Barchester Healthcare Homes Limited

West Abbey

Inspection report

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Ratings

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

Overall summary

This inspection took place on 16 June 2015 and was an unannounced inspection.

At the last inspection carried out on 13 December 2013 we identified concerns with some aspects of the service and care provided to people. The service was found to be in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following the inspection the provider sent an action plan to the Care Quality Commission (CQC) stating how and when improvements would be made. At this inspection we found that action had been taken to improve the service and meet the compliance action set at the previous inspection. However further improvements were needed to make sure people's legal rights were protected.

West Abbey is a purpose built home which can accommodate up to 97 people. The home is divided into three distinct units and each unit has its own staff team. A registered nurse is on duty on each unit 24 hours a day. One unit on the ground floor specialises in providing

Summary of findings

nursing care to younger people who have a physical disability. The other ground floor unit provides nursing care to people living with dementia. The unit on the first floor provides nursing care to frail older people.

There is a registered manager who is responsible for the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager was not available for this inspection; however the deputy manager was available throughout our visit.

People and their visitors described the registered manager and deputy manager as open and approachable. People felt able to raise concerns with them and were confident any complaints or concerns would be responded to. There were regular meetings for people who lived at the home and their relatives to enable them to keep up to date with changes and share their views.

There was a staffing structure which provided clear lines of accountability and responsibility. In addition to the registered manager there was a deputy and a team of registered nurses and senior carers. This ensured people always had access to experienced senior staff.

People told us they felt safe at the home and with the staff who supported them. One person told us "I feel very safe here." A visitor said "I know my [relative] is very happy here and is well cared for. I have no concerns at all." There were policies and procedures in place to minimise risks to people and to help keep them safe. These were understood and followed by the staff team.

Staff were compassionate and caring in their interactions with people and their visitors. One person said "Oh they are all delightful and so very kind." A visitor told us "They are quite brilliant here to be honest. I cannot speak highly enough of them. It makes me relaxed knowing my [relative] is being looked after so well. They are very kind and compassionate."

People could see appropriate health care professionals to meet their specific needs. One person told us "They won't hesitate. If you are not well, then the doctor is called for you." A visitor said "If my [relative] ever needs a doctor; one is called immediately." People's health care needs were well managed and people received their medicines when they needed them.

People had their nutritional needs assessed and food was provided in accordance with people's needs and preferences. People were complimentary about the food served. One person told us "I enjoy the meals very much indeed." Another said "You can have a snack anytime you like." A visitor told us "Mealtimes are never rushed. It's very rare that I find my [relative] is unhappy with anything here." We have recommended the provider reviews staffing levels and the deployment of staff during meal times as some people waiting for long periods before their meal was served.

People received care that was responsive to their needs and personalised to their wishes and preferences. People told us they were able to make choices about all aspects of their daily lives. The staff responded to changes in people's needs and care plans were up dated to make sure they reflected people's current needs and preferences.

Staff knew how to make sure people's rights were protected however; we found no documented evidence that people had been consulted about whether they wanted lifesaving treatment in the event of an emergency. 'Do not attempt resuscitation' forms (DNAR) had been signed by GP's or hospital doctors however; there was no assessment of people's capacity to consent to this decision.

The service was in breach of one 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 safe. There were sufficient numbers of suitably experienced and trained to meet people's needs.

People received their medicines when they needed them. There were procedures for the safe management of people's medicines.

The provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Good

Is the service effective?
The service was effective but improvements were needed to make sure people who lacked the mental capacity to make certain decisions had their legal rights protected.

People spoke highly of the staff who worked at the home and they told us they were happy with the care and support they received.

People could see appropriate health care professionals to meet their specific needs. Each person had their nutritional needs assessed to make sure they received an adequate diet which met their assessed needs and preferences.

Requires improvement

Is the service caring?
The service was caring. Staff were compassionate and caring in their interactions with people and their visitors.

People were treated with dignity and respect. Staff supported people to make choices about their day to day lives and they respected their wishes.

