

Prime Health Care (Bury) Limited

# Abbeydale Residential Care Home - Bury

## Inspection report

179 Bolton Road  
Bury  
Lancashire  
BL8 2NR  
Tel: 0161 761 5613

Date of inspection visit: 21 January and 15 February 2015  
Date of publication: 10/04/2015

### 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 was an unannounced inspection which took place on 21 January 2015. We had previously carried out an inspection in May 2013 when we found the service had complied with all the regulations we reviewed.

Abbeydale provides accommodation for up to 32 older people who require support with personal care. The home was full at the time of our visit.

The service had a manager who had recently completed the registration process during our inspection visit. 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.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was

# Summary of findings

because most staff had yet to undertake Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training which should help them ensure people's rights are protected.

You can see what action we asked the provider to take at the back of the full version of this report.

All the people we spoke with who used the service told us they felt safe in Abbeydale. Staff had received training in safeguarding vulnerable adult's procedures. They were able to tell us what action they would need to take if they had any concerns about the care people received in Abbeydale. All the staff we spoke with were confident any concerns they might raise with the registered manager would be taken seriously and acted upon.

Recruitment processes in the service were sufficiently robust to protect people from the risks of unsuitable staff. We found staffing levels were appropriate to meet the needs of people who used the service.

There were appropriate measures in place for the administration of medicines. We did however find that controlled medication was not always stored as it should be at the change-over of the medication cycle. The registered manager took immediate action to rectify the problem.

The home was seen to be clean and tidy throughout and staff had the equipment they needed to help ensure prevention and control of infection processes were in place.

Staff told us they enjoyed working at Abbeydale and considered they received the training and support they needed to safely carry out their role. Training records showed that most staff had received the basic training they needed. We saw staff respond quickly to meet people's needs and work well as a team. A member of the staff team said "Everyone pulls together and it is absolutely great working here."

The registered manager demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests. At the time of our inspection we were told that there were no restrictions to people's liberty.

People who used the service told us they enjoyed the food that was available and we saw that they were offered food and drink frequently throughout the day.

All the people we spoke with gave positive feedback about the staff in Abbeydale. During the inspection we observed positive and caring interactions between staff and people who used the service.

A relative told us, "We looked carefully when we decided that my mother needed this type of care and I have been happy that we found the right place. They really are committed to doing a good job here and I know Mum is happy." Another said "At the moment this place is the best for him and, with the experience we have of them caring for our mother, we had no doubts about them."

All the people we spoke with told us both the registered manager of the service was very approachable and would always listen and respond if any concerns were raised. The staff we spoke with told us that they thought that the homes reputation, staff morale and resources available at the home had all improved since the registered manager took over the day to day running of the home.

There were a number of quality assurance processes in place in Abbeydale. This showed us the registered manager was regularly reviewing how the service could be improved.

Prior to our visit we contacted the local authority safeguarding and commissioning teams and no concerns were raised by them about the care and support people received from Abbeydale Residential Care Home.

# 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?

People were protected against the risks associated with the unsafe management of medicines in the service.

Staff were safely recruited and there were sufficient numbers of staff available to meet people's needs.

Good



### Is the service effective?

The service was not always effective.

Staff knew people well and had received the training and support they required to deliver effective and safe care. However not all staff had not received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to help ensure that people were not subject to restrictions which had not been legally authorised.

Staff told us they worked well together as a team.

People told us they enjoyed the food they received. Food and drink were offered to people regularly throughout the day.

Requires Improvement



### Is the service caring?

The service was caring.

People appeared well dressed and cared for.

People who used the service and their relatives gave positive feedback about the attitude and approach of staff.

People told us they were treated with dignity and respect. This was confirmed by the interactions we observed between people who used the service and staff during our inspection.

Good



### Is the service responsive?

The service was responsive to people's needs.

People were able to take part in activities everyday with more able people who used the service supporting and encouraging those who were less able to participate.

All the people we spoke with told us they would feel confident to raise any concerns with the registered manager and their concerns would be acted upon.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

The home had a manager who was registered with the Care Quality Commission and was qualified to undertake the role.

People we spoke with told us the registered manager was approachable and supportive. The registered manager worked alongside staff and was in control of the day to day running of the home

Quality assurance systems were in place to help support the manager monitor the service.

# Abbeydale Residential Care Home - Bury

## 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.

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams and no concerns were raised by them about the care and support people received from Abbeydale Residential Care Home.

