Abbey Court Nursing and Residential Homes Limited

Abbey Court Nursing and Residential Home

Inspection report

200 Kedleston Road
Derby
Derbyshire
DE22 1FX

Tel: 01332364539

Date of inspection visit:
07 July 2016
13 July 2016

Date of publication:
13 January 2017

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

We inspected the service on 7 and 13 July 2016. The inspection was unannounced on 7 July 2016 but we told the provider we would return on 13 July 2016. Abbey Court Nursing and Residential Home is owned and managed by Abbey Court Nursing and Residential Homes Limited. It is situated in the city of Derby and offers accommodation for to up to 40 people who require nursing and personal care. On the day of our inspection 35 people lived in the home.

The service had a registered manager in place at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

Systems in place to monitor and improve the quality of the service provided were not always effective in identifying issues and addressing actions.
Risks in relation to people's daily life were not always comprehensively assessed and planned for to protect them from harm.
People who were able to, were supported to make decisions. However staff did not always know how to act if people did not have the capacity to make decisions.

Issues the provider are legally required to notifying us about were usually reported to us. However we found that the provider had not notified us of one incident within the home.

People were supported by staff who knew how to recognise abuse and how to respond to concerns.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who, overall, had the knowledge and skills to provide safe and appropriate care and support.

People were supported to maintain their nutrition and staff monitored and responded to people's health conditions.

People lived in a service where staff listened to them. Staff treated people with respect and maintained their dignity. People were encouraged to pursue their hobbies and relationship s and maintain relationships important to them.

We found two breaches of the Health and Social Care Act. You can see what action we have told the provider to take at the end of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks related to people's care had not always been fully assessed to keep them safe. People were kept safe from the risk of abuse because the provider had systems in place to recognise and respond to allegations or incidents. People received their medicines as prescribed and medicines were managed safely. There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Some decisions made on behalf of people were not carried out in line with principles of the Mental Capacity Act 2005. Other people made decisions in relation to their care and support and where they needed it. Overall, people were supported by staff who received appropriate training. People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was caring.

People lived in a service where staff listened to them and cared for them in a way they preferred. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting. Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support. People were supported to have a social life and to follow their interests. People were supported to raise issues and staff knew what to do if issues arose.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Audits that are designed to monitor the quality and safety of the service did not identify action taken as a result of any shortfalls they identified. The registered manager did not always notify us of events and incidents they are legally required to. People and visitors felt comfortable and able to approach the registered manager. Staff felt supported by the management of the service.

Abbey Court Nursing and Residential Home

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.

We inspected the service on 7 and 13 July 2016. The first day of the inspection was unannounced. The inspection team consisted of an inspector and inspection manager.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who had been involved in the service and commissioners who funded the care for some people who used the service. Before the inspection, we told the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

During our visits we spoke with five people who lived in the home, and three visiting relatives to understand their views of the service. We also spoke with four members of staff, the registered manager and the registered provider.

We looked at the care records of three people who lived at the home, medicines records relating to all the people living at the home, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

Requires Improvement

Is the service safe?

Our findings

Risks to people were not always comprehensively assessed and staff did not have access to information about how to manage the risks. For example we saw that one person smoked, there was no risk assessment in place to identify if the person was safe whilst smoking and if not, what action staff must take to ensure that the person's safety was maintained. Following an incident involving a person living in another home who smoked, the local authority had written to all adult social care providers in the area to advise that risk assessments should be completed. As a risk assessment was not completed, there was no instruction for staff to follow. We saw this person had a PEEP (Personal Emergency Evacuation Plan) that identified they required support of staff in the event of fire. We brought this to the attention of a staff member, who confirmed that the risk had not been assessed but would complete one following our visit.

One person was assessed to be at high risk of falls. The level of risk was determined by an overall score. The written risk assessment had not been fully completed, therefore it was unclear whether the score was accurate as the score could have increased had the whole assessment been completed, and this might have led to a higher risk identified which might have required further support to be provided.