Care plans were in place to ensure people's wishes and preferences during their final days and following death were respected.

Good

Is the service responsive?
The service was responsive.

People told us they received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were able to take part in a range of group and one to one activities according to their interests.

Good

Is the service well-led?
The service was well –led.

Good

Summary of findings

The registered manager and the deputy manager were described as open and approachable.

The performance and skills of the staff team were monitored through day to day observations and formal supervisions.

There were quality assurance systems to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care.

West Abbey

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 16 June 2015 and was unannounced. It was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

The registered manager was not available for this inspection; however the deputy manager made themselves available to us throughout our visit.

At the time of this inspection there were 83 people living at the home. During the inspection we spoke with 18 people, 13 members of staff, and the deputy manager. We also spoke with five visitors. Not everyone living at the home was able to engage in conversations with us because of their communication difficulties. We spent time in lounges and dining rooms on each of the three units so that we could observe how staff interacted with people and could observe their experiences of life at the home.

We looked at a sample of records relating to the running of the home, staff recruitment and care of the people who lived there. These included the care records of 10 people who lived at the home and recruitment records for three staff members. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

People said they felt safe and staff knew how to minimise risks to help people stay safe. One person told us "I feel very safe here." A visitor said "I know my [relative] is very happy here and is well cared for. I have no concerns at all."

Some people were very frail and were nursed in bed. Care plans contained information about people's ability to use their call bell to summon assistance. Where a person was unable to use their call bell, staff checked on them at regular intervals to ensure their safety.

Care plans contained risk assessments which related to assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. A plan of care had been developed to minimise risks and these were understood and followed by staff. For example, some people required staff to assist them to regularly change position. Records showed that staff had assisted them at regular intervals. Where there was an assessed need, people had specialised mattresses on their bed and pressure relieving cushions on their chair.

People received their medicines when they needed them and there were procedures for the safe management and administration of people's medicines. We observed a registered nurse safely administering medicines to people. People's medicines were stored securely and they were administered by registered nurses who had received appropriate training. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We checked a sample of stock balances for medicines which required additional secure storage and these corresponded with the records maintained.

Staff told us about one person who was supported to manage and administer their own medicines. There were appropriate systems in place to minimise any risks to the individual. For example, with the agreement of the individual, staff closely monitored whether they had taken their medicines at the correct time and checked the stock of medicines each day.

The provider's staff recruitment procedures minimised risks to people who lived at the home. Application forms contained information about the applicant's employment history and qualifications. Each staff file contained two written references one of which had been provided by the applicant's previous employer. We saw applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe.

Each unit had their own staff team. The deputy manager told us staffing levels were determined by the dependency levels of the people living at the home. Each person had been assessed using a recognised dependency tool. Records showed staffing levels were in excess of the hours calculated. Staff told us there were enough staff to help keep people safe. People did not have to wait long for staff assistance. For example call bells were answered promptly and staff responded quickly when people requested assistance with their personal care needs.

Systems were in place to safely evacuate people from the home in the event of an emergency. Each person had a personal emergency evacuation plan. This gave details about how to evacuate each person with minimal risks to people and staff. Fire grab bags were situated at fire exits so they could be quickly accessed in the event of an emergency. These contained a fire risk assessment, evacuation plan and list of people using the service.

The premises were well maintained. Maintenance staff were employed and regular checks were carried out to make sure the environment and equipment remained safe. Records showed that repairs had been completed without delay.

Requires improvement

Is the service effective?

Our findings

Staff knew how to make sure people's legal rights were protected. They had a good understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to support people to make decisions and about the procedures to follow where an individual lacked the capacity to consent to their care and treatment.

