Oakley Carehomes Limited

Abbey Care Home

Inspection report

Collier Row Road
Romford
Essex
RM5 2BH

Tel: 07888705327

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Abbey Care Home is a care home registered to provide personal care for up to 20 people. At the time of the inspection, 18 people were using the service.

Abbey Care Home is located in a residential area and each person using the service had their own bedrooms but shared the lounge, kitchen and bathrooms.

People's experience of using this service and what we found
People did not have enough activities to stimulate them. They were not fully engaged during most parts of the days. However, the new manager was taking action to improve the activities people experienced.
Care plans were person-centred, reflecting people's needs, choices and how they wanted staff to support them. However, information about people's needs was not consistently accurate in people's files.

People felt safe in the service. Each person had a risk assessment, which explained risks to people and provided guidance for staff on how to ensure people were protected from harm. Staff knew what safeguarding people meant and how to report abuse. Staff recruitment was robust ensuring people were supported by staff who were properly checked and who had the skills to provide safe care. Medicines were properly managed ensuring people received them as prescribed by their healthcare professionals. Incidents and accidents were recorded, reviewed and lessons learnt to ensure future incidents and accidents were avoided.
Staff received supervision, training and support to be able to provide services that met people's needs. There were enough staff to support people. People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff had infection control training, and we saw all parts of the service were clean. Health and safety audits, and regular testing and maintenance of the facilities were undertaken. These ensured people lived in a safe environment.

Staff were caring, respectful and knew what they were doing. Staff knew how to respect people's privacy and dignity.

The meals provided reflected people's choices, in terms of their culture, religion, medical condition or any other preferences.

Staff supported people to access healthcare.

Staff understood that discrimination of any kind based on differences such as disability, gender, sexuality, religion or age was not acceptable.

People's communication needs were assessed in their care files. There was a complaints policy in place and people and relatives were aware of how to make a complaint.

The provider sought feedback from people and relatives. Staff attended conferences and workshops to ensure they continuously learnt and improved the quality of the service. Regular audits of aspects of the service were undertaken to ensure the service was safe.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 4 December 2018 and this was the first inspection.

Why we inspected
This was a planned inspection based on when the service registered with the CQC.

Follow up
We will continue to monitor information we receive about the service until we 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Abbey Care Home

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
Our inspection was completed by one inspector, an assistant 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.

Service and service type
Abbey Care Home is a care home. People in care homes receive accommodation and nursing or personal care as 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 did not have a registered manager. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had left their post few weeks before this inspection. The provider had employed a manager, who would apply to register with the CQC.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.
We reviewed the information we already held about the service. This included details of its registration, and notifications. A notification is information about important events, which the provider is required to tell us

about by law. We sought and received feedback from the local authority. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and three relatives. We observed how staff supported people and spoke with four care staff, a chef, the manager and the provider. We reviewed seven people's care files, which included their care plans, risk assessments and medicine records. We looked at five staff files in relation to recruitment, training and supervision. We reviewed various documents relating to the management of the service, including policies and procedures.

Good

Is the service safe?

Our findings

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

The last rating for this service was Good (published 6 March 2018). Since the rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home. One person said, "Definitely, I have never felt safer, when I lived on my own, I kept falling. Here, everybody helps me."
- The provider had systems in place to ensure people were kept safe. Where concerns were raised, the manager worked in partnership with relevant authorities to ensure appropriate action was taken.
- Staff had good knowledge of safeguarding and how to report incidents of abuse.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed, reviewed and managed by staff. Each person had a risk assessment, which was understood by staff. A member of staff said, "We complete risk assessments and review them." The risk assessments detailed risks to people and guidance on how staff should manage them.
- People had personal evacuation plans explaining the support they would need in case of a fire emergency. Safety checks were carried out on the gas supply, fire alarm and electrical equipment . This helped to minimise risks to people if there was a safety issue related to electric or fire.

Staffing and recruitment

- People told us staff were available when they required support. One person said, "Yes, I do feel there is enough staff."
- There were sufficient staff to keep people safe and to meet their needs. The manager and provider told us staffing levels were adjusted to meet people's needs. Staff told us there were enough staff and they worked well together as a team to meet people's needs.
- The provider had a robust recruitment procedure, which ensured all staff were thoroughly checked before they began work. We checked pre-employment documents such as references had been sought and criminal record and identification checks had been carried out. This ensured staff at the service were safe to care for people.

Using medicines safely

- People received their prescribed medicines safely from staff who had been trained to carry out the task. Staff were up to date with their competency assessments of medicine administration. Following the departure of the previous manager, the provider introduced a new system for staff competency assessment of medicines, to ensure it remained robust.

