

Ramaul Limited

Abbeyrose House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection was carried out on 19 October 2015 and was unannounced.

The service provided accommodation and personal care for up to 29 older people some of whom were living with dementia. The accommodation is arranged over three floors which are served by stair lifts and a passenger lift is fitted to assist people to get to all levels. There were 25 people living in the service when we inspected.

A registered manager was in post and was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal

responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were not in place to assess, monitor and improve the quality of the service being provided to people. Quality assurance audits had not been implemented or completed.

People were not encouraged to participate in activities that took place. Activities were not specific to meet people's needs.

Summary of findings

Staff listened to what people told them and responded appropriately. People were treated with respect and their privacy and dignity was maintained. However, staff were not always considerate and respectful when they were talking to people. People told us that they had no complaints and if they did they would speak to the staff.

People received their medicines safely and when they needed them. However, staff had not consistently followed safe practice around administering and recording medicines given to people.

Staff did not always have suitable information and guidance to safely work with people in relation to personal protective equipment (PPE). Health and safety risk assessments relating to staff had not been completed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, the registered manager had applied for DoLS authorisations for some people living at the service, with the support and advice of the local authority DoLS team. The registered manager understood their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments and decisions made in people's best interest were appropriately recorded.

People's needs had been assessed to identify the care they required. Care and support was planned with people and reviewed to make sure people continued to have the

support they needed. People were encouraged to be as independent as possible. Detailed guidance was provided to staff about how to provide all areas of the care and support people needed.

People's health was monitored and when it was necessary, health care professionals were involved to make sure people remained as healthy as possible.

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care and support to people.

People had access to the food that they enjoyed and were able to access drinks with the support of staff if required. People's nutrition and hydration needs had been assessed and recorded.

People told us they felt safe. Staff had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and measures put in place to manage any hazards identified.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

We found breaches 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 this 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 not always safe.

Staff had not consistently followed safe practice around administering and recording medicines given to people.

Potential risks to staff regarding their role had not been assessed. Risks to people in their everyday lives had been assessed.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

Recruitment procedures were in place and followed recommended good practice.

There was enough staff to provide people with the support they required.

Requires improvement



Is the service effective?

The service was effective.

People were provided with a suitable range of nutritious food and drink.

Staff were trained and supported to provide the care people needed.

Staff followed the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported to make decisions and staff offered people choices in all areas of their life.

Staff ensured people's health needs were met. Referrals were made to health and social care professionals when needed.

Good



Is the service caring?

The service was caring.

People said the staff were kind and caring to them.

People's privacy, dignity and independence were protected.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Records were up to date and held securely.

Requires improvement



Is the service responsive?

The service was not always responsive.

People's choice of activities to participate in was limited and not always specific to their needs.

People were included in decisions about their care.

Requires improvement



Summary of findings

People were supported to maintain relationships with people that mattered to them.

The complaints procedure was available to people using the service and their representatives.

Is the service well-led?

The service was not always well-led.

Checks on the quality of the service were not completed. People, their relatives and staff were asked for their experiences of the service.

Potential risks to the environment had not been assessed or recorded.

There was an open and transparent culture, where people and staff could contribute ideas about the service.

The registered manager understood their role and responsibility regarding notifiable incidents that had been reported correctly.

Requires improvement



Abbeyrose House

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 October 2015 and was unannounced.

The inspection team consisted of three inspectors and one 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.

Before the inspection, we asked the provider to complete 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. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with 18 people about their experience of the service and five relatives of people using the service. We spoke with five staff including three care workers, the chef and the registered manager to gain their views. We asked two health and social care professionals for their views.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at three people's care files, five staff record files, the staff training programme, the staff rota and medicine records.

A previous inspection took place on 20 December 2013, we had no concerns and there were no breaches of regulation.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, “I am very safe.” The relatives we spoke with felt their family member was safe at the service.

Staff were trained in how to manage medicines safely and were observed a number of times administering medicines before being signed off as competent by the registered manager. There was a written criteria for each person, in their care plan and within the medicine files, who needed ‘when required’ medicines. This gave people assurance that their medicine would be given when it was needed.

Medicines were stored securely. People were supported to take their medicines when required. Each person had an individual MAR showing their personal details, photograph and the medicines they were prescribed and when they should take them. However, staff had not followed the procedures for signing the MAR chart once medicines had been given. Seven people’s MAR charts were checked. Five MAR charts had signatures missing from 14 October, 16 October, 17 October and 19 October 2015. Staff said that the medicines had been given but the staff had not signed to confirm that medicines had been administered. Staff had not consistently followed safe practice around administering and recording medicines given to people.

