

MACC Care Limited

# Abbey Rose Care Home

## Inspection report

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10 March 2020  
11 March 2020

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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?

Good ●

# Summary of findings

## Overall summary

### About the service:

Abbey Rose Care Home is a care home providing personal care and accommodation for up to 85 people who are frail or are living with dementia. On the day of the inspection, 70 people were receiving support. The service was delivered across three floors with a lounge and dining room on each floor. People had access to an ensuite bathroom and an outdoor area.

### People's experience of using this service:

People told us they received safe care and staff knew what to do when people were at risk of harm. There were enough staff to keep them safe. Recruitment systems were in place to ensure only appropriate staff were appointed. Medicines were administered as they were prescribed. Processes were in place to limit the risk of infections and staff had access to personal protective equipment. Risks to people were assessed and managed and where accidents and incidents took place, trends were monitored.

Staff had the skills and knowledge needed to support people how they wanted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People had access to drinks on a regular basis and decided what they had to eat. People had access to health care when needed.

People received support from staff who were caring and kind. People were involved in deciding how staff supported them. Privacy, dignity and independence was promoted within the service.

Assessments were carried to ensure the provider could meet people's needs. The provider supported people to keep in contact with relatives and an activity program supported people's interests. There was a complaints process in place which people used to raise concerns.

The recently appointed registered manager had a good understanding of the service and had plans in place to improve the service further. Relatives told us communication was good and they were kept up to date on any changes. Spot checks and audits were carried out to ensure the quality of the service was maintained. The provider used questionnaires and a range of other methods to engage with people and the information gathered was analysed and shared with people to improve the service.

### Rating at last inspection:

This service was registered with us on 20/03/2019 and this is the first inspection.

### Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Abbey Rose 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 (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.

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#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Abbey Rose Care Home 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

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. Prior to the inspection we reviewed information we held about the service. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used all this information to plan our inspection.

#### During the inspection

We spoke with eight people, three relatives, four carers, two senior carers, four nursing staff, the chef, the regional compliance manager, the pharmacist, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, this included the care records for seven people, medicine records, and records related to the management of the service.

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 to us.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence from the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. A person said, "I am safe, I have no qualms about living here". A relative told us, "Yes she [person receiving service] is safe here".
- Staff could explain how to safeguard people and told us the actions they would take where people were at risk of harm.
- The provider ensured all staff received training to safeguard people and staff we spoke with confirmed they had received this training.

Assessing risk, safety monitoring and management

- Where risks to people were identified they were assessed and action was taken to keep people safe.
- Where equipment was required to support people safely, we saw it was available. People we spoke with told us they felt safe when staff moved them using equipment. A person said, "I always have more than one staff member to support me out of bed using the hoist so I don't fall".
- We saw people using walking frames and being supported by staff to ensure they were kept safe whilst walking.
- A PEEP was in place to ensure risks to people were identified and known so in an emergency people could be kept safe. A PEEP is a Personal Emergency Evacuation Plan and is a plan to support staff to aid people to a place of safety in an emergency.
- The registered manager told us a grab bag was available in an emergency so information about risks to people could be passed to the emergency services quickly as part of their management processes.

Staffing and recruitment

- There were sufficient staff to support people. A person said, "There is enough staff I have never had a problem with staffing". The registered manager told us they would support staff to provide care if required, which staff confirmed to us.
- People and relatives told us staff support was available when needed.
- The registered manager explained how they ensured they had sufficient staffing by using a dependency tool.
- A recruitment process was in place and the provider ensured all staff recruited were suitable to support people.
- Nursing staff registration with the Nursing Midwifery Council were checked regularly to ensure those staff were appropriately qualified and registered to carry out nursing duties.

Using medicines safely

- Systems were in place to support people with their medicines safely. A person said, "I am meant to get my

tablet before my meals and staff do ensure I do, I have no concerns with my medication".

- A relative told us they had no concerns with how their relative was being administered their medicines
- Nursing staff told us they were trained to administer medicines and their competency was checked.
- Where people were administered medicines 'as and when' required, we saw appropriate guidance was in place to ensure this was done consistently.

#### Preventing and controlling infection

- Infection control procedures were in place and our observations of staff supporting people demonstrated they used Personal Protective Equipment (PPE) to limit the risk of infection.
- Staff told us they received infection control training, had sufficient access to PPE and sanitising hand wash throughout the home and demonstrated an understanding of their responsibilities in limiting risks of infection to people and themselves
- We observed domestic staff keeping the environment where people lived clean.

