Restful Homes (Cannock) Limited

Abbey Court Nursing Home

Inspection report

Heath Way
Heath Hayes
Cannock
WS11 7AD
Tel: 01543 277358
Website:

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Ratings

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

Overall summary

This inspection took place on the 18 February 2015 and was unannounced.

At our previous inspection in November 2013 there were no concerns identified in the areas we looked at.

Abbey Court Nursing Home provides accommodation, personal care and nursing care to up to 83 people. It has three separate living areas, two downstairs and one upstairs and supports adults with dementia, and complex needs.

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 2008 and associated Regulations about how the service is run.

People's medicines were not always managed safely. Medicines were not reviewed and agreed for their effectiveness.

Summary of findings

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. The provider did not consistently work follow the guidelines of the MCA and ensure that people and their representatives were involved in the decision making process and consented to their care.

We found two breaches of The Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of the report.

People were protected from the risk of abuse. The manager and staff knew what constituted abuse and who to report it to. Safeguarding referrals were made to the local authority when there was suspected abuse.

There were sufficient suitably trained members of staff to meet the needs of people. Staffing levels were analysed and when necessary increased to ensure people's needs were met and to keep them safe.

People's health care needs were met by staff that were trained and effective in their role. People had access to a range of health care professionals and were supported by staff to attend health care appointments.

Nutritional needs were catered for. People were supported to maintain a healthy diet that met their individual assessed dietary needs.

People told us they were treated with dignity and respect. Our observations showed that staff were kind and caring in their manner and showed patience and understanding towards the people they cared for. People were supported to attend meetings where they could express their views about the home.

Assessments were carried out prior to a person being admitted into the service to ensure their needs could be met. Care plans were formulated and reflected the person's individual preferences. People were offered opportunities to engage in hobbies and activities which they were interested in.

People who used the service were encouraged to have a say in how the service was run through regular meetings and satisfaction surveys.

The provider had systems in place to monitor the quality of the service and to ensure continuous improvement. Shortfalls in quality were addressed and improvements made when required.

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 consistently safe. People's medicines were not assessed and reviewed as being safe.

Staff and the manager knew what to do if they suspected someone had been abused. People were protected from the risk of further harm following incidents that had caused injuries. There was enough suitably trained staff to keep people safe.

Requires Improvement

Is the service effective?

The service was not consistently effective. The principles of the MCA and DoLS were not consistently followed. People were at risk of being deprived of their liberty.

People's health care needs were met by trained staff that were effective in their role and they had access to a range of health care professionals. People's nutritional needs were met dependent on people's specific requirements.

Requires Improvement

Is the service caring?

The service was caring. People were treated with dignity and respect and their privacy was respected. People were encouraged to maintain relationships that were important to them. Relatives and friends were free to visit and were encouraged to be involved in the way the service was run.

Good

Is the service responsive?

The service was responsive. People's needs were assessed and care plans implemented which identified how to best meet their needs. People were offered opportunities to be involved in hobbies and interests of their choice. People and their relatives were encouraged and supported to provide feedback on the service.

Good

Is the service well-led?

The service was well led. The manager supported staff to fulfil their role effectively through regular support and supervision and demonstrated a commitment to continuous improvement.There were processes in place to review incidents that occurred and we saw that action was taken to reduce the risk of them reoccurring.

Good

Abbey Court 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 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 the 18 February 2015 and was unannounced.

The inspection team consisted of two inspectors and a specialist advisor.

We looked at the information we hold about the service. This included notifications of significant events that the manager had sent us, safeguarding concerns and previous inspection reports.

We spoke with 11 people who used the service and observed their care. We conducted a SOFI over lunchtime. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with four relatives, the registered manager, quality manager and 12 members of staff. We also spoke to two visiting health professionals.

We looked at the care records for seven people. Other records we looked at were the staff records, rosters, recruitment procedures and the provider's quality monitoring audits.

Requires Improvement

Is the service safe?