We saw that people's preferences had been recorded in relation to bathing and whether people preferred baths or showers. However the care plans we looked at did not document how staff ensured people were safe whilst bathing. For example we saw that there was no record or instruction for staff to check the temperature of the water before they supported people. We saw that the provider had identified that the water temperature was above the recommended limits but no action had been recorded. This meant people could have been placed at risk of scalds or burns. Although staff we spoke with told us they used a thermometer to check the water temperature.

One person required assistance transferring between chairs. Their risk assessment identified that staff should use a hoist and sling for transfers; however it did not document the type of hoist or sling to be used to ensure the person was safely supported. We spoke to a member of staff who told us this information, but it was not recorded, therefore staff who were unfamiliar with the person may not have known as the information is verbally passed between staff. This meant we could not be assured that people were kept safe from potential risks.

People were living in a safe, well maintained environment and were protected from the risk of fire. We saw there were systems in place to assess the safety of the service such as fire risk and the risks of legionella. Staff had been trained in relation to health and safety and how to respond if there was a fire in the service. Staff told us this training had been useful and would be confident knowing what action they would take in the event of a fire.

People were protected from abuse. Two people we spoke with told us they felt safe and the relative we spoke with also felt their relation was safe at the home. A relative told us, "My mum is safe here."

People were supported by staff that recognised the signs of potential abuse and how to protect people from

harm. Staff had received training in protecting people from the risk of abuse (safeguarding) and staff we spoke with had a good knowledge of how to safeguard people who may be at risk of harm and escalate concerns to the registered manager or to external organisations such as the local authority or the police. One member of staff told us, "If I suspected someone was being abused, I would report it and the registered manager would take action." The registered manager was aware of their responsibility to notify us and the local authority safeguarding team of any suspected abuse.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested police checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

People received the care and support they needed in a timely way. One person we spoke with told us there was always a member of staff available if they needed support, "I only have to ask." A relative told us there were enough staff working in the home to give their relation the care and support they needed. On the day of our visit we saw there were a number of staff available to meet the requests and needs of people. Staff said they felt there were enough of them to meet the needs of people who lived in the home.

Medicines were managed safely. All of the people who lived in the home had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. People told us staff gave them their medicines when they were supposed to. A relative we spoke with told us they were happy with the way staff managed their relation's medicines. We looked at medicine administration records (MARs) and found that people received their medicine as prescribed. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines.

We saw that some people were prescribed medicines on an 'as and when required' basis, such as for pain relief. The provider's policy states there should be written protocols in place to instruct staff when people might need their medicine. We found these were not always in place. However we did observe that staff offered people their medicine when they needed them. We also found gaps in some people's MARs which staff had not signed to say people were given their medicine. However stock checks completed by staff, indicated people had been given their medicine.

Medicines were stored safely and securely and in line with legal requirements.

Requires Improvement

Is the service effective?

Our findings

People who had capacity to make decisions about their care were supported to make decisions on a day to day basis. We saw people decided how and where they spent their time and made decisions about their care and support. We asked one person who made the decisions about their daily life and they said, "I do. I can choose when I want to get up and what I want to wear. There are no rules."

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.

The principles of the Mental Capacity Act were not always followed, and staff had varying knowledge of their duties under the Act and how to support people with decision making.

Assessments of people's capacity in relation to specific decisions had not been carried out when people's ability to make their own decisions was in doubt. For example, we saw that two people had bed rails in place to prevent them from getting out of bed. One of the people was nursed in bed and required support to regularly change their position to maintain their skin integrity. Relatives had signed consent forms for them to be used. The registered manager told us relatives had signed because people did not have capacity to give consent. However the relatives did not have the legal authority to make those decisions on the person's behalf. Relatives can only give consent if a person lacks capacity to make their own decisions, if they have the Power of Attorney to make decisions about a person's welfare. This meant that the provider had not followed the principles of the MCA.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was meeting the requirements of the MCA.

The two people who had bed rails in place to prevent them from getting out of bed had been deprived of their liberty to move around the home when they wanted to. We also saw that people who lacked capacity were not free to leave the home on their own when they chose to. The registered manager explained that people might become disorientated or have an accident. The provider had submitted three DoLS applications for authorisation, however they had not made them for all people in relation to preventing people from going out; therefore these people had their freedom restricted without the legal authorisation to do so. The registered manager told us they were in process of completing three applications but had yet to do these for all the people who required them.