#### Learning lessons when things go wrong

- Where incidents and accidents took place, a log was kept identifying what took place and the actions taken to keep people safe.
- The registered manager carried out regular monitoring of trends to attempt to limit the amount of incidents and through the learning of lessons.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were carried out by the provider to ensure they could support people effectively.
- People and relatives told us an assessment did take place before they arrived at the home.
- Assessments included people's support needs, life history and interests.

Staff support: induction, training, skills and experience

- People told us staff knew how to support them. A person said, "The staff support me how I want so I guess they must have had the training".
- Staff told us they felt supported. A staff member said, "We do get supervisions, we attend staff meetings and the manager is supportive if we need it".
- Records showed staff had access to a range of training courses including specific health conditions for example, diabetes and choking risks. Staff confirmed they received training regularly.
- The registered manager had an identified training area where staff could go and complete training.
- Staff told us they completed an induction course and the induction included the completion of the Care Certificate. The care certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- The provider had water drinking stations on all three lounge areas so people could access water whenever they wanted. Staff regular ensured people all had access to hot and cold drinks regularly.
- A person said, "We can get whatever we want here. Hot and cold drinks and the meals are fantastic". Another person said, "We do get a choice here. I am always asked what I want to eat and drink and I decide".
- A food menu was available on dining tables, so people knew what was on offer and staff were observed reminding people of their choices and making sure they did not want to change their minds.
- Staff understood the importance of people being hydrated and had received training in fluid and nutrition.
- We found there had been several recent complaints about the quality of meals and the registered manager had recently employed a new chef. This seem to have resolved the problem. A person said, "I have noticed the quality of food as improved greatly over the last week".
- People had access to health care professionals. A person said, "I see a doctor every week and I have recently seen my dentist".
- Records showed that people's health care was checked regularly and staff explained the importance given to people's oral care. A person told us how staff ensured their dentures were cleaned every day.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked closely with other agencies. For example, the Clinical Commissioning Group (CCG) to provide several step-down beds so when people did not need to be in hospital, they could spend several weeks in the home until the support they would need was arranged.

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

- The building and environment people lived in was newly built and this was their first inspection. The location was suitable to support the needs of people and was decorated well. Where adaptations were needed to support people, these were in place. For example, where people had a bariatric need bedrooms were designed specifically to support those people and appropriate equipment was available. Bariatric support is where people who are assessed as being overweight need specific equipment to support them.
- People were encouraged and supported to personalise their bedrooms how they wanted and we saw people did so.

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.

- The appropriate legal authority was in place so people would be supported in line with their best interest and in the least restricted way.
- The provider had systems in place to ensure reviews were carried out on a timely basis and this meant people would not have their liberty unlawfully restricted.
- People told us their consent was sought. A person said, "Staff ask before they do anything". Relatives confirmed what people told us.
- Staff had access to training in the MCA and DoLS and staff we spoke with demonstrated a level of understanding and confirmed they had received training.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- We found the environment in which people lived was warm and friendly. A person said, "The staff are kind and friendly and couldn't live in a better place". Relatives we spoke with confirmed what people told us. One relative said, "I have no complaints about the staff they are all good".
- Staff knew people well and spoke to them respectfully using their first name.
- People were relaxed around staff and we saw on several occasions people having a laugh and enjoying banter with staff.
- A nurse told us that staff were encouraged and reminded daily in handovers to treat people how they would want their mum or dad to be treated.

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

- People told us they felt involved in the decision-making process. A person said, "Staff always check with me and ask me questions as to how they support me".
- Relatives we spoke with told us they felt involved as staff would always keep them informed about the welfare and or changes to their relatives.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy were respected. A person said, "I have no problems with how staff support me they always shut the door when they support me to wash". Another person told us, "Staff are thoughtful and I am never left undignified".
- Staff understood the importance of respecting people's privacy and dignity and independence. We observed staff demonstrating this throughout the inspection visit. For example, closing people's bedroom doors during personal care tasks and supporting people to move around the home to remain independent.
- The registered manager told us signage was used outside people's bedrooms while personal care tasks were underway so no one would enter the room. This promoted people's privacy and dignity so no one would just walk into the bedroom. Staff we spoke with confirmed this.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received support that was personal to their needs. Care plans clearly showed the support people received and how many staff should support people to keep them safe.
- A person said, "Staff support me how I want. It's much better than my last care home".
- Care plans showed people's preferences, likes and dislikes.
- The provider had systems in place so if electronic care plans were not accessible paper copies would be available so the service would not be disrupted and could respond to any changes in people's support needs.
- Reviews took place so any changes to people's support could be discussed and actioned. A relative said, "Reviews do take place and I have attended them".