Our findings

A number of people required medicines that helped them with periods of anxiety. We looked at two people's medication administration records (MAR) and saw that one person was prescribed as required medication (PRN) up to three times a day when they were anxious. We saw that it was recorded that this person had this medication administered three times a day on a regular basis for a period of up to three weeks. We looked at this person's care records and MAR and could not see that it was recorded that this person had been anxious when the medicine had been given. The care records stated this person had been settled and yet the PRN medication had been administered. We spoke to the nurse and manager about this who agreed that a review by a GP of this person's medication was needed as the medication was now being given regularly and not as prescribed.

We looked at another person's care records and MAR and saw that they also were being administered regular PRN anti-anxiety medication. This person's daily care records did not consistently reflect why this person had required to be administered the medicines. Most daily observations had been recorded as the person was settled. We saw that there had been a recent request faxed to the person's GP for an increase in the dose of medicine. This person's daily records or MAR did not show that there had been an increase in this person's level of anxiety.

We found that the provider had not protected people against the risk of unsafe management of medicines. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they felt safe. One person said: "Oh yes. I wouldn't stay here if I felt I was unsafe". Another told us: "They look after us here". A relative said: "I am confident that [person using the service] is safe. They would tell me if there was a problem and I wouldn't hesitate to say something". Another said, "I visit every day. I haven't seen anything that would cause me concern. I think the residents are safe".

The manager acted in line with safeguarding procedures when they suspected abuse had occurred and reported it to the local authority for investigation. All staff had received training in safeguarding procedures including the chef and domestic staff. Staff we spoke to knew what constituted abuse and who they should report it to. One member of staff told us: "I would report abuse and the manager would conduct a fact finding investigation". We saw that the manager audited safeguarding referrals and looked to see if there was a trend to the incidents. They used the information to reduce the risk of a similar incident occurring.

We saw when people were at risk of harm, staff and managers acted quickly to protect people from further harm. One person had recently received an injury whilst trying to climb through bed rails. The bed rails had been put in place to prevent the person from falling. We saw that the incident was reported to the manager who instructed the bed rails be removed and precautions put in place to prevent further harm. However the person's risk assessments did not reflect the change in the person's plan of care. The manager informed us that the plans and risk assessments would be up dated on the day of our inspection.

Most people told us that they did not have to wait to have their needs met. One person told us: "The night staff come quickly when I use my buzzer, they tell me that's what they are there for, when I apologise". A relative told us: "My [person using the service] says they come quickly when they use their call bell in the night". Another told us: "I have got to know the staff. I think they are busy but nothing is too much trouble for them". During our observations on the ground floor we saw staff attended to people's needs and they did not rush people. When nurse call bells rang, we saw they were answered promptly. On the first floor we completed a SOFI at lunchtime. We observed that staff attended to their tasks calmly and were not rushed. They took time to sit with people who needed one to one support at lunchtime. The mealtime was well organised. We looked at staff rosters and saw that there were always three nursing staff on duty and care staff. We spoke with five staff about staffing levels and received mixed responses. Two staff members said the staffing levels were good, but the other three said they sometimes didn't have enough staff to meet people's needs. However this was not reflected in our observations during the inspection.

Requires Improvement

Is the service safe?

We saw that safe recruitment procedures took place prior to staff being offered the post. Checks of people's suitability to work were carried out and the nurse's registrations were confirmed and consistently monitored throughout their employment with the service.

Requires Improvement

Is the service effective?

Our findings

People on the first floor unit were living with dementia and we saw that they were unable to access their bedrooms without staff support. Once people had been supported into the living area most people were unable to use the key code to take themselves to their bedrooms if they wished to go. We saw that one person was constantly trying the door to the bedroom areas. The manager told us that their care plan stated that staff should support the person through the door if they were requesting to go or redirect them back to their living area. During all our observations this person was redirected back to the living area and was not supported to their bedroom area. The meant that this person was not being given the opportunity to access their bedroom as they expressed they wanted to on several occasions. The manager had completed mental capacity assessments for some people and had recognised that some people may be being deprived of their liberty in their best interests. The manager told us that there was currently only one person who had a DoLS authorisation in place however several DoLS referrals had been made to the local authority. However we saw examples where other people may be deprived of their liberty and the provider had not identified this.

