

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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Abbeyrose House is a residential care home providing personal care for up to 29 older people living with dementia. There were 24 people living at the service at the time of inspection. There were a variety of communal areas for people such as two dining rooms and two lounges which included an additional dining space. The lift gave access to the upper floors.

### People's experience of using this service and what we found

The service was not consistently well-led. There were not adequate systems in place to monitor the quality of the service. Concerns picked up during the inspection had not been identified. Where risks were identified in people's care, there was no written guidance for staff to follow to help keep people safe.

The service was not consistently safe. Medicines were not always managed safely.

People did not always receive effective care. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider was not clear on their responsibilities under the Mental Capacity Act or when Depriving someone of their liberty. People's mental capacity had not been taken into consideration when planning their care to protect people's human rights.

The service was not consistently responsive to people's needs. People's care assessments were kept up to date, but information was not always transferred through to the care plan. Clear guidance was not always available for staff to follow. This included lack of information around activities, dietary requirements and support for people with behaviour that challenges. We have made a recommendation to the provider about this. Staff had regular training, however, had not had annual medication competency assessments done.

Staff were recruited safely and had relevant pre-employment checks in place. People were protected against the risk of harm or abuse by staff trained to be aware of their responsibilities.

People had choice with their meals daily, and whether they wanted to join in with activities.

People were cared for by a kind and caring staff team. They were treated with dignity and respect and had their independence promoted. Staff knew how to support people with their communication needs and people had been consulted about their end of life needs.

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

### Rating at last inspection

The last rating for this service was Good published 19 January 2017.

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to medicines, mental capacity and governance this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to ensure improvements are made to medicines processes, mental capacity and governance arrangements. We will monitor the progress of improvements, working alongside the provider. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Abbeyrose House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Abbeyrose house is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the care quality commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service before the inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people. We spoke with the manager, the provider and two staff members. We spoke to four relatives who were visiting the service and a case officer from Kent County Council. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the

management of the service, including training and quality monitoring records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, risk assessments, competency records and proof of works completed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. This included medicines which were at higher risk of misuse and therefore needed closer monitoring. Weekly stock checks of these medicines were not completed to ensure people had been given their medicines as prescribed. Body maps were not used to record where a person had a pain patch applied on their body. These were required so staff could ensure the patch was regularly rotated to different areas of the body. This was important to ensure people maintained healthy skin.
- Procedures for receiving medicines into the service were not always followed. For example, medicines were on people's Medicine Administration Records (MARs) that had not been signed in by staff or showing stock available. MARs were not always kept up to date and there were unexplained gaps. For example, some people were not receiving the medicines on their MARs due to their GP discontinuing them. One gap was due to the person refusing their medicines and appropriate action had been taken. However, this had not been recorded on the MAR. This increased the risk of errors going unnoticed and people not receiving their medicines as prescribed.
- Staff administering medicines had received regular training but did not have their competency regularly assessed. Competency assessments were carried out after initial training however, three out of four staff administering medicines had not had their competency assessed since 2017. This is best practice, so the registered manager could be assured staff were competent in administering medicines.

The provider had failed to ensure that staff were managing people's medicines safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people were prescribed 'as required' medicines (PRN) such as pain-relief, there was a PRN protocol for staff on how and when these medicines should be administered.

### Assessing risk, safety monitoring and management

- The environment of the service was safe. The equipment in the building had been regularly checked and serviced and the registered manager completed regular health and safety audits. There were building risk assessments in place to assess, monitor and reduce environmental risks.
- The service had assessed potential fire risks, but had not ensured fire doors fully closed when the fire alarm went off. This could potentially put people at risk in the event of a fire. The provider responded quickly and rectified the issue. The staff had regular fire safety training and knew what to do in the event of an emergency. People had personal emergency evacuation plans so staff knew what support people needed.

### Learning lessons when things go wrong

- Accidents and incidents were not analysed regularly to ensure lessons were learnt. Appropriate actions were taken following incidents and accidents such as falls. However, all significant events were not reviewed for patterns and trends to prevent future recurrence.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to keep people safe from the risk of abuse or avoidable harm. The registered manager was aware of their responsibilities and raised concerns with the local authority when necessary.
- People told us they felt safe. One person said, "I feel quite safe and I would say if I didn't." A relative we spoke to said, "Yes I feel my [person] is very safe here."
- Staff we spoke to had a good understanding of safeguarding and how to identify signs of abuse. They knew how to raise concerns with the registered manager and how and where to escalate concerns if necessary.