● Medicines were stored safely, and the temperatures of storage areas were monitored. This ensured medicines were safe.
● Records of medicines administered were kept and audited by staff to ensure people received the right medicines at the right times. There were no gaps in the records and medicines.

Preventing and controlling infection
● Before the inspection, we had received information stating the service and the kitchen area were not clean. At this inspection, we noted the provider had taken action to ensure the service, including the kitchen, was clean. The provider had sent us a copy of their plan to make further improvements to the premises.
● People lived in a clean home. One person said, "It is a nice home and it is kept clean and tidy." A relative told us, "I think the cleanliness of the home is very good."
● Staff used personal protective equipment such as disposable gloves and aprons. We observed all parts of the service were clean. There were domestic staff cleaning communal areas and bedrooms.

Learning lessons when things go wrong
● There was a system in place to ensure accidents, incidents and complaints were monitored as a way of learning and improving practice. The manager and provider told us that they were open to learning and making improvements. They kept records of incidents and accidents. Staff informed us of an example of a lesson they learnt which helped them avoid the reoccurrence of an incident.

Good

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.

The last rating for this service was Good (published 6 March 2018). Since the rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● Before the inspection, we had received information stating that the gardens were not accessible to people with mobility needs. During this visit, we noted the service had installed a ramp, which would allow people who used wheelchairs access to the garden. There were handrails and a passenger lift for people to move about independently within the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

● The provider completed initial assessments of people's needs. This ensured people moved to the service on the basis of their needs being met by the staff.

● Care plans were devised based on people's assessed needs and provided guidance for staff about the support people needed.

● Staff had knowledge, skills and experience to meet people's needs. One person said, "The staff are nice people. They work hard, of course they do a good job." A relative told us, "I think the staff do a very good job. I have no complaints."

● People were supported by a staff team who had access to training relevant to their roles. Staff told us they felt supported. A member of staff told us, "I have supervision from my manager. It is good, we talk about work and training. I attended a lot of training." Records confirmed staff had completed mandatory training and an induction programme when they started work at the service. Staff supervision was carried out by the deputy and the manager.

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

● People and relatives spoke positively about the food served at the home. One person said, "The food is lovely. Yes, I get a choice." Another person told us they enjoyed their lunch. They said, "[The lunch] is very good, beautiful it always is." A relative told us, "I think the quality of the food is very good. It is as good as I eat."

● People received food that reflected their needs and preferences. The chef and staff knew people well and understood their dietary needs. The meals served during the inspection were in line with medical, cultural and personal preferences.

● Staff supported people with meals when needed. This ensured that people received appropriate support

with their meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People had access to healthcare professionals to meet their individual needs. One person said, "Yes, I do have access to health care professionals when I need them. For example, I have just had new [healthcare equipment] about four weeks ago."
● Staff worked with other healthcare professionals, such as district nurses, to ensure people received the care and support they needed.

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.

● Staff had a good understanding of MCA. During the inspection, staff sought permission from people and respected their choices.
● Where it was determined people may not have capacity to make decisions, staff consulted with other professionals and family members to ensure any decisions made were in the person's best interests.
● The provider had made applications for people to be legally deprived of their liberty where they required this level of protection to keep them safe.

Good

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.

The last rating for this service was Good (published 6 March 2018). Since the rating was awarded the registered provider of the service has changed. We have used the previous rating (Good) to inform our planning and decisions about the rating at this inspection.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
- Staff offered people choices of how they wanted to spend time, where to be, and what to have for meals. One person told us, "Yes, the care is personalised for me. For example, [staff] are trying to get me back up on my feet [to meet my personal needs]."
- People told us staff listened to their views and provided care and support that reflected their wishes. One person said, "Obviously, I air my views, staff listen [to me]."

Ensuring people are well treated and supported; respecting equality and diversity
- People felt that they were treated without any discrimination. One person told us, "Nobody gets treated any differently from any other [in the service]." Staff had a good understanding of equality and diversity. The manager told us discrimination of any kind was not tolerated within the service.
- Staff treated people with kindness and compassion. We observed staff communicated with people in a friendly and respectful way.
- Staff were caring. One person said, "I think the staff are very caring." A relative told us, "Staff are kind." A care professional wrote, "[Staff] are very caring."
- People's needs such as their faith and culture were included in their assessment of needs. We noted special diets, which reflected people's culture was provided and, people of a faith group visited to help people to practice their religion.

Respecting and promoting people's privacy, dignity and independence
- Relatives told us staff respected people's privacy. One relative said, "Very much so, the staff do respect [person's] privacy and dignity." Another relative commented, "Oh, yes, [staff] respect [person's] privacy and dignity one hundred per cent."
- Where people required support with personal care, this was provided in private. People told us staff were respectful when they supported them. A member of staff said they always made sure that doors and curtains were shut and people's privacy was respected when they provided personal care.
- People were encouraged to maintain their independence. One person said, "I like to be free as a bird. I like to walk in the garden." Staff told us, when appropriate, they always encouraged people to maintain their skills by carrying out some tasks by themselves.