We recommend that the provider seeks and follows guidance from the Royal Pharmaceutical Society for the “Administration of Medicines in Care Homes” or equivalent best practice guidance.

Health and safety risk assessments relating to staff had not been completed for example what staff were to do if they were lone working or about the use of personal protective equipment (PPE) that staff would need when supporting people with care and support tasks. Staff did not have suitable information and guidance to safely work with people.

We recommend that the provider completes risk assessment relating to the staff whilst working at the service.

The registered manager had taken steps to protect people from the risk of abuse. Staff had access to the local authority’s safeguarding policy and procedure. Staff were aware of how to protect people and the action to take if they suspected abuse. Staff were able to describe the signs

of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team or the Care Quality Commission. Staff received training in safeguarding adults from harm and abuse and had undertaken annual refresher training on this topic. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Plans were in place to safely evacuate the building in the event of an emergency. Staff were confident to contact the registered manager for support in an emergency. People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. People’s safety in the event of an emergency had been carefully considered and recorded.

Accidents and incidents involving people were recorded. The registered manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents. For example, a falls analysis had been completed by the registered manager for 2014. This showed areas within the service where there were a number of falls. The analysis did not highlight any areas of concern.

Potential risks to people in their everyday lives had been identified, such as personal care, nutritional needs, monitoring their health and moving and handling. Each risk had been assessed in relation to the impact that it had on each person. Care had been planned to reduce risks to people while maintaining their independence. For example, the risk of falling over was assessed and recorded in people’s care plans. Guidance was provided to staff about how to reduce the risks to people of falling over. Staff were informed of any changes in the way risks to people were managed during the handover at the beginning of each shift. People’s information was recorded onto a computer based system which highlighted to the registered manager when documents were due to be reviewed.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. The registered manager and staff carried out daily health and safety checks of the environment and equipment. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after

Is the service safe?

they were reported. Records showed that people's hoists, portable electrical appliances and firefighting equipment were properly maintained. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order.

There were enough trained staff on duty to meet people's needs. Staffing was planned around people's needs, activities and appointments so the staffing levels were adjusted depending on what people were doing. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and they kept the staff levels under review. For example, a review of people's needs took place on 23 September 2015. The care hours were calculated for each person and the staffing planned to meet people's needs.

The registered manager was available at the service offering additional support if this was required. The registered manager covered any gaps in the rota due to sickness or annual leave.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff recruitment checks had been completed before they started work at the service. These included obtaining suitable references, identity checks and completing a Disclose and Barring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service. The registered manager interviewed prospective staff and kept a record of how the person performed at the interview, to ensure consistency in the recruitment process.

Is the service effective?

Our findings

People who lived at Abbeyrose House were happy with the service provided. One person told us “The staff are excellent, highly supportive and bend over backwards to help.” Another said “The staff are helpful and patient.”

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. Staff we spoke with confirmed that they had received all of the training they needed. The online training system and staff files we looked at confirmed that staff had received the mandatory and specialist training for their role which would ensure they could meet people’s individual needs. There was an ongoing programme of training which included online and distance learning. This included topics such as safeguarding adults, health and safety, Mental Capacity Act (2005), Deprivation of Liberty Safeguards, basic life support, people handling, food safety and infection control.

Staff were trained to meet people’s specialist needs such as Dementia, this gave staff practical guidance in how to support people. Staff also completed an online Care Certificate and were given the opportunity to complete a diploma in Health and Social Care, to develop their skills further. The registered manager confirmed staff’s knowledge following any training by discussing with them what they had learnt and how this transferred into their work.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff explained how they supported people to make choices. One member of staff said “Two people get very cold and need to wear warm clothes, but we always offer them a choice of what to wear.” Staff had been trained to understand and use these in practice. Staff asked people for their consent before they offered support. People’s capacity to consent to care and support had been assessed. If people lacked capacity, staff followed the principles of the MCA and made sure that any decision was only made in the person’s best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any

restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people living at the service were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. The applications had been considered, checked and granted ensuring that the constant supervision was lawful. The registered manager had informed CQC regarding one of the applications.

Staff told us they felt supported by the registered manager. One staff member said “It is good to feel supported the registered manager is very open, anytime I have a problem they explain everything.” Staff received regular supervision meetings; these meetings provided opportunities for staff to discuss their performance, development and training needs. The registered manager also carried out annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year. New staff worked alongside more experienced staff within the service before working unsupervised and they completed an in-house induction plan.