We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

The inspection took place on 21 January 2015, was unannounced and involved one inspector 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. The expert had experience of services for older people.

During the inspection we spoke with 10 people who used the service and four relatives. We also spoke with the registered manager and eight care and support staff. Some people we spoke with had difficulty holding a conversation with us but were able to answer some of our questions. We observed how people were supported and cared for and looked round most parts of the home.

The inspector returned to the home on 10 February 2015 to check the systems in place for the management of medicines. We also looked at a range of records relating to how the service was managed; these included staff files, training records, the registered manager's quality assurance systems and some policies and procedures.

# Is the service safe?

## Our findings

There was a good atmosphere at the home with busy and cheerful staff. The registered manager was very visible throughout our visit spending time talking and assisting people who used the service and directing staff. People we spoke with told us they felt safe.

We saw that the home had policies and procedures for safeguarding vulnerable adults and whistleblowing. We saw that safeguarding adults was covered in induction training, which included watching a DVD and completing a questionnaire to show they had understood. New staff also watched a DVD called 'What Do You See' to help them recognise the signs of abuse and poor practice.

The home had a copy of the local authority safeguarding policy and procedure which was accessible to staff in the main office. Records showed that 17 out of a staff team of 22 had received training in safeguarding vulnerable adults through the local authority training partnership.

The two night staff members we spoke with were able to tell us what action they would take if they had any concerns about a person who used the service. They told us they were confident they would be listened to by the registered manager if they were to raise any concerns. They were also aware of what action they should take in reporting poor practice on the part of a colleague also known as whistleblowing. They told us they were aware they could approach the local authority adult care services and CQC should they feel that appropriate action had not been taken by the registered manager or the registered provider. They told us they had no concerns about the home.

We saw that the manager had written a contingency plan to help direct staff as to what action they would need to take in an emergency, for example loss of electricity and if staff could not get to the home in severe weather. We saw that there was a personal emergency evacuation plan (PEEP) grab file in place to help emergency services for example in the event of a fire. Fire safety training was undertaken annually and was facilitated by a fire safety officer. Fire drills were undertaken every month.

Care records we reviewed contained risk assessments that identified if a person was at risk of harm from conditions such as pressure sores, poor nutrition and where additional

support was needed for people with restricted mobility. We saw that footplates were used by people in wheelchairs throughout our inspection visit and pressure relieving cushions and mattresses were in place where needed.

When we arrived at the home at 7.30am we saw that the registered manager and day staff were already in the home supporting night staff to get people up and that kitchen staff were already on the premises preparing for breakfast.

From our observations there appeared to be sufficient staff on duty throughout the day. The registered manager told us that the home was fully staffed and there were no vacancies. Outside agency staff were not used so people received consistent care from staff who knew them well.

We saw staff responded quickly to meet people's needs and worked well as a team. A member of the staff team said "Everyone pulls together and it is absolutely great working here."

We looked at the staff rotas for the home which showed that the registered manager was rota'd on duty at 8.00am each week day. There was always a senior member of the care staff team on duty with three carers. Cooks started work at 7am and helped support people with their meals.

We looked at the recruitment and selection procedures for three members of staff who had recently come to work at the home. We saw that systems were in place which met the requirements of the current regulations which included a criminal record check. Applicants were asked to provide a full employment history and to explain any gaps in their employment. This should help protect people who used the service from unsuitable staff.

We saw that people's medicines were administered by two members of staff during the breakfast period. We saw that they wore tabards that indicated to others that they were giving out medicines and were not to be disturbed during this process. We saw that when staff administered medicines they sat with the person concerned, explained what they were doing and stayed with the person until they had taken their medicines. We were told that no-one was self-medicating at the time of our visit and no-one was prescribed 'thickeners' to be added to food to prevent people from choking.

We saw that medication was stored securely in a locked treatment room and the medication trolleys were seen to be chained to the wall. We were told by the registered

## Is the service safe?

manager that only they and senior care staff were able to administer medicines. If people required medication at night we were told that the staff had to contact either the registered manager or a senior member of the staff team.

Medicines were supplied to the home in a monitored dosage system (MDS). We noted all the MAR charts contained a photograph of the person for whom the medicines were prescribed; this should help ensure medicines were given to the right person.

We were told by the registered manager that staff were aware that some people needed to have their medication at different times, for example a person who had Parkinson's Disease had their medication early to help them manage their rigidity so they could get out of bed.