Requires Improvement

Is the service responsive?

Our findings

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

The last rating for this service was Good (published 6 March 2018). Since the rating was awarded the registered provider of the service has changed. We have used the previous rating (Good) to inform our planning and decisions about the rating at this inspection.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

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

- Each person had a care plan, which provided background information, their preferences, interests and needs. However, some care plans were inconsistent and contradictory giving wrong information, for example, date of birth and specific needs of people. Despite the recordings being wrong, we noted staff knew people's needs and how to support them. We discussed this with the manager and provider who confirmed that they would ensure that care plans always contained accurate information.
- People had the opportunity to state and control how they wanted to be supported. For example, one person's care plan read, "I require [number] carers to assist me with my personal care, to help me reach the parts of my body I cannot reach."

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

- People did not have enough activities within the service. One person told us, "I have no activities, all I do is stay here." Another person said, "Activities wise, we have a two-piece band once every fortnight and we have a good old sing song. I call it the 90's club because it is all the old songs, it is really good."
- The manager told us that the service was exploring community-based activities, which people could engage in.
- At the time of the visit there was no activities' co-ordinator, which meant there were no daily plans of regular activities.
- Relatives gave positive comments about the quality of the activities provided. One relative said, "[My relative] likes the music [person] who comes every fortnight and plays old tunes." Another relative told us, "They try to have a game of bingo every now and again, and this is good."
- We discussed with the provider about the limited amount of activities at the service. They told us they would take action to improve this.
- People were encouraged to stay in touch with friends and family and visitors were always welcome. Some people were visited daily by relatives or friends.

End of life care and support

- People were able to make plans about the end of their lives if they wished to. Any plans were recorded to

ensure they would be respected.
● Staff knew had knowledge and experience of how end of life care was co-ordinated and provided. this ensured that people at the end of their life received care and support they needed.

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's communication needs and how staff should communicate with them were recorded in their care plans. This ensured that staff knew each person's communication needs.

Good

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.

The last rating for this service was Good (published 6 March 2018). Since the rating was awarded the registered provider of the service has changed. We have used the previous rating (Good) to inform our planning and decisions about the rating at this inspection.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The new provider had taken over in March 2018 following a period of handover with the previous owners. The previous registered manager had left a few weeks before our visit, but a new manager, who intended to register with the CQC, had started work at the service. The new manager had been a registered manager at another service and had experience of managing similar services.
- The manager was clear about their functions and responsibilities to ensure good quality care. They told us they were enthusiastic about making changes at the service and were confident they had the provider's full support.
- The manager was supported by a deputy manager, who had worked at the service for a number of years and had experience of helping manage the service.
- There were systems in place to monitor standards and address shortfalls. The systems included monthly audits of medicines, infection control, accidents, and complaints; and three-monthly financial, and maintenance audits. These ensured that short falls were identified and action taken to improve the service. However, we found inconsistencies in some care plans, which the new manager assured us would be addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider and manager promoted a friendly and caring atmosphere in the service. They ensured people experienced a home from home. A relative said, "I can go home and relax knowing [person] is being looked after." We observed people were relaxed and there was a friendly atmosphere. We noted staff empowered people by treating them with respect and dignity, and by encouraging them to be as independent as possible.
- Staff told us they liked working at the service. They told us they were happy with the way the service was managed.
- The provider and manager were clear about their responsibility to be open and honest at all times. They were aware of their responsibilities to send notifications to the CQC and report safeguarding concerns the

local authority safeguarding team. The manager said, "We do not hide." They were aware of the requirement

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● Staff worked with other social and healthcare professionals to ensure people's needs were met. Staff commented positively on their relationship with other professionals.

● The service organised meetings and surveys to enable people and relatives to share their views. Survey questionnaires were also used to ask people how they felt about aspects of the service. The manager told us they would continue using meetings and surveys to seek people's views about the quality of the service.

● The manager told us that upholding equality and diversity was an essential part of the service. They said the service did not discriminate because of differences in people's faith, culture, gender, sexuality or any other difference.

Continuous learning and improving care

● The provider was committed to making improvements. A plan was in place to change the floors and to use external professionals to undertake staff competency of medicine administration.

● Staff meetings, which took place regularly, were used as a learning platform because they allowed staff to share knowledge and experiences and learn from each other.

● The provider attended local authority providers' conferences and accessed information from the CQC website. These helped the service to learn and keep up to date with current care models.