People were supported to maintain good health. They told us they were supported to see their doctor if they felt unwell. One person told us, “Oh yes, they get a doctor very quickly.” Another person said “I was concerned about my hand and they called the doctor in, I feel reassured now.” People’s health needs were recorded in their care plans with the action staff should take to keep people healthy and well. Any changes in people’s health were recorded and acted on quickly. One person told us “The staff are very good, they often know what I want before I do.” Records confirmed people were supported to access a variety of healthcare professionals including, district nurses, GP’s, opticians and the hearing clinic.

People’s nutritional needs had been assessed and recorded where appropriate. People who had been assessed to be at a high risk of malnutrition or dehydration had a record of their food and fluid intake on the computer system. People had access to a variety of drinks throughout the day. We observed a person requesting a drink which was quickly acted upon by staff. One person told us “I was not drinking enough, now every hour there is a drink.” Another said “I get plenty to drink.”

People told us they had enough to eat and drink. Everyone was complimentary about the food. One person told us “It

Is the service effective?

is an excellent variety of food with an element of choice at every meal.” Another said “You could not get better food in a restaurant.” People were offered a choice of meals from the menu each day. People’s suggestions about foods they would like to see on the menu were listened to and were provided. For example, the residents meeting noted people would like cottage pie which had been put onto the menu. Menus were balanced and included fruit and fresh vegetables. All meals were homemade, including homemade cakes, pies and puddings. The chef was aware of people’s dietary requirements such as diabetes, which were catered for.

People could choose to eat in the dining room, lounges or in their bedrooms. The lunchtime meal was served to people individually and people had the time they needed and were not rushed. People were supported to remain independent at mealtimes, for example, we saw people given their food on specific plates so they could eat without the support of staff.

Is the service caring?

Our findings

People told us that the staff were kind and caring. Their comments included, “I have a laugh with the staff or we just sit and talk.” And “They fall over themselves to accommodate you.” Relatives commented that the staff were “All very friendly and helpful.”

Most of the time staff spoke with people in a respectful way. However, staff were not always considerate and respectful when speaking to people. We observed a new member of staff instructing a person to sit down in a loud and brusque manner saying “Sit here, sit here.” The same member of staff was observed loudly directing people during an activity saying “Give me a letter, Give me a letter.” This did not show a caring or dignified way to talk with people. We discussed our observations with the registered manager who informed us they would offer additional support and training to the new member of staff.

People’s care plan’s contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples’ backgrounds. People had been involved in having a say about their care and their wishes were recorded and respected.

Staff knew people well, including their interests and how they liked things done. People were called by their preferred names and staff spoke with people individually. We observed positive interactions between staff and people, staff gave people time when speaking with them. Staff responded promptly to relieve people’s distress for example, staff reassured someone who was upset that the doctor was visiting that afternoon, this appeared to calm the person.

Throughout our inspection we saw that most people were treated with respect and that the staff took appropriate

action to protect people’s privacy and dignity. We observed staff knocking on bedroom doors and waiting for a reply before entering. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity. People, if they needed it, were given support with washing and dressing. All personal care and support was given to people in the privacy of their own room or bathroom.

People were treated with dignity most of the time. For example, staff explained to people about the care they would receive before it was provided and asked them what they would like to do and when. We observed staff supporting people to move from the lounge to the bathroom, the staff member spoke gently and calmly, reassuring the person. We also observed staff kneeling down to a person’s level to talk with them.

Some people had spoken to the registered manager about the care and treatment they wanted at the end of their life. Some people had ‘Do not attempt cardiopulmonary resuscitation’ (DNACPR) decisions in place. Staff knew about that had been signed and agreed by health care professionals. These forms were at the front of care plans so would be accessible in an emergency. Personal, confidential information about people and their needs was kept safe and secure. A health care professional said “They are very committed to end of life care here.”

When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to spend time in their bedroom and in the lounge which was respected by staff. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to. Relatives told us they were welcomed when they visited and were always offered refreshments.

Is the service responsive?

Our findings

People told us they had been involved in planning their care, and records we saw confirmed this. People told staff how they liked their care provided and told us that staff did as they requested. They told us staff knew what they were able to do for themselves and encouraged and supported them to continue to do this. Some people had produced notice's in the shape of a flower which included important things they wanted people to know. For example, the person's name was at the centre and each petal listed something of importance to that person. Examples we observed included 'summer', 'chocolate' and 'films'.

People's care plans had been developed with them and the registered manager. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's daily routines, communication, health condition support and things that are important to the person. Staff knew about people's needs and their backgrounds and the care and support they required. All care files were computer based paper copies were also kept within the service if staff required access quickly. The registered manager told us that they would only print out a new copy of the care plan if something had changed. The computer based system showed that all records were up to date.