Fridge and room temperatures were recorded to help ensure that medicines were stored correctly. All prescribed creams and ointments were stored in the treatment room so that the registered manager could monitor that they were being administered when they should be.

We looked at the record of controlled drugs held in the service. We found records relating to the administration of controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were signed by two members of staff to confirm these drugs had been administered as prescribed; the practice of dual signatures is intended to protect people who use the service and staff from the risks associated with the misuse of certain medicines.

When we checked the stock of controlled drugs for people who used the service we found these corresponded with the records. It was however noted that there was not enough room in the controlled drugs cupboard to store all the medicines stocks at the point of change over from one monthly cycle to the next for a period of one day only. The registered manager ordered a second controlled drug cabinet immediately to ensure the correct storage of the medicines.

We were told that no-one who used the service was being given PRN or as required medication to help manage presenting behaviours. We were also told that no-one was being given their medication covertly which means without their knowledge and consent.

We saw copies of medication audits that were carried out by the registered manager and senior care staff members together when possible. They looked at the medicines and records of three people who used the service in depth at each audit and a record of their findings was maintained.

Paper towels and liquid hand wash were available in communal toilets and bathrooms for people to use. Hand sanitizers were available for people to use at strategic points for example entering and leaving the home to help prevent the spread of infection. Staff had personal protective equipment (PPE) such as disposable gloves and aprons to use to help control and prevent the transfer of infection from one person to another. Records we saw showed that a monthly infection control audit was undertaken by a senior care staff member.

We looked around the home. No malodours were detected and the toilets, shower room and bathroom were seen to be clean. Colour coded mops and buckets were used to ensure that for example mops used in the toilet and bathroom areas were not used in the kitchen.

We saw that there was an alarm system near people's beds. The alarm was activated if a person got out of bed and alerted staff that the person might need support and also to help prevent falls.

We saw that laundry was being transferred around the home in a safe way. The laundry facilities included washing machines with a sluice cycle to use for soiled items to kill any bacteria present.

We saw that a monthly food hygiene audit was carried out by the registered manager and a record of their findings was maintained. The kitchen was seen to be clean and tidy. Records of fridge and freezer temperatures were kept to ensure that food was being stored correctly. A probe was used to check that meat was cooked at the right temperature. There was a cleaning schedule for the kitchen in place.



# Is the service effective?

## Our findings

Both the people who used the service and the relatives we spoke with were confident that the staff knew what they were doing and did it well and were meeting people's care needs as required. The staff we spoke with told us they had received all the necessary training they needed to support people who used the service effectively and to keep them safe.

A person who used the service said, "I've seen a few changes of staff but the current lot are alright. The food is good enough and it is pleasant enough here. Do the staff understand my needs? If they didn't I would soon tell them."

Staff told us "I am a senior carer. We undergo all training as necessary, some of which is done online and some at the training centre nearby. Fire training is done in-house."

Another said "It is a good job with everyone getting along well and everyone is easy to talk to." And "I would say we all love the job, I certainly do. I am fully trained and happy to keep up to scratch with further training as necessary."

We saw records that showed that staff completed an induction programme. As part of the induction training staff were shown DVD's on basic awareness of adult abuse, food hygiene, health and safety, infection control and optical awareness. New staff members shadowed existing staff for one week as an additional member of the team before working directly with people. This gave new staff the opportunity to get to know people who used the service.

The staff team also attended training provided by the local authority training partnership. Training records showed that most staff had received training in emergency first aid, food hygiene, fire safety, health and safety, infection control as well as moving and handling.

Staff training records that we saw showed that the majority of the care staff team had not completed a training course in the Mental Capacity Act (MCA) 2005. This legislation is intended to ensure people receive the support they need to make their own decisions wherever possible. We were told by the registered manager that staff would access this training through the local authority partnership as places became available. Some staff had undertaken dementia

awareness training. This meant there was a risk staff would not have the necessary skills to be able to protect people's rights. This was a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

We saw records where it had been identified that people who used the service lacked capacity to make decisions a MCA assessment had been completed, for example they had advanced dementia or short term memory loss. We saw consistently throughout our visit that staff always asked permission before they carried out a care or support task and explained what they were going to do.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation is in place to ensure people's rights were protected. The registered manager had undertaken training in DoLS and was able to demonstrate an understanding of the law.

The staff we spoke with told us they were aware of people needs and to make sure that they ate and drank fluids regularly. We saw that between mealtimes people who used the service were regularly offered snacks, biscuits, and a choice of drinks.

