

Abbeville RCH Limited

# Abbeville Sands

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 13 April 2017 and was unannounced. Our previous inspection carried out on 12 and 13 October 2016 found two breaches of regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. These related to staff training and the governance of the service.

This April 2017 inspection found that improvements had been made in all areas and that the provider was no longer in breach of any regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. However, some further improvements were still required.

Abbeville Sands provides accommodation and care for up to 20 older people, some of whom may be living with dementia. At the time of this inspection 11 people were living in the home.

The registered manager was not in charge of the service. The person referred to as the manager in this report had been managing the home for 14 months. They were in the process of applying for registration. 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.

People living in the service were safe. Staff knew the risks specific to individuals and ensured that these were minimised as far as was possible. Recruitment processes were robust and there were enough staff to meet people's needs.

Improvements were required in relation to determining when an assessment of someone's mental capacity was required and how to apply this to the care records system. However, staff had a good understanding of people's cognitive abilities and assisted people to make their own decisions when appropriate.

People enjoyed the food and those that required support with their nutrition received this. Staff received suitable training and support. People's healthcare needs were well managed and staff sought advice and guidance from healthcare professionals when necessary.

People were cared for by staff who treated them with respect and kindness. People were positive about the staff that supported them and there was a relaxed atmosphere in the home.

Considerable improvements had been made in the governance arrangements of the service. A improved set of auditing checks were in place. However, these were not yet fully implemented.

The service had made considerable improvements since our October 2016 inspection. However, we remain concerned about the ability of the provider to make further progress and sustain the improvements made.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

## 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.

Staff understood how to keep people safe and appropriate steps were taken to identify and manage risks to people's health and safety.

Robust recruitment processes were in place and there were enough staff to meet people's needs.

People's medicines were handled and managed safely.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The service was not meeting the requirements of the Mental Capacity Act because there was little practical application of the assessment process. However, staff sought people's consent on a day to day basis as necessary.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs effectively.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support that was responsive to their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service and were confident that their concerns would be addressed appropriately.

**Is the service well-led?**

The service was not consistently well led.

A new auditing system was being implemented. However, this had been done very recently so we were unable to judge the sustainability of the improvements made.

People living in the home and staff were positive about the manager.

**Requires Improvement** 

# Abbeville Sands

## **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 checked 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.

This inspection took place on 12 April 2017 and was unannounced. The inspection team consisted of three inspectors, one of whom specialised in medicines.

Prior to this inspection we liaised with the local authority and reviewed information held about the service. We reviewed statutory notifications we had received from the service. Providers are required to notify us about events and incidents that occur in the home including deaths, serious injuries sustained and safeguarding matters.

During this inspection we spoke with six people living in the home. We also spoke with three staff members, the manager and the management consultant.

We made general observations of the care and support people received at the service. We looked at the medication records of each person living in the home and care records for four people. We viewed records relating to staff recruitment as well as training and supervision records. We also reviewed a range of maintenance records and documentation monitoring the quality of the service.

# Is the service safe?

## Our findings

People living in the home told us that they felt safe. One person said, "I feel safer here than I would living on my own. They check to make we are okay through the night." Another person told us how staff supported them to get out of their chair and move about safely. We observed one person standing up holding on to a walking frame, but they were unstable as their weight had not been centred. A staff member saw this and prompted the person to re-adjust their footing so that they were steady on their feet.

Staff understood their obligations to report any concerns in relation to safeguarding people from harm. They gave examples about the types of concerns that would necessitate a safeguarding referral and told us what actions they would take. They were confident that the manager and senior staff would make any necessary referrals, but knew that concerns could also be raised with CQC or the local authority's safeguarding team directly if necessary.

We found that people's care records identified areas of risk specific to the individual. Risk assessments were in place which covered a variety of areas including, moving and handling, nutrition and tissue viability. Where risks had been identified; actions had been planned to mitigate those risks and we saw that these actions were being taken.

For example, one person was at risk of putting inappropriate items in their mouth or using items other than for the purpose for which they had been designed which put them at risk of harm. As they were not able to use a call bell safely a system of half hourly or hourly checks had been put in place for the person during the night, depending on whether they were asleep or not. We saw that these checks were routinely carried out and recorded.