One member of staff we spoke with wasn't able to tell us about MCA and DoLS and did not know what they were. Training records we looked at confirmed that out of 56 staff, 28 had not undertaken training in MCA

with a further four staff members' training having not been renewed within the providers time limit. We also saw that 27 members of staff had not received training in DoLS with a further three staff members' training not being renewed. The registered manager was aware of this and told us that they had approached the provider on two occasions to arrange training but was still waiting for the provider to organise.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Although staff did not always understand the MCA and DoLS, they had received other training to help them meet people's needs effectively. One person we spoke with said, "The staff seem well trained and know what they are doing." We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people appropriately.

Staff told us they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training gave them the skills and knowledge they needed to support the people who lived in the home. Records showed staff had received training in various aspects of care delivery such as safe food handling, moving and handling people, and infection control. Training was provided to meet the individual needs of people. For example, one member of staff told us that they had undertaken training in Dysphagia as some people had difficulty swallowing food and drink and this provided them with the knowledge and skill to better support people. As well as this, staff were supported to undertaken national vocational qualifications (NVQs). These qualifications further develop staff practice as social care workers.

Staff received an induction to the home when they first started working at Abbey Court, to ensure they had the skills and knowledge to support people. The induction covered areas such as moving and handling, food safety and fire safety. A staff member said, "After my induction, I had to shadow (work alongside) another member of staff before I could work on my own." We saw that new staff were given time to shadow and were not included in staffing numbers until the induction had been completed. This was to ensure new staff could demonstrate their skills and competence. Staff we spoke with were knowledgeable about the systems and processes in the service and about aspects of safe care delivery. We saw that new staff signed the provider's policies to indicate that they had read and understood them.

People were supported to eat and drink enough to meet their needs. We spoke with people about their meals and they told us they had enough to eat, were offered a choice and we saw people had access to food when they wanted to eat. One person told us, "I had a choice of mince or a mixed grill today, I chose the mixed grill and I get plenty to drink. I can ask the staff for anything."

People's nutritional needs were assessed by staff, and information in support plans detailed how staff should support their needs. Staff knew the specific nutritional needs of each person. For example, one person required their drinks to be thickened as they were at risk of choking. We saw when drinks were provided to the person, they were thickened to the correct consistency.

People were supported with their day to day healthcare. We saw people were supported to attend regular appointments to get their health checked. We saw in records that when people were unable to attend appointments, arrangements had been made for home visits to be made.

Staff sought advice from external professionals when people's health and support needs changed. For example staff had involved a physiotherapist for one person when their mobility changed. We saw there was a range of external health professionals involved in people's care, such as occupational therapists and the Speech and Language Team (SALT).

Good

Is the service caring?

Our findings

People told us they were happy living at the service. One person said, "I am happy. Staff are very kind." A relative was positive in their comments and said, "We looked at three other homes, but the staff here were so warm and welcoming. Anything we want or need, staff are very accommodating."

We saw staff were kind and caring to people when they supported them. People looked relaxed and comfortable with staff. One person told us, "The staff are good and always do their best for you." Staff we spoke with told us they enjoyed working in the home. Observations and discussions with staff showed that staff clearly knew people's needs and preferences. We saw in people's care plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them.

People we spoke with told us they got to make choices, for example about when and where they ate, how they spent their time and what activities they did. We saw people's choices were respected during our visit. We saw people chose what they wanted to eat and drink. We saw that people chose where and how they spent their time. One person told us, "I sometimes like to go to the pub for my lunch and it's no problem."

The provider had a residents committee called, 'Friends of Abbey Court'. The committee is made up of staff and people living in the home and it is used as a forum to discuss activities and plan events for people to be involved in. We saw that activities and food menus were chosen by the people who lived at the home and records showed that people were encouraged to speak up if they wanted any changes to be made. One person told us, "I enjoy playing dominoes but struggle to see the black dots, so they [staff] got me black ones with white dots so I can see better." Another person told us, "I can spend as much time as I want in my room as I sometimes like to watch TV in there. However I do mostly prefer to be in the lounge as I enjoy speaking to people."