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 registered manager was aware of this legislation and we saw evidence of a range of formats being used to promote good communication with people.
- The formats in place made it possible for people to understand the support being provided, make choices and decisions about the support on offer and be able to share their views.
- We saw picture formats were used to show meal choices on offer and the activities people could take part in.
- People were encouraged to communicate how they wanted and we saw staff promoting and respecting people's communication needs. For example, we saw where people had hearing or sight impairments, staff went down to people's level so they would know they were there, stroke their hand for comfort and speak to them in a way they would understand and not be alarmed. This meant staff understood the importance of AIS.

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

- The provider employed activity coordinators to promote activities with people. A person said, "I love to take part in the activities available".
- An activities program was in place with a range of things people could take part in across the week. We saw examples of parties and events that had taken place over recent weeks and months where people were seen

enjoying themselves. A person said, "Staff come to my room so I can take part in things I like every week".

- However, we did see people sitting in all three lounges sleeping for long periods or just watching passively while the television was on. We observed staff come in and out of all three lounges and just ignored what we were seeing. Staff did not check if people were tired and wanted to go back to bed for a while, sit and have a chat or even see if there was something they wanted to do. It seemed that if the activity coordinator was not facilitating and activity care staff did not use their initiative to try and see what people might want to do. We discussed this with the registered manager and nominated individual who told us they would put things in place and raise it with all staff.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy so people could share any concerns they had. A person said, "I would raise any concerns I had with the manager, but I have never too". Another person said, "I have raised a concern and it was dealt with immediately".
- We saw complaints were logged and the actions taken to resolve them and in a timely manner. For example, complaints about the quality of food were dealt with quickly and the chef had been replaced which has resolved the concerns about quality.
- The registered manager told us trends were monitored and we saw evidence of this.

End of life care and support

- There was no one within the service at the time of the inspection receiving end of life care.
- However, the provider ensured staff received appropriate training to be able to support people and information on people's wishes and preferences was gathered as part of the assessment process.
- The provider worked with a hospice to be able to support people with compassion at the end of their life.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us the environment was homely and nice.
- Staff told us they felt valued by the provider and that the registered manager was supportive and would help out if they were short of staff.
- The provider showed they valued their staff by providing an end of year Christmas party where staff could vote for an 'Employee of the Year', 'Nurse of the Year', 'Carer of the Year' and a new comer of the Year to recognise care staff who were exceptional in how they worked and supported people.
- Staff could also vote for an 'Employee of the Month'. Staff told us they felt special having received the award and loved working for the provider.
- Relatives told us they could visit any time of the day and service was very welcoming. A relative said, "Whenever I visit, I am always made to feel welcome and staff always ask me what I would like to drink".
- We observed good team working in a relaxed and warm atmosphere.

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 responsibility to be honest and open when things go wrong and keeping people and their relatives informed.
- A relative said, "The communication here is good as I am kept regularly informed about the support. When things are not good, I get told".

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

- There were clear management structures in place, which nursing staff, care staff, domestic staff and kitchen staff understood.
- People and relatives could say who they would contact when they needed support and they knew who was in charge of each floor.
- People and relatives knew the new registered manager well who had recently been employed and we found spot checks and audits were carried out by the registered manager and the provider to ensure good quality and standards within the service. Staff confirmed they saw these checks and audits taking place.
- Medicine checks and audits took place to ensure medicines were administered and managed appropriately. We found pharmacy visits took place regularly and they also carried out checks on how medicines were being administered.

- The registered manager knew their legal responsibility to notify us of all incidents, such as, deaths, serious incidents and safeguarding alerts.
- Nursing staff were clear about their roles and responsibilities and ensured care staff supported people as they required.
- Staff were aware of the provider's whistle blowing policy and its purpose. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. This was the provider's first inspection of this service and as a result there was no previous rating to display.

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

- The provider engaged with people, relatives and staff through newsletters, engagement meetings and provider questionnaires to. A relative said, "I have completed a questionnaire to share my views on the service". Staff confirmed they had completed a questionnaire.
- People told us the registered manager visited them regularly to check how they were and share information.
- The Equality Act 2010 was an integral part of how people were supported. Staff told us they had received training in the Equality Act and we confirmed this.
- Information was gathered on people's preferences as part of ensuring people's support needs could be met.

Continuous learning and improving care

- The provider had systems in place so they could learn from where things went wrong as part of ensuring the quality of the service was maintained.
- Where incidents and accidents had happened, we found the registered manager monitored for trends as part trying to reduce the risk of reoccurrence.

Working in partnership with others

- The provider worked closely with charities, Clinical Commissioning Group (CCG), the local authority and local schools as to ensure the support people received was person centred and what they wanted.
- The community are encouraged and do use facilities within the home. For example, the entrance area lounge and bar areas are used to hold meetings.