At meal times we saw that tables were attractively set with tablecloths and napkins. We observed staff sat assisting some people to eat and gently encouraging other people who were reluctant to eat to take in more food and drink. We saw that staff worked as a team during mealtimes to ensure people received their meals at the same time.

People we spoke with about the food provided told us that the choices were good and the meals were enjoyable. The main meal of the day was seen to be well-cooked and appetising.

People we spoke with were complimentary about the food provided. "I am not sure how long I have been here but it is very good. I love the staff and the food is very good."

Kitchen staff were aware of people's dietary needs for example some people required a soft diet and others had diet controlled diabetes. Kitchen staff told us that they were made aware at handover if there were any changes required relating to food for example if a person was feeling poorly.

We looked around most parts of the building. We saw that some communal areas of the home had recently been



## Is the service effective?

redecorated and bedrooms were being decorated and fully refurbished as they became empty. All bedrooms we saw were clean, tidy and personalised. We saw that new bedding had recently been purchased.

There was a large fish tank and lots of fresh flowers and spring bulbs throughout the lounge and conservatory areas that help to create a homely atmosphere.

The home was seen to be well maintained. The home had a maintenance person who told us “I now do three days a week and attend to any snags which crop up. Problems are reported to [the managers] and they give me a list which I get straight on to. I can say I love it here, the staff are all great and there is a good feeling about the place.”

We saw that in people’s en-suites they had toothbrushes and toiletries that they needed. We were told that care staff members were identified to check that people’s glasses were cleaned so that they could see properly and that hearing aids were clean and in working order.

We saw a monthly audit which identified people who needed support with pressure area care. The registered manager told us that red areas were always monitored closely to help ensure that sores did not develop. One person had a pressure sore to their ankle and district nurses were visiting weekly to change the person’s dressings.

We looked at the care records of three people who used the service. We saw that records were kept of visits from the doctor, chiropodist, optician and dentist. We saw that people were accompanied when attending health care appointments by a member of the staff team.

# Is the service caring?

## Our findings

During our inspection we observed the atmosphere in the service was relaxed. One person who we spoke with who had previous experience of living in a care home. They said “It is much better than I thought it would be. It is not regimented as before. I could not cope with that. The atmosphere is the best thing here. There is no tension. It is nice and relaxed. They pay attention to the small details that matter to us. Like how I want the cushions on my chair to be placed.” And “Yes we are happy here and they are very nice.”

On the day of our visit everyone we saw appeared well dressed and cared for. We saw that most ladies had their handbags with them that contained items that they might need throughout the day for example books, magazines, brushes and combs. A hairdresser was in the home during our visit. They told us “I come in every Wednesday and do as many [people’s hair] as I can. I think they enjoy it and it seems to perk them up. They have other hairdressers who come in on other days”.

None of the people who we spoke with raised any complaints about the staff. We observed that there was a good rapport between people who used the service and the staff supporting them. From discussions with staff and from what we observed staff demonstrated that they knew the people they were caring for well. We were assured by people who used the service that they were treated with respect.

We saw that care records did give some information about people’s preferences, likes and dislikes. It was clear that

staff knew a lot about people and their positive attributes and strengths but this was not always recorded. The registered manager said they would consider putting a one page profile in place to address this issue.

We saw that before staff entered people’s bedrooms they always knocked and checked with the person that it was alright for them to enter. We saw that incontinence products were discreetly stored away.

“This is a good place and I am quite settled here now. The staff and the meals are very good and they do care for us here. They are cheerful and considerate and besides what they arrange in here the manager often takes some of us out to a local pub for a meal.”

“We looked carefully when we decided that my mother needed this type of care and I have been happy that we found the right place. They are really are committed to doing a good job here and I know Mum is happy.” Another said “At the moment this place is the best for him and, with the experience we have of them caring for our mother, we had no doubts about them.”

We saw that there was a service user guide in people’s bedrooms which gave them useful information about what they could expect from the home.

We saw that the majority of staff had completed training in death and dying and the home had undertaken training in the Six Steps End of Life programme. We saw that people had an end of life plan in place, which contained a statement of their wishes and preferences at that time. Advanced decisions had also been completed.

# Is the service responsive?

## Our findings

People we spoke with told us support was usually available when they needed it. They said they normally had no problems with the time it took for help to arrive when they called from their bedrooms. We saw throughout the day that staff were available in the lounge areas to support people.

