quality standards. Staff said they had opportunities to discuss any changes in people’s needs with their managers, which ensured that they provided care in a consistent way. There was an allocation list in place for each shift, which ensured accountability for the delivery of people’s care.

Relatives told us the service was managed effectively and that staff benefited from good management support. One

relative said, “The staff seem to get good support. Managers are always around, they’re very visible.” Another relative told us, “We were impressed with the manager when we visited. We could see it was well run.”

Records relating to people’s care were accurate, up to date and stored appropriately. Staff maintained daily records for each person, which provided information about the care they received, their health, the medicines they took and the activities they took part in. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.

The provider ensured that people received a high quality service through effective systems of quality monitoring and auditing. Dependency levels were reassessed regularly to ensure that the staffing deployment reflected people’s needs. Staff carried out a programme of regular audits checking standards in key areas of the service, including medicines management, risk assessments, accidents and incidents and infection control. The provider’s maintenance officer carried out regular checks to ensure the safety of the premises.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent
Diagnostic and screening procedures	11 (1)
Treatment of disease, disorder or injury	The registered person had failed to ensure that care and treatment was provided with the consent of the relevant person. 11 (3) The registered person had failed to act in accordance with the Mental Capacity Act 2005 where service users were unable to give consent because they lacked capacity to do so.