### Preventing and controlling infection

- People were protected from the risk of infection. The home was clean and we saw that regular cleaning took place. A relative we spoke to said, "I am happy with the cleanliness of the home, there is never any odours when you come in."
- Staff had received infection control and food hygiene training. Staff had access to protective equipment such as gloves and aprons to help control the spread of infections.

### Staffing and recruitment

- Safe recruitment practices were followed. The provider ensured pre-employment checks were satisfactorily completed for all staff before they began working at the home. These checks included two references, full employment history, right to work in the United Kingdom and a criminal records check (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.
- There were enough staff deployed to keep people safe and the provider used a dependency tool to assess staffing levels. The service was fully staffed. Members of the staff team covered any staff vacancies or absence, to ensure consistency of care. All staff confirmed there were adequate staffing in place which safely met people's needs. A member of staff told us, "There is definitely enough staff, if someone calls in sick (the registered manager) will cover. They are both hands on, we don't use agency."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's mental capacity had not always been assessed when making more complex decisions. For example, one person had a significant change to their diet, but their mental capacity had not been assessed to assure this decision had been made in their best interest. The registered manager was unclear about their responsibilities in relation to this.
- Not all staff had received training in MCA. Staff had limited knowledge in MCA and its principles. However, they were able to give examples of gaining consent and understood people were able to refuse care.
- The registered manager did not have a clear understanding of their responsibilities under DoLS. One person had a DoLS in place, with conditions that were being met. However, one person was unable to leave the premises unsupervised. There had not been a DoLS application made for this person and they did not have a capacity assessment and best interest decision with regards to this decision. The registered manager understood this shortfall and has made DoLS applications where needed since the inspection.

The provider had not acted in line with MCA and DoLS. This is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had their needs assessed prior to admission and care plan assessments were put together based on people's individual needs. Assessments included mobility, moving and handling, continence needs and

oral healthcare. These were reviewed monthly and updated with any changes.

- The service followed best practices and used nationally recognised assessment tools. These included malnutritional universal screening tool (MUST) to predict nutritional risks and Waterlow to predict pressure ulcer risks respectively. Where required healthcare professionals including GPs and district nurses supported staff to deliver safe care and support.
- Some care plans were missing details to provide full guidance for staff how to care for a person. For example, there was no clear guidance for staff on how to support a person who was at risk of developing pressure sores. There had been no impact as staff knew the people they were looking after and no one had developed pressure ulcers. However, there was a risk new staff would not be able to safely care for people without correct guidance.

We recommend the provider considers current guidance and seek advice from reputable source to ensure that changes to people's needs and assessments are effectively recorded in people's care plans.

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

- People were not able to freely access the garden without staff. This was because on leaving the building there was direct access to the car park and street which could be a danger to some people. This meant people living in the service were restricted from accessing the garden safely on their own when they wished. The access to the garden could be improved to enable more independence.
- The services' internal environment was suitably designed. The service had rooms over three floors and access to upstairs bedrooms were available via a lift or stair lift. There was a variety of different communal areas people could choose to sit in.
- People were safe to freely move around the building. Signage with pictures were available on people's bedroom doors to help them locate their rooms. Directional signage was available to help assist people living with dementia, by directing them to different areas of the service. For example, the toilet, lounges and dining rooms.

Staff support: induction, training, skills and experience

- Staff had not always received regular supervision in line with company policy, but they said they felt supported. A member of staff said, "I can't remember when I had a one to one, but I feel listened to." Another staff member said, "You can raise any concerns." Staff received annual appraisals and between these had adequate supervision to fulfil their roles through regular staff meetings and training.
- New staff completed an induction process to make sure they were competent in their role. Staff had either completed the care certificate or an NVQ in Health and Social Care. These are national standards that staff are expected to meet to work unsupervised in adult social care settings.
- Staff received regular training and this was annually reviewed. A variety of training was given to ensure people's individual needs were met. For example, diabetes management and dementia care.
- Staff told us they felt the training was good and were able to tell us what they had learnt. A member of staff told us, "Social care tv training is good and we always discuss training at team meetings."