However; we were unable to see that people and/or their relative had been consulted about decisions regarding whether they wanted to have lifesaving treatment in the event of an emergency. Care plans contained 'do not attempt resuscitation' forms (DNAR) which had been signed by GP's or hospital doctors however; there was no assessment of people's capacity to consent to this decision. There was no evidence that the person, professionals and/or family members who knew the person well, had been consulted and had agreed the decision to be in the person's best interests. We discussed this with the deputy manager who told us they were currently trying to request GP's review each person's DNAR. Whilst this is positive, people could be at risk of receiving treatment which they did not consent to, was not in accordance with their wishes or was not agreed to be in their best interests. **This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The deputy manager knew about how and when to make an application and knew about the recent changes to this legislation which may require further applications to be made. We saw the home had made a number of applications for people who were unable to consent to living at the home and made an urgent application for two people who required a member of staff to be with them at all times.

At our last inspection we found the skill mix and experience of staff did not always ensure people's needs and preferences were met. We identified no concerns at this inspection. Staff had the skills and knowledge to meet people's needs. A visitor told us "They know my [relative] really well and they certainly know what they are doing." We observed staff were competent and confident when assisting or interacting with people. An example included assisting people to transfer using a hoist. Staff communicated with people in a very kind and respectful manner. They were patient where people had difficulties in communicating and were knowledgeable about how to support people.

Staff told us training opportunities were very good. One member of staff said "I think the training here is brilliant. You get everything you need plus more." There was a staff training matrix which detailed training which had been completed and when fresher training was due. Examples of training staff had received included; Health and safety, emergency first aid, safeguarding adults from abuse, moving and handling, fire safety and infection control. Staff had also received more specialised training such as caring for people with dementia, nutrition in the elderly and Parkinson's disease.

Staff told us they received regular supervision sessions and annual appraisals. This helps to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff told us they felt very well supported. They told us they were encouraged to discuss any aspect of their role or training needs at any time. All staff completed a period of induction when they commenced employment to make sure they had the basic skills and knowledge to care for people.

People could see healthcare professionals when they needed to. People told us the home was very good if they were unwell and made sure they were referred to appropriate professionals. One person told us "They won't hesitate. If you are not well, then the doctor is called for you." A visitor said "If my [relative] ever needs a doctor; one is called immediately." People also saw other healthcare professionals to meet specific needs. Examples included speech and language therapists, dieticians, opticians and chiropodists.

People were supported to have enough to eat and drink. Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences. Staff, including catering staff knew about people's preferences, risks and special requirements. People were provided with food and

Requires improvement

Is the service effective?

drink which met their assessed needs. Examples included soft or enriched diets and thickened fluids. People who were at risk of malnutrition were weighed at least monthly. We saw weight charts in each person's care records. All records were recorded accurately and were up to date. Staff had highlighted any concerns with regard to weight loss and they had sought the advice of appropriate health care professionals. An example included a person being referred to a dietician after they had lost weight. Their care plan showed staff had followed the recommendations made and the individual's weight had increased.

We saw lunch being served on each unit. Menus were available on each table. On the Lyde Unit people made choices from plated meals. Some people were unable to eat or drink without staff assistance. Staff made sure these people received enough to eat and drink throughout the day. They recorded how much people had had so that any concerns could be dealt with quickly. Lunch was served at 1230pm however; twelve people, the majority of who were in their bedrooms, were not assisted with their meal until 145pm. We brought this to the attention of the deputy manager who told us they were in the process of reviewing the deployment of staff on the Lyde unit during mealtimes. Plate guards and cups fitted with a lid enabled some people to maintain a level of independence when eating and drinking. People told us they were provided with plenty to eat and drink. A choice of hot and cold drinks were offered regularly throughout the day and on request. One person told us "I enjoy the meals very much indeed." Another said "You can have a snack anytime you like." A visitor told us "Mealtimes are never rushed. It's very rare that I find my [relative] is unhappy with anything here." The chef visited each unit whilst lunch was being served. They told us this enabled them to listen to people's views and suggestions first hand. They said they also attended monthly resident and relative meetings to discuss menu options.

We recommend the provider reviews staffing levels and how staff are deployed at meal times so that all people living at the home do not have to wait for long periods before they have their meal.