People told us that there were enough staff to meet their needs and that they didn't have to wait too long for staff to respond to any call bells or requests. The manager told us that they were in the process of recruiting a second cleaner to work some days of the week that were not covered at the time of our inspection. Care staff were currently carrying out cleaning work when there was not a cleaner on duty. We had a good look around the home and found it to be clean.

Robust recruitment processes were in place to ensure that the risks of employing unsuitable staff were minimised. For example, references and proof of identity were obtained. DBS (Disclosure and Barring Service) checks were made to ensure there were no reasons why applicants were unsuited to their role. All checks were completed before staff commenced duties in the home.

A member of CQC medicines team looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines.

Medicines were being stored safely for the protection of people who used the service and at correct temperatures. Records showed that people were receiving their oral medicines as prescribed. There were

internal audits in place to enable staff to monitor and account for medicines.

Supporting information was available to staff to enable them to give people their medicines safely and consistently. There was personal identification, information about known allergies/medicine sensitivities and details about people's preferences about having their medicines given. There were care plans in place about people's medicines. When people were prescribed medicines on a 'when required' basis, written information was available to show staff how and when to give people these medicines. Some of this information could have been more detailed to help ensure that medicines were given consistently and appropriately.



# Is the service effective?

## Our findings

Our previous inspection in October 2016 identified a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received sufficient training to carry out their roles and responsibilities.

This April 2017 inspection found that substantial improvements had been made and very few staff required updated training. The majority of staff mandatory training had been completed by all of the service's staff. There were only a few topics where one person required refresher training.

Staff supervisions were in place and carried out on a regular basis. However, staff handling and giving people their medicines had received training, but had not regularly been assessed as competent in medicine-related tasks.

We were satisfied that due to the considerable improvements made that the provider was no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Dementia, mental health and communication care plans showed that staff had a good understanding of people's cognitive abilities. However, where mental capacity assessments had been carried out they did not relate to a specific decision that needed to be made. These assessments had little information recorded about people's ability to comprehend, remember, weigh up or communicate their decisions where there were doubts about their mental capacity.

The proposed course of action following one mental capacity assessment was to submit a DoLS application to the local authority. However, there was no information to show how the person's liberty was being deprived.

During our inspection we saw that staff sought people's consent before assisting them. This was done in a conversational and relaxed manner. When necessary people were supported to make their own decisions, for example by staff them offering choices.

Whilst staff had received training in mental capacity, further training was due to assist staff to improve their understanding in this area and how to apply it to their everyday practice. This had been arranged.

People were satisfied with the food provided. One person said, "It's nice food, they ask me what I like." Another person told us, "I can't complain. I get to choose to a certain extent, but they'd always make me something else." A third person said, "The food is good here."

People who required assistance to eat their meals received this. The service was flexible and sought to provide food that people liked. The cook fortified meals when necessary. Some people at risk of not eating enough enjoyed freshly made milkshakes to help enhance their calorific intake. Specialised diets were catered for. For example, some people required soft food or a diabetic diet. We observed that people had drinks available to them at all times and snacks were available throughout the day. Night staff had access to the kitchen, so they could prepare snacks for people when required at night.

We saw from people's records that they were being supported by a range of health care professionals, including GPs, community nurses, dieticians, opticians and podiatrists. We concluded that people's health care needs were being met.

# Is the service caring?

## Our findings

People told us that the staff were friendly, caring and that they had formed good relationships with them. One person said, "We all get on well together, we have a laugh. The staff are very good with me. They make me feel special." Another said, "I've no complaints about the staff here." One person who preferred to stay in their room told us, "Staff come in; We have a laugh and a joke. They are all very good."

One person had their much loved pet living with them in the home. When the person's pet had become unwell staff had helped them to arrange veterinary appointments.

Another person told us that staff knew that they enjoyed puzzles and had recently been given a present of some puzzle books for their birthday. The person said, "They are very thoughtful like that here."