We saw that some bedroom doors were locked. Which meant some people did not have access to them if they wanted to. A member of staff told us: "We lock them to stop people going in to other people's rooms and taking things by mistake or they may get confused and think the room is theirs". In the records we looked at there was no evidence that people had been spoken with about this and how the decision for each person had been reached in their best interest where people did not have capacity.

We saw three people who were seated in chairs which they could not move out of if they wanted to. All three people lacked the capacity to decide whether they wished to use the chairs. We were told that for one person, it was for their safety and for the other two it was because it was more comfortable for them. We could not see that the decision to use these chairs had been agreed by the person themselves of their representatives. This meant that the provider could not be sure that people were not being restricted of their liberty of being able to move. The manager had completed mental capacity assessments for some people and had recognised that some people may be being deprived of their liberty in their best interests; however other people who were at risk of being deprived of their liberty had not been referred.

We saw and were told that some people were prescribed medicines to be given covertly. This meant that medicines could be disguised in food and drink without the person knowing. We were told all the people who had medicines administered in this way did not have capacity to make the decision or understand the consequences to their health if they did not take the medicines prescribed. We saw that the covert care plans had been agreed by people's GP, however there was no evidence in people's records that the provider had held 'best interest' meetings to ensure that everyone involved in the person's care was in agreement with the decision. Best practise would be to always try to gain consent off people to take their medicines before using the covert method. We observed that this was not the case for one person who was administered their medication covertly without any attempt to try and get them to consent to have their medicines. Records did not reflect when people were given their medicines covertly. This meant that the provider could not be sure that best practice recommendations were being followed.

We found that the provider had not protected all people against the risk of being deprived of their liberty. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people had a Do Not Attempt Resuscitation order (DNACPR) on file. This is a legal order which tells a medical team not to perform CPR on a person. People, their representatives and the doctor had been consulted and involved in the decisions. This meant that in the event of a medical emergency, people's wishes and preferences would be upheld.

People who used the service told us that staff were good at what they did and cared for them effectively. Staff we spoke to demonstrated knowledge of their chosen role. They told us and we saw records that confirmed that they had received all the relevant training to be able to complete their role competently. Staff told us that they had regular supervision with a line manager and we saw that nurses received regular medication competency checks. A relative told us: "I have observed how they look after [person who

Is the service effective?

used the service]. The manager told us that their care plan stated that staff should support the person through the door if they were requesting to go, however we saw that this did not happen and the person was redirected back into the living area.

Staff on the first floor told us they had received dementia awareness training. One staff member said: "Patience and knowing them is the main thing, giving them time to tell you want they want. Rushing or not listening is the worst thing you could do". Another said, "It can be difficult at times there are some people who don't always get on, but you can usually divert them easily". This showed that staff had the knowledge to be able to care for people with dementia effectively.

People told us they enjoyed the meals and that they had a choice. We spoke with the chef who demonstrated knowledge of the different specific requirements of the people they were cooking for. They told us: "I like to find out what people like, if I haven't got it in, there's a supermarket just over the road so we make sure we get it in". Some people had specific nutritional requirements such as a soft diet due to swallowing difficulties and gluten free diets. We saw that people were offered the diet that met their needs.

Where people needed to have their food and drink intake monitored to ensure they received enough to keep them well, we saw the records were well maintained, with running totals of the amount of drinks consumed. Information about people's dietary intake was handed over to staff when they came on duty. We observed that the afternoon staff were requested to encourage one person to eat and drink as they had not had much during the morning. This meant that staff were monitoring and encouraging this person to have sufficient nutrition throughout the day.