Good

Is the service caring?

Our findings

Without exception, everyone we met with commented on the kindness of the staff. Staff were compassionate and caring in their interactions with people and their visitors. One person said "Oh they are all delightful and so very kind." A visitor told us "They are quite brilliant here to be honest. I cannot speak highly enough of them. It makes me relaxed knowing my [relative] is being looked after so well. They are very kind and compassionate."

There was a cheerful atmosphere in the home with lots of laughter and friendly banter. The deputy manager and other staff immediately went to greet a person who had arrived to live at the home. Interactions with the person and their relative were very kind and welcoming.

People were treated with dignity and respect. Staff spoke to people in a warm and respectful way. Screens were used when they used a hoist to assist people who were unable to move independently. Staff supported people to make choices about their day to day lives and they respected their wishes. For example we met with one person who liked to spend time in their bedroom. They told us "I like my own company. The staff are there when I need them but they respect my wishes to be on my own." Throughout the day we heard staff checking whether people were happy where they were and with what they were doing.

Staff told us they had received training about dignity and respect. There were leaflets and posters around the home to remind everyone what this meant and what people should expect. One staff member told us if they if they observed a colleague behaving without care or respect they would report the matter to the management. The deputy manager told us about a recent "dignity day" which had been held at the home. They explained people had been encouraged to talk about what it meant to them and what was important to them. This was then shared with the staff team.

People said staff respected their privacy. All rooms at the home were used for single occupancy. However; we met with two couples who wanted to share a bedroom. They had been provided with spacious bedrooms where they could spend time together in private. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

It was one person's birthday. Some visitors gathered in the reception area and staff provided extra seating for them. A trolley arrived with hot drinks and a birthday cake. Staff gathered to sing happy birthday to the person and then assisted them to cut their cake. The person responded very positively to this and it was apparent they were enjoying themselves.

The deputy manager told us they had supported people to attend family events outside of the home. They told us about one person who had been supported to attend their relative's wedding which had made a great deal to them.

Care plans were in place to ensure people's wishes and preferences during their final days and following death were respected. The home had achieved the National Gold Standard Framework in September 2013. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. Reaccreditation for this award is carried out every four years.

Good

Is the service responsive?

Our findings

People told us they received care and support in accordance with their needs and preferences. One person said "All the staff are lovely. They know what is important to me." Another said "They [the staff] know how much help I need. They don't rush me. They know I like to take my time." A visitor told us "The carers know the needs of my [relative]." They told us staff made sure their relative was given the food and drink they preferred and that they were always dressed in the clothes they liked.

Before people moved to the home the registered manager or deputy manager visited them to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet their needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there.

Care plans contained clear information about people's assessed needs and preferences and how these should be met by staff. This information helped staff to provide personalised care to people. Care plans had been regularly reviewed to ensure they reflected people's current needs. A visitor said "I am invited to regular reviews." Another said "My [relative] has regular staff looking after them and also has their own key worker who knows them very well."

The deputy manager told us each day a person from each of the three units was identified as "resident of the day." They explained that the person's care plans was reviewed with them and they were visited by the chef and activity staff so they could discuss any preferences or concerns about the food and activities they were offered.

People were supported to follow their interests and take part in social activities. Designated activity staff were employed and people were provided with opportunities to take part in a varied activity programme within the home and in the local community. The head of activities worker told us "All the activities are planned around people's preferences." They explained they met with people regularly. They showed how they recorded the outcome of an activity for each person who had taken part. Records contained an evaluation of the person's mood, level of interaction and ability. This helped staff to monitor the effectiveness of the activity provided. When we visited, activity staff were seen on each unit. Activities included gardening, ball games and one to one chats. The home has a wheelchair accessible bus which is used for trips out. Entertainers regularly visited the home and we saw lots of photographs of people enjoying a variety of activities.