A relative told us they felt their relation was supported to make choices. We saw that people had bedrooms which were personalised to their tastes. The relative told us, "They [staff] have changed [person's name] curtains and put some of their favourite pictures up. We also brought some furniture in."
People were encouraged and supported to develop and maintain relationships that were important to them. There were no restrictions on visiting hours and friends and relatives were made to feel welcomed. One relative said, "I can come when I want, there's no restrictions." We saw during lunch, that some family members were involved in supporting their relative to eat and drink as this is something that was important to the person.

People were supported to have their privacy maintained and were treated with dignity. One person told us they felt staff were respectful. We saw people were treated as individuals and staff were respectful of people's preferred needs. Staff were mindful not to have discussions about people in front of other people and they spoke to people with respect. One person told us, "Nothing is regimented. Staff are very nice and thoughtful." Another person told us, "They always knock on my door in the morning and ask if I am awake before they come in."

Good

Is the service responsive?

Our findings

People and their relatives were involved in planning and making choices about their care and support. We saw that where people were able, they had been involved in writing some aspects of their care plan and had signed these. For example, we saw in one person's care plan they had a 'This is me' profile that staff had completed with the person and their relative. The profile had a picture and recorded information that was relevant to the person such as their likes and dislikes, past-time hobbies and daily routines. A relative told us, "I am able to check that staff have done what they are supposed to and talk about my relations care." This gave the relative reassurance that staff understood what was important to their relation and staff were meeting their needs.

We saw people were assessed prior to admission to check that their needs could be met with the staffing and facilities at the home. Care plans were then written to give staff the information they needed to meet the needs of the individual. We saw that people's care plans contained information about people's physical and mental health needs and guided staff in how to support them.

People were supported to follow their interests and take part in social activities. One person told us about the activities they enjoyed and said that staff supported them with this. They told us they enjoyed, "Playing cards and going to the pub. Staff would take us across (to the pub) and bring us back." We also saw that a hair dresser visited the home weekly and people were able to book an appointment if they chose to. We saw two people discussing a singer that came and performed in the home prior to our visit. One person said, "I don't know where they found her [the singer], but she was really good."

People knew what to do if they had any concerns. The people and relatives we spoke with told us they would speak to the registered manager if they had a problem or concern. One person told us, "I would tell [registered manager]." A relative told us, "I would speak with [registered manager] if I had any concerns and she would listen."

The registered manager told us they had not received any complaints. However staff were aware of how to respond to complaints and the registered manager had systems in place to deal with complaints if they arose. There was a complaints procedure in the service so that people would know how to escalate their concerns if they needed to.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post and people we spoke with knew who the registered manager was. They responded positively to her when she spoke with them. We found the registered manager was clear about their responsibilities however they told us they were unable to fulfil all their management duties as they were not allocated sufficient time to do this. We found that issues within the service were not identified or acted on in a timely manner.

The provider had audit systems and processes in place to assess the quality of care they provide to people. The audits looked at variety of areas within the home such as fire, medication and care records. However these were not consistently or comprehensively completed. Where shortfalls had been identified they did not always record if action had been taken. For example, we saw that hot water temperatures were regularly checked. We found that the temperatures were higher than the recommended limits but no action had been recorded about how to minimise the risk of scalding to people. The provider told us that staff would use a thermometer to check the temperature before people bathed. A member of staff we spoke to confirmed this. However this action was not recorded.

We found that the provider's quality assurance and audit systems were not effective because people were prescribed medicines on an 'as and when required' basis, such as for pain relief. The providers policy states there should be written protocols in place to instruct staff when people might need their medicine. We found these were not always in place. We also found that medicine audits completed in February and March 2016 identified that there were missing signatures on people's MAR (medication administration record) charts to indicate that medicine had been given. The audit did not document what action had been taken to rectify the issue. We found that the monthly medicine audits had not been undertaken between April and July 2016. We looked at people's MARs during the visit and found that some signatures were still missing. The registered manager told us, she would discuss this again with staff.