People had their health care needs met. We spoke to two visiting health professionals who told us they had no concerns with the way the staff supported people with their health needs. We saw that people were supported to gain support from their GP. Referrals to other health agencies such as the speech and language therapist were made when required. Staff told us that they supported people to attend hospital appointments and other health care appointments when necessary. One person told us: "I have to rest on my bed in the afternoon. The nurses have said it's to help my legs to heal properly. The doctor has prescribed some tablets for me to take". During our observation of records and when we listened to a staff handover, we noted that if people needed to see the GP or have health checks carried out this was done promptly.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us: "I couldn't fault the staff, they are very nice. They treat me with dignity and respect". Another person told us: "They [the staff] are wonderful". Another person told us: "We've decided to stay here now. The staff are lovely and we like it here". A relative told us: "I didn't know what to expect when we brought [person who used the service] here, but the staff have been lovely". We observed staff interacted well with the people they supported.

We saw that people were encouraged to maintain relationships. There was a married couple who used the service and their room had been adapted so they could share comfortably. The manager told us that a member of staff had recently won a dignity in care award as they had supported someone who was at their end of life to be able to share their last moments with their loved one.

We saw that some people had been able to personalise their bedrooms, with evidence of family photographs and other mementoes. A relative told us: "We asked what we could bring in and the staff told us we could bring what we liked. It's good that [person who used the service] can have their things around them". One person who used the service told us: "They treat me like an adult not a child. They ask me how and when I want things done. I decide when I get up in the morning and things like that".

Relatives and friends had formed a 'dementia support' group. The group met and planned to support people who were either new to the service or required support following a diagnosis of dementia. Regular meetings for relatives and residents took place which encouraged people to have a say in how the service was run.

Church services of two different denominations took place for people to attend if they wished to. Two people had specific cultural and religious needs which the staff and manager were supporting them to meet. We discussed with the manager that there was limited information available to staff to enable them to best meet these people's needs and some staff had been confused about the people's cultural needs. The manager assured us they would gain the relevant information and pass it onto staff to ensure that they were meeting all their needs in this area. We saw that people's history was recorded and respected. On one person's bedroom door we saw a picture and it was recorded what the person had been previously employed as. We were able to engage with this person about their previous employment and they enjoyed talking to us about it.

People were offered choices throughout their day. One person told us: "Oh yes I can get up when I like, the night staff are very good". We saw that people were offered a choice of food and drinks and chose whether to become involved in the activities that were provided.

We saw that people's dignity was respected. People were supported in a discreet manner when being assisted with their personal care needs; toilet and bathroom doors were shut when people were being supported. The manager told us that three staff members were dignity champions. Their role was to encourage and remind other staff of the need to treat people with dignity and respect.

We saw lots of visiting relatives. People were free to visit and spend time with their relative. There were quiet areas that people could go to for privacy or people spent time in their bedrooms.

We discussed with the manager about the glass door that led from Abbey Court into the sister home Alma Court. People in Abbey Court appeared concerned about their neighbours in Alma Court who were trying the door. The manager assured us that they had been having conversations about this and was seeking a solution from the provider to ensure that both sets of people had their privacy respected.

Good

Is the service responsive?

Our findings

We spoke to one person and their relative who had recently been admitted into the service. They told us they liked to listen to the radio or television but they hadn't brought theirs in with them. We spoke with a member of staff and they immediately responded and went and sourced a spare radio for the person. The person expressed satisfaction and thanked them for the use of the radio. Another person wanted their hair done with the visiting hair dresser but didn't have enough money. A member of staff went to ask if the provider could fund the hairdresser until they could gain the money. This was agreed and the person had their hair done.

Prior to admission into the home the manager completed a pre admission assessment to ensure that they could meet the person's needs. Care plans and risk assessments were then completed which informed the staff how to best support the person and highlighted their individual preferences. When people were able to they had signed their own care plans agreeing to their care. We saw that the care plans were regularly reviewed to ensure that care being delivered was appropriate.