Supporting people to eat and drink enough to maintain a balanced diet

- People received a well-balanced diet and were given choice about what they ate. Weekly menus were put together by the chef taking into account people's preferences and other options were available each day. If someone was having a birthday a special buffet was put on for everyone to help that person celebrate.
- People had a choice of where they would like to eat their meals. There were a few different dining options which enabled people to enjoy a quieter lunch if that was their preference. We observed meals being served, they looked and smelled appetising. The chef went around after the meal asking people if they enjoyed it and the feedback was all positive.

- Staff ensured people had enough to drink. Regular drinks were offered and encouraged throughout the day. People and relatives we spoke to were positive about the food, one person said, "The food is wonderful and you get lots of choice." A relative said, "The food is good... too good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services. Records showed people received regular treatment from healthcare professionals including visiting GPs, district nurses and dieticians. Where required, people were supported to attend the hospital.
- Relatives were happy with how the service managed healthcare needs. A relative said, "They always call and inform me of what is going on, if they have seen a doctor and what the plan is."
- A health and social care professional we spoke to was positive about the service. A visiting case officer told us, "The care staff are always up to date with knowledge about a person. Which is what we look for. The manager is very approachable"

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us the staff were kind and caring. One person said, "It's the best I could want. They are all so kind, and they don't rush me which I like." Another person said, "I think they do care and they listen to you." A relative told us, "The staff are caring, I've never had any issues with them."
- We observed staff interacted with people, responding quickly to requests for support and always speaking in kind gentle tones. Humour was also observed with staff sharing times with people they were both obviously enjoying.
- People's religious needs were considered and planned into their care. There were regular church services for people. People were visited by member of the church according to their wishes and choices. One person that used to be heavily involved in the church was visited regularly by them. The registered manager had established strong relationships with the local church next door.

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

- Where people were unable to express their own views about their care, relatives were contacted to discuss people's wishes and needs. We observed positive relationships between staff and relatives.
- Relatives told us they were regularly kept informed, one relative said, "I have had a formal care plan review, but not for a while. We do talk regularly though and the manager keeps me informed."
- People and relatives were positive about the care they received, a person said, "They do things the way I want, they don't force things on me." A relative said, "Staff understand a person's right to refuse care, they just use encouragement."
- People were able to express their views about different aspects of their care. At resident meetings different topics were discussed such as meal options, and people were given opportunities to add issues on the agenda.

Respecting and promoting people's privacy, dignity and independence

- We observed staff promoting privacy and dignity. For example, knocking on people's doors before entering and talking discreetly about personal care tasks.
- Information about people was kept confidential and stored safely. Care records were kept locked and there was locked access on to the computer system.
- Independence was encouraged by staff. People were able to go out and access the community independently. One person said, "I am ok here, I like to go out, the staff are pretty good here and they stay which is good."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew how to support people with challenging behaviours. Individualised plans were not available for staff to help identify and manage potential triggers and ensure consistent practice. We spoke with the registered manager and since the inspection positive behaviour support plans and guidance for staff have been developed.
- Staff told us they kept informed of people's changing needs in handovers. Handover documentation and communications books were used to communicate between staff and management.
- 'This is me' documentation was available in some people's bedrooms. These contained important information on people's background, family history, their preferences and other details that were important to people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs met in a variety of ways. Pictorial signage was used to help direct people around, large clocks with date and time were available in communal rooms.
- People's care plans described how staff were to support people to communicate. For example, ensuring people were wearing their glasses or if they needed assistance with hearing aids.
- Staff were able to identify communication needs and support people well. One person that was struggling to hear the activity questions was struggling to join in and was getting upset. The staff member got a white board and wrote each question down so they were able to get involved. The person became really engaged and happy to participate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Since the last inspection improvements had been made to the activities in the home. A memory jar was used to capture memories and this was reviewed so people can have more activities they enjoyed. For example, growing butterflies was enjoyed a lot, so the registered manager arranged this again.
- People received a weekly visit from a local nursery school. People were expecting the visit on the day of inspection which they seemed excited about. Unfortunately, this was cancelled by the nursery, so staff adapted by putting on entertainment instead. A relative was positive about the visits and told us, "The children come in weekly and it's great, my [person] really engaged and it was great."

