

Abbeywood (Tottington) Limited

Abbeywood Tottington Limited

Inspection report

104 Market Street
Tottington
Bury
Lancashire
BL8 3LS

Tel: 01204882370
Website: www.abbeywood-bury.co.uk

Date of inspection visit:
30 March 2022

Date of publication:
25 April 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Abbeywood Residential Care Home is a large extended detached property which provides accommodation for up to 40 older people who require support with personal care. Accommodation is provided over several floors, accessible by two passenger lifts. At the time of the inspection there were 35 people living at the home.

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

Action had been taken to address the shortfalls identified at the last inspection.

Recruitment processes had been improved ensuring all information and checks were in place prior to new staff commencing work. Relevant health and safety checks had been carried out to ensure the safety and suitability of the premises and equipment. Systems were in place to monitor and review the service. Care records were kept under review and updated to reflect people's changing needs.

Adequate numbers of staff were available. Managers were actively recruiting for staff so that enough staff were available as occupancy increased.

People's prescribed medicines were managed safely. Records for the application of topical creams had been improved. Arrangements were made to replace the medication fridge so that items were stored at the correct temperature. Where people received their medicines covertly, decisions had been made in their 'best interest'. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Systems and process were in place to help ensure people were safe. Accidents and incidents were recorded and reported to relevant agencies, where necessary. The provider was exploring how the service could be improved further.

The service continued to maintain good hygiene standards. Relevant COVID-19 guidance was followed in relation to staff and resident testing and the use of personal protective equipment (PPE). People continued to be supported to meet with family and friends.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 April 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced focused inspection of this service on 25 February 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, fit and proper persons employed and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led, which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive and focused inspections, by selecting the 'all reports' link for Abbeywood Tottington Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Abbeywood Tottington Limited

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Abbeywood is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbeywood is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality team and health protection team who work with the service. We used all of this information to plan our 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service. We also spoke with five members of staff including the registered manager, two senior managers, deputy manager and senior care staff.

We reviewed a range of records. This included three people's care records, medication management, two staff files in relation to recruitment as well as health and safety checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Maintenance and servicing of the environment and facilities were carried out.
- An inspection of the electrical installation completed in June 2021 was 'unsatisfactory' with several areas of action required. The provider confirmed these had been completed.
- Recommendations made following the servicing of the passenger lift, the week prior to the inspection, were also being addressed.
- The homes fire risk assessment had been reviewed and now included the visiting 'pod'. Individual emergency evacuation plans were in place. These identified the level of support people needed in the event of an emergency arising.
- Care files included up to date assessments with guidance for staff to follow to help mitigate areas of risk.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

At our last inspection the provider had failed to ensure robust recruitment processes were followed prior to

new staff commencing work. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Safe recruitment procedures were in place.
- Relevant information and checks were carried out prior to new staff commencing employment. Where agency staff had been used confirmation of all recruitment checks had also been received.
- Adequate numbers of staff were available. Managers were mindful further admissions to the home were not made until additional recruitment had been undertaken. Staff spoke with told us, "The staffing is okay. We use agency when needed" and "Managers are recruiting more due to more residents. There's enough, it's not unsafe."
- People spoke positively about the staff, adding, "There are some lovely caring staff" and "Nothing is too much trouble at all."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to help safeguard people from the risk of harm.
- Following a recent incident, action was being taken to ensure people's safety and improve the security of the building.
- Concerns raised with CQC prior to the inspection were shared with managers. The registered manager was asked to provide a detailed response along with any supporting evidence. Managers assisted CQC or the local authority where issues had been raised about the service.
- People we spoke with said they were happy living at Abbeywood. We were told, "I feel happy and safe" and "Can't complain, they are very helpful and supportive."

Using medicines safely

- People's prescribed medicines were administered safely.
- Accurate administration records were maintained including the application of topical creams.
- Mental capacity assessments and best interest decisions were undertaken where people refused their prescribed medicines. Clear guidance was available for covert (medications often disguised in food or drink) and 'when required' medicines.
- Room and fridge temperature checks were completed. We found the fridge temperatures were high. During the inspection the pharmacy was contacted, and a new fridge ordered.

Preventing and controlling infection

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to maintain contact with family and friends with regular visiting taking place in the privacy of people's bedrooms and the visiting 'pod'.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; 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 and Continuous learning and improving care

At our last inspection we found systems were either not in place or robust enough to demonstrate clear management and oversight of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Statutory notifications required by law were submitted to CQC. However, the registered manager was reminded these must be submitted in a timely manner ensuring the Commission is kept fully informed.
- A range of audits and checks were completed to help identify areas of continuous improvement. Policies and procedures had been reviewed and updated to make sure they reflected current legislation and good practice guidance.
- Further training and development had been completed by managers and the staff team. This helps to keep their knowledge and practice up to date.
- The provider told us they continued to monitor and review the service. On-going improvements were being considered to develop the service further. This included a review of the current structure as well as the implementation of electronic care records.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The new assistant senior manager was exploring how the service could enhance the experiences of people and their relatives. These included the introduction of new activities and opportunities as well as a quarterly newsletter.
- People were encouraged and supported to maintain contact with family and friends during the pandemic. Staff spoke with felt the service had managed well and everyone now wanted to 'get back to normal'.
- Daily handovers and occasional team meetings continue to be held providing staff with opportunities to share their views and ideas as well as keep them informed about events within the home.

Working in partnership with others

- The provider and managers liaised with the local authority provider relationship team, who monitor the service, for advice and support, where necessary.
- People's records continued to show additional advice and support was sought from health professionals where people's needs had changed.