People could see their visitors whenever they wished. One person told us "My [relative] visits me most days. There are no restrictions on visiting." We observed visitors coming and going throughout our visit and it was apparent they had a good relationship with the staff and management. A visitor told us "I am always made to feel very welcome and I'm always offered a drink." On the day we visited a large number of visitors arrived at the home. The visitor's book confirmed this was the case every day.

People and their visitors knew how to make a complaint. Everyone we spoke with said they felt confident any concerns would be addressed. One person said "I wouldn't put up with any nonsense. If I wasn't happy I would report it straight away." Records of complaints showed that all complaints expressed verbally or in writing were responded to in a timely manner. We saw complaints had been fully investigated and action was taken to address people's concerns.

Good

Is the service well-led?

Our findings

There was a staffing structure in the home which provided clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager and a head of each unit who oversaw the day to day running of the unit. There was always a registered nurse on duty on each unit. Each unit had a team of care staff. Experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities which came with that. Catering, domestic, administrative, maintenance, activity and laundry staff were also employed. Each had a head of department who met with the registered manager, deputy manager and nursing staff each day to share pertinent issues affecting care of the people who lived at the home.

People, staff and visitors to the home told us they found the registered manager and deputy manager very approachable. Their office was just off the main reception area and the door was open throughout our visit. The deputy manager made themselves easily accessible to people. We observed lots of people who lived at the home, visitors and staff chatting with the deputy manager throughout our visit. The deputy manager, who was a registered nurse, was very visible in the home and regularly worked shifts.

In their completed provider information return (PIR), it was stated "The registered manager has an open door policy. Residents, relatives and staff have unfettered access to the registered manager at all times. The registered manager walks the floor and has face to face contact with every resident a minimum of three times each day. This gives him and the residents the opportunity to discuss any concerns about their care and safety." This was confirmed by the people, staff and visitors we spoke to.

The deputy manager told us the ethos of the home was all about the people who lived there. They said "This is their home. Our residents always come first." In a recent audit of the home by a member of the provider's management team, it was stated "The home's philosophy of care embodies tenets of choice, respect and dignity."

The deputy manager carried out regular and discreet observations to monitor the "lived experience" of the people who lived at the home. We were able to see their findings of recent observations had been positive. No action points had been raised.

There were quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. Maintenance staff were employed. They carried out regular checks on the premises and made sure any repairs were attended to promptly. The registered provider also monitored how the home was managed and the quality of the service provided. A regional director of the company carried out regular visits to monitor the service using the five questions we report on; Is the service safe, effective, caring, responsive and well-led. We read the report of a recent visit which showed outcomes were positive.

The performance and skills of staff were monitored through day to day observations and formal supervisions. Staff morale was very good. There was lots of laughter in the home throughout our visit. One member of staff told us "I love working here. You get so much support and training." Another said "It's a lovely friendly place to work and we all want the best for the residents."

Staff were supported and trained to take lead roles. They shared their knowledge and provided training for other staff as well as ensuring standards were maintained. These included tissue viability, end of life care and reducing the risk of falls.

Surveys were sent to people and their friends and family to seek their views on the quality of the service provided. The results of a recent survey had been positive. People had expressed a high level of satisfaction about the staff, how they were treated by staff, the care they received, meals and activities. One person had commented "There is a general sense of compassion at all times." A relative stated "West Abbey provides a home from home and there is an excellent activities team."

Regular meetings were held for people who lived at the home and their relatives/representatives. Meetings provided an opportunity to inform people of any changes or events which had been planned. The minutes of a recent meeting showed a variety of topics had been discussed

Good

Is the service well-led?

which included staff changes and forthcoming activities. People and their relatives are also provided with an opportunity to attend a “food for thought” meeting. This provided people with an opportunity to meet with the chef and discuss any preferences or suggestions about the food provided. We were informed that menus had been amended based on comments people had made.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent How the regulation was not being met: The principles of the Mental Capacity Act 2005 had not been adhered to relating to peoples capacity and preferences to receive lifesaving treatment in the event of a medical emergency. Regulation 11(1), (2), (3) & (5)