- People accessed the community. During the inspection some people were going out either independently or with some additional support. The provider had purchased a vehicle since the last inspection which enabled people to do more community-based activities.
- People and their relatives were positive about the activities offered. One person said, "There is always something to do. I like to keep busy and join in." A relative said, "There is always lots going on and [person] enjoys being down in the middle of it, they are never in their room."

#### Improving care quality in response to complaints or concerns

- The complaints procedure was visible at the service. People were encouraged to feedback or raise concerns in resident meetings and surveys.
- During our inspection it was noted that no complaints had been logged. When speaking to a relative they informed us of a few complaints they have raised around laundry and personal care. They commented that the registered manager has always dealt with complaints promptly and efficiently. We spoke with the registered manager about ensuring all complaints and concerns were logged to help improve the service.

#### End of life care and support

- At the time of inspection, no one using the service required end of life care and support.
- End of life care was discussed in a separate care plan called 'when I die'. The booklet enabled a person centered approach in caring for people at the end of their life, taking into consideration their preferences. It included a variety of different areas such as 'where would I like to be cared for' and specific funeral choices.
- Some staff had received training in death, dying and bereavement.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems to monitor the quality of the service were not always robust. Some audits were in place however, these were not always completed. For example, fortnightly medicine audits had only been completed once in 2019. The last full medicine audit completed in June 19 also failed to identify the shortfalls we found.
- Care plans did not always include personal preferences. For example, one person living with dementia had information about activities they used to enjoy. No information was available to identify how this person could still achieve this with support, or what they could do instead. This is a records issue, we have since been informed the activity co-ordinator is working on individual activity plans for people.
- The provider did not have assurance systems in place to identify shortfalls in people's care plans. Care plans were not always up to date with relevant information for staff and appropriate actions from risk assessments were not recorded. This meant that there was a risk people would not receive safe care, for example, risks around supporting people with food and pressure ulcers.
- Health and safety audits were not effective in identifying issues with fire safety. Although actions were put in place to ensure fire doors safely closed. More robust systems were needed to ensure these areas were identified.
- People's risk assessments were individual to their needs. For example, one person that was on a modified diet had these risks appropriately assessed. However, information was not relevant or up to date and stated the person still ate sandwiches and biscuits. This person was receiving safe care as the staff knew the person well and was observed supporting them appropriately. This was a recording issue due to the care plan not being updated.

The provider had not operated effective systems and processes to assess, monitor and improve the safety and quality of the service and ensure it was effectively managed. The provider had failed to maintain accurate and complete care records. This placed people at risk of harm. This is a breach of the Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relative's views were sought to improve the quality of the service. The service had carried out a satisfaction survey to gather feedback about the service in September 2019. The provider had used this feedback to make improvements. For example, pub evenings took place once a month and a pool table had been purchased.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- There was a person-centred culture within the service that was promoted by the registered manager. We received positive feedback about the management. A relative commented, "The manager's always around and approachable." While another relative said, "We can talk comfortably with the managers and they listen." A case officer we spoke to said, "The manager is very approachable." Staff told us the manager is approachable and they listened to concerns.
- The registered manager aimed to achieve good outcomes for people. A relative told us about how the registered manager advocated for their relative when the hospital tried to discharge them too early. When they came out of hospital they had lost a lot of weight, "They worked patiently to increase [person's] appetite and offered food little and often."
- The registered manager had a working relationship with the local authority and other health care professionals. For example, they ensured reviews took place for people with the local authority to ensure they were getting the required support. This enabled effective care and support for people in the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. An example was given when it was used regarding a person that had fallen in the service.

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

- People had regular resident meetings. A variety of different topics were discussed including the monthly newsletter which was read out to everyone. Topics such as food and activities were discussed during the meetings in order to involve people in decisions.
- Regular staff meetings were held to update staff about best practice and to gather their views about the service. The provider told us since this inspection they have implemented staff surveys in order to gather further feedback from staff.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had not acted in line with MCA and DoLS
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure that staff were managing people's medicines safely.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not operated effective systems and processes to assess, monitor and improve the safety and quality of the service and ensure it was effectively managed. The provider had failed to maintain accurate and complete care records.