One person we spoke with told us about how the staff had called out the doctor the night before our visit because they were in a lot of pain. They said “This place is very well run with good staff and good care.” We also saw a person who used the service tell the manager about a pain they were experiencing to their foot. The manager checked the person’s foot and immediately made arrangements for the doctor to come out for an examination.

The registered manager told us that an assessment was always carried out prior to a person moving into the home to ensure they could safely and effectively meet the person’s needs.

From our conversations with people who used the service and their visitors we gathered that they were involved in planning of their care. We looked at the care plans of three people. There were care plans in place that covered the individual support needs of each person. Evidence was seen that the person was involved if they were able to and had signed their care plan to confirm their agreement with it. We saw that care plans were reviewed regularly.

During lunch people told us about what happened at the home. They told us that everyone had a party and a cake on their birthday and there were “big parties” when people reached 100 and the Mayor attended.

People confirmed that activities took place every day after lunch. We joined people in a competitive game of dominoes and bingo. The manager spent time “whipping up” enthusiasm and there was lots of laughter and chatting during the games. We saw that more able people who used the service supported others to participate, particularly those people who had dementia.

There was an activities plan on display in the hallway which included; Holy Communion, musical exercises, softball, board games, hair and nail sessions and reminiscence sessions. One person told us “They try to keep us active with games and exercises and we recently had a singer here who was very good.” The garden was seen to be user friendly with seating areas. The manager told us that during the Summer months they had BBQ’s.

We saw that people were encouraged to maintain as much independence as they could for example when eating meals and moving about the home. People used various types of walking aids such as walking frames and wheeled tripod frames.

People we spoke with told us they had no complaints but knew who to speak to if necessary. They said that the manager and staff were very approachable. They also said that there had been no cause for complaint. A copy of the home’s complaints policy and procedure was on display in the entrance hall. No complaints had been received since our last inspection visit.

# Is the service well-led?

## Our findings

The service had a manager in place who had recently registered with the Care Quality Commission (CQC) as required under the conditions of their registration.

The people who used the service and relatives we spoke with knew who the registered manager was and had no difficulty in approaching and talking to her throughout our inspection. We were told that she was very responsive and saw that she clearly listened to what they had to say.

The staff who we spoke with told us that they considered the home to be well led and they had confidence that the management knew what they were doing. Staff told us that they enjoyed working at the home. Observations showed that the registered manager appeared to be active, friendly, enthusiastic and in control of the day to day management of the home.

The staff we spoke with told us that they thought that the home's reputation, staff morale and resources available at the home had all improved since the registered manager took over the day to day running of the home. A senior staff member said, "I love it here now. [The manager] is lovely and has built up my confidence so I have been able to take on more responsibility." Other staff said "[The manager] is lovely and trusts us but will always tell us if we have done something wrong or needs to be done better."

The registered manager told us that they had a good working relationship with the provider and they had experienced no problems when they requested resources for the home. Staff also said they now felt comfortable to contact the provider if they had any concerns.

When asked none of the people who used the service or their relatives said they had been involved in any meetings

or surveys, about the service provided by the home. They all felt that feedback was achieved through face to face discussions and told me that the organisation and the running of it was fair and open which, they said, led to the pleasant and happy atmosphere. A residents meeting was last held in October 2014. The registered manager said that relatives could also attend this meeting if they wanted to. Feedback forms were available for people who used the service, relatives and friends and staff to complete.

The registered manager spoke positively about the staff team. They told us that they did carry out 'spot checks' from time to time out of hours to check that standards were being maintained at all times. The last staff meeting took place in October 2014. The registered manager told us that they tried to hold a staff meeting every three months and the next one was due to take place on 12 February 2015. Staff meetings give staff the opportunity to raise any issues of concern that they have.

There were a range of quality assurance system audits in place. These included food hygiene, medication, infection control, pressure area care, falls, complaints and concerns and staff training.

A comprehensive set of policies were available for staff to use. However it was noted that these were in the name of another service within the organisation and this needed to be changed. We saw that policies and procedures were read during the induction process and saw copies of the procedures for the protection of vulnerable adults, infection control, accidents and incidents, confidentiality and health and safety on staff files.

Prior to our visit we contacted the local authority safeguarding and commissioning teams and no concerns were raised by them about the care and support people received from Abbeydale Residential Care 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
	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>The provider did not have suitable arrangements in place to ensure that people employed for the purposes of carrying on the regulated activity are supported by receiving appropriate training to ensure people's rights were protected.</p>