People's care plans were reviewed with them on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. The computer based system highlighted to the registered manager when any plans were due to be reviewed. People were fully involved in the development and review of their care plans. The care files we saw did not contain an initial assessment prior to receiving support from the service but people were encouraged to visit the service. The registered manager had not ensured the service would be able to meet the needs of potential people. On the day of inspection some family members were viewing the service as a potential placement for their loved one.

We recommend that the provider completes assessments which are recorded within people's care files prior to receiving a service.

People were encouraged to be actively involved in making decisions about their support and how to spend their time at monthly house meetings and review meetings. The meetings involved asking people if they enjoyed living at the service and if there were any improvements people wanted to make, staff recorded people's answers. However, people's views were not always acted on for example, at the meeting in October 2015, people requested to play darts as an activity they enjoyed. Darts had not been added to the activity planner.

People were not involved in any planned activities during the morning. People were observed reading newspapers, watching television or listening to music. One person told us "There is not really much to do." A new activity coordinator had been employed at the service who worked each afternoon between Monday to Friday. During the afternoon of the inspection people were encouraged to participate in a game of bingo and throwing the bean bag onto a target. The activities we observed were unorganised and did not fully involve people who participated for example, the television was playing whilst bingo was taking place which meant not everyone was able to hear. A relative had fed back that more daytime activities by a professional would be beneficial. Another said "More activities or stimulation."

This was a breach of Regulation 9 (1) (a), (b), (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to stay in contact with their loved ones. Visitors were made to feel welcome, a visitor told us that they visited daily and were always made welcome by the staff. People were supported to continue practising their religious faith; one person told us they had a monthly visit from the local clergy which they enjoyed.

People told us they would raise any concerns or worries they had with the registered manager or staff. They said that the registered manager was always available if they wished to make a complaint or had a suggestion about the service. A process to respond to and resolve complaints was in place. Information about how to make a complaint was available to people and their representatives. There had not been any complaints since the last inspection. A visiting relative told us "If there are any issues the

Is the service responsive?

registered manager and staff keep in touch with me.” Some of the staff we spoke with were unaware of the complaints procedure but all said they would take any concerns or complaints to the registered manager.

Is the service well-led?

Our findings

The service had a registered manager in place who had worked at the service for a number of years and who was responsible for managing the care staff. Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people. People were able to approach the registered manager when they wanted to and they saw her almost every day. One person told us “The management are easy to talk to and highly organised.” Another said “She has been here all of the time, longer than I have”

Staff told us that the registered manager was approachable and supportive. A visiting health professional said “There is a very consistent management presence within the service daily.” And “The staffing at a senior level was very stable, which was positive.” Staff told us if they did have any concerns the registered manager acted quickly.

The registered manager made sure that staff were kept informed about people’s care needs and about any other issues. Regular team meetings were held so staff could discuss practice and gain some mentoring and coaching. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handover’s between shifts highlighted any changes in people’s health and care needs, this ensured staff were aware of any changes in people’s health and care needs.

The mission statement of the service said “We are committed to providing our residents a life that is as normal as possible, given their individual health and needs in a homely and safe environment.” The registered manager used team meeting to reinforce the vision and values of the service.

Systems were not in place to monitor the quality of the service and drive improvement. The registered manager told us the service did not currently have any quality assurance audits except for the medicines management audit. The audit we saw was a checklist of policy related

areas, the audit did not cover auditing medicines, medicine administration records or staff training which would have identified the gaps in the administration records. Due to a lack of comprehensive audit systems, the registered manager was unable to identify shortfalls such as the lack of meaningful activities and the medicines as mentioned above. A survey had been sent out to relatives, the results had not been collated and published so people were not aware of any actions which had been taken as a result.

Accident and incident forms were completed when necessary. The forms had not been reviewed or analysed by the registered manager to look for patterns or trends. The registered manager did complete an overview of the areas people had fallen in, in 2014 although this did not highlight any areas of concern.

Risks to the environment had not been assessed or recorded. Environmental risk assessments we viewed were written on a reactive basis. For example, the shaft lift upgrading dated 26 January 2015. Equipment has been maintained and serviced to ensure it was safe for people to use. For example, the stair lift and the bath hoist.

This was a breach of Regulation 17 (1) (2) (a), (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had an understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had had an accident. All notifiable incidents had been reported correctly.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. However these documents were produced in 2008 and had not been updated or reviewed since they were implemented. The provider told us they were aware of this and had planned to update all of the policies and procedures.

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	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>This was a breach of Regulation 9 (1) (a), (b), (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>Failure to provide activities to meet people's individual needs.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>This was a breach of Regulation 17 (1) (2) (a), (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>Failure to have systems in place to assess, monitor and improve the quality of the service.</p>