Some people required extra support to maintain their independence with the use of walking frames or assisted technology such as mats that would alert staff to the fact that people were moving about unsupervised in their bedroom. Some people used call bells to call for assistance. We saw that these were available to people. People told us that the staff came quickly when they called.

The provider had three nominated activities coordinators who provided people who used the service with opportunities to engage in activities or access the local community. One person told us: "They try to arrange things; we have singers who come in". Another person said: "We can go out to the shops". A relative told us: "I visit every day and they asked me if I wanted to be involved with the things they do. So I help out with things to raise funds for trips out and that sort of thing. We have a small shop as well where people can buy sweets and toiletries".

We observed that people were engaged in activities during the day, some people took part in a quiz, and some people enjoyed a sing-a-long. One member of staff involved people on a one to one basis, talking to them about the day's news or offering manicures. We were told that recent staffing difficulties had meant a shortage of activity coordinators but the provider had now agreed to an increase in the hours provided. A staff member told us: "It has been difficult and I haven't been able to do as much as I would normally, but there are three of us now and things will improve".

There were systems in place to share information and seek people's views about the running of the home. There were meetings for people who used the service, a comments box which enabled people to make anonymous suggestions if they wished and satisfaction surveys. This enabled the provider to monitor people's satisfaction with the service provided and ensure any changes made were in line with people's preferences and individual needs. The chef told us how the residents had complained at a recent meeting as the food lacked salt, so condiments were brought for people to be able to add their own. We saw these were available on the dining tables for people to use.

None of the people we spoke with or their relatives had any complaints. One relative told us: "I've no complaints at all. If I had I'm not afraid of saying something". We observed that residents and relative meetings were arranged and advertised in the main foyer of the building. We also saw that where relative and people's feedback had been received on the service they received, there was an account of what the provider had done to address any issues. This showed the provider responded to comments by people who used the service and their supporters.

Good

Is the service well-led?

Our findings

There was a registered manager in post. They were working towards a Level 5 Leadership and Management Diploma in Health and Social Care. This meant that they were continuing to develop professionally so as to maintain and improve the quality of service for people. People we spoke to told us that the management were approachable.

Regular staff meetings took place, which gave the staff the opportunity to contribute to how the service was run. We saw at a recent staff meeting that the manager had reminded staff to maintain quality care in line with our requirements. Staff we spoke to were aware of the whistle blowing procedures should they wish to raise any concerns about their colleagues, manager or provider.

The manager told us that they had recently nominated a member of staff for a dignity in care award and they had won. They were going to attend the award ceremony with the staff member and a member of their family. This showed that the manager appreciated and valued staff for their individual acts of kindness.

There was a programme of training and formal supervision for all staff. Supervision offered staff an opportunity to meet with a more senior member of staff to discuss their work and highlight any worries or concerns. Staff we spoke with told us they had received support and supervision. Satisfaction questionnaires were given to staff to gather their views about the service. This showed that the provider was listening to and valuing the staff.

The manager showed us that the provider had recently provided them with extra DoLS training to enable the service to improve and ensure they worked consistently within the DoLS framework. They showed us that they had developed an action plan which they were working through and we identified concerns that some people may have restrictions placed on them.

Systems for monitoring quality of care were in place and included audits, records of accident and incidents and safeguarding analysis. All the information collated was analysed and trends were identified. When a falls audit had identified that falls were occurring more frequently at night we saw that the provider had increased the staffing levels. The falls had then reduced.

People who used the service and their representatives were encouraged to give their feedback on the quality of the service they received. Regular resident and relative meetings took place and the provider made improvements to ensure people were happy with the care, treatment and support they received. The provider had a complaints procedure. The manager investigated and responded to people's complaints, according to the provider's complaints procedure.

The manager had notified us of all significant events which had occurred in line with their legal responsibilities. This showed that they were open and transparent in the management of the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not ensure that care and treatment was provided in a safe way for service users through the proper and safe management of medicines.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The registered person did not protect all service users from abuse and improper treatment in accordance with the regulation by ensuring that service users liberty of movement was not restricted.**