One the first day of our visit we observed controlled drugs were held on the premises which belonged to people no longer using the service. The provider's policy stated these should be disposed of within a certain time limit. However we found staff had not done so. We brought this to the attention of a staff member who advised us that they would ensure it is actioned. When we returned on the second day, we found these had been disposed of. However as audits had not been completed, this issue had not been identified and action had been delayed.

We reviewed the staff training matrix which details what training staff had undertaken and when it is required to be renewed. We found that there were gaps for some staff and renewal dates had passed for others. We discussed this with the registered manager who told us that this had been discussed with the provider but the training had yet to be organised. As staff had not received the training they required this meant care and support they provided to people may not be reflective of current guidance and best practice.

Before the inspection, we told the provider to complete a Provider Information Return (PIR). This is a form

that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However this was not completed and returned to us. The registered manager confirmed that there had been no computer issues at the time this was sent and was unsure why this wasn't completed.

We discussed these issues with the registered manager who had told us that they did not have the time to undertake her full management duties effectively. The registered manager said, "I am a nurse 80% and I support people with their care. The other 20% I manage the home and I don't get time to do everything I should." The registered manager told us that for the majority of the time they were not supernumerary as they worked as part of the care team. The registered manager told us this had been raised with the provider. We spoke with the provider who told us that they were aware that the registered manager wasn't able to fulfil all the management tasks; however no further support had been arranged. The provider said, "We need [the registered manager] as a nurse as it is difficult to recruit them." There was no evidence that any other solution or arrangement had been considered in relation to support the registered manager to undertake their duties.

As the registered manager was unable to undertake all their duties to manage the home, this meant that issues we found during our inspection had not been identified by the provider in timely manner. Therefore improvements for people living at the home were delayed.

These issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff we spoke with told us they had frequent team meetings where they felt able to raise any issues or concerns. However there were no records or minutes of these meetings available. Three staff members we spoke with told us that they could not remember when they last had supervision. Supervision is a way in which a provider can assess and monitor how staff were performing and whether they had the competence and skills required to care for people living at the home. The registered manager told us, that the form used for supervision had finished being updated and that they will be undertaking supervision with all staff.

The provider did not always notify us of issues and events that they are legally required to. When accidents and incidents occurred, these were documented by staff and reviewed by the registered manager. The registered manager was aware of their responsibilities to notify external agencies, including us and the local authority but did not always do this. For example, we saw that an external health professional had told the registered manager to inform us of an injury that a person sustained. However this was not reported to us. However the provider had notified us other events.

People we spoke with told us they were happy living in the home and the relative we spoke with also commented positively on the service and said they felt their relation was happy there. One relative told us, "We only looked at this home and we loved it. I see many people have been here for a long time, which speaks volumes."

People lived in an open and inclusive home. Staff we spoke with told us they felt the home was well run and said that the registered manager and deputy manager worked with staff as a team and were approachable. One member of staff told us, "[Registered manager] is hands on, very approachable and supportive." Staff told us they would speak up if they had any concerns or suggestions and felt they would be listened to.

The provider oversaw the running of the service and ensured people were happy with the service being delivered. The provider was a regular visitor to the service and people living at the home, and staff told us

the provider spent time talking with them and checking on how things were going. We saw that the provider had a committee group called, 'Friends of Abbey Court,' that was represented by residents and staff. We saw that the committee group met regularly and it was used to gather the view of people who lived at the home and people chose for example, what activities they would like to take place and suggested ideas for trips and outings.
Staff told us that handovers were held at the beginning of each shift. This procedure helped staff provide continuous and safe care. We saw in records that staff discussed each person's current condition, any healthcare needs and appointments, and any changes in their medicines. This enabled staff to have the most up to date information.

We observed staff working well as a team. They were efficient and communicated well with each other. One member of staff we spoke said, "One of the positives working here is the team work. Nurses and carers are great and always on hand if you need anything."

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Decisions made on people's behalf were not undertaken in line with principles of the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Audits used to monitor and assess the quality of the service were not effective in identifying issues and actions taken.