People told us how staff supported them to retain their independence for as long as possible. One person said, "They come and help me bath. I wash my body, but there are two staff there to help me if I need it." Another person described to us how staff talked them through what they needed to do in order to move about the home safely. The person added, "They don't interfere, but I can see they are keeping an eye out for me which I appreciate."

Staff members knew the people they cared for well. They knew their preferences, likes and dislikes and what was important to them. Staff understood the importance of knowing about people's life histories and experiences so they could use this information to provide person centred care. One staff member told us, "I love hearing people's stories. So many people have experienced so much in their lives. It's very humbling."

We saw a review left by a regular visiting health professional which stated that they were impressed by the staff's caring and professional nature.

Staff spoke with us about people in an affectionate and caring way. When supporting people we saw that they were patient, calm and did not rush people. We observed them acknowledging people when they passed them even if it was just to explain briefly that they were completing a task and would be back soon. When people were sitting in a chair staff lowered themselves to make eye contact and often held their hand as they spoke to them. We saw people responding positively to the approaches that staff used.

Staff respected people's dignity and privacy. They knocked on people's doors and waited for permission to enter their room. When people needed assistance to use the bathroom this was carried out in a discreet and respectful manner.

We saw that whilst there were no formalised arrangements in place to discuss people's care with them, people told us that their views were sought and acted upon. Their care records contained a lot of detail about what was important to them in the way that they were supported.

# Is the service responsive?

## Our findings

People's care plans contained appropriate information to help staff provide them with individualised care. They contained assessments of people's needs in relation to the support they needed physically and emotionally. These records contained a high standard of detail that would enable a staff member unfamiliar to the person to provide them with the care and support that they required. Care records and assessments were reviewed and updated on a regular basis or when people's needs changed.

We saw practical guidance for staff in staff rooms and the office. This included a post falls protocol which was clear about the action staff would need to take depending upon scenarios ranging from no apparent injury to a major or serious injury.

One person told us that they could become frustrated on occasions, but that when this happened staff knew how to help them calm down. People told us that staff anticipated their needs well. Another person said appreciatively, "The staff here know me so well, they know what I need better than I do sometimes."

We observed that the service responded promptly to people's needs. The service had received a delivery of medicines for one person the evening before our inspection. However, one medicine had been missing from the delivery. Advice had been sought and the service had been advised that this would be resolved first thing the next morning. We heard a staff member on the phone on the morning of our inspection double checking with the pharmacy that the medicine would be received later on in the morning.

Staff told us that they had a good working relationship with health care professionals and they were able to seek and obtain advice promptly. A testimonial we saw from a health professional confirmed this. The health professional stated that they liaised almost daily with the service to discuss issues and concerns. This effective liaison helped to enable people to receive responsive care.

The majority of people we spoke with told us that there was enough for them to do. However, one person told us that they were bored. Some people preferred to stay in their rooms and occupy themselves. Some people went out with friends and relatives and participated in the outside community.

An Easter party had been held at the service a few days before our inspection which people told us that they had enjoyed. A noticeboard showed what activities people could expect on specific days. Some days this was provided by an activities staff member. Other days care staff facilitated these events. People confirmed that these activities took place and that they were invited to participate.

People said if they had any concerns or complaints they would feel confident discussing these with the manager or senior staff members. People told us they were confident that appropriate action would be taken if they raised a concern. However people told us that they had no complaints or concerns. The service had not received any complaints since our previous inspection in October 2016.

## Is the service well-led?

### Our findings

Our previous inspection in October 2016 found a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the governance arrangements in the service were poor.

This April 2017 inspection found that some improvements had been made. However, the registered manager, who had not been in charge of the day to day running of the home for over a year, had not de-registered. The manager, who was running the home, and is referred to as the manager throughout this report, told us that they were in the process of applying for registration.

The provider had engaged the services of a management consultant who had recently implemented a comprehensive auditing system which included an audit carried out by the provider. This would be due on a quarterly basis in future. We viewed the first audit carried out by the provider and found that some of their findings were not accurate. However, this was the first audit the provider had carried out at the home and a good structure was in place. The provider had recently increased their engagement and oversight of the home.

The medicines inspector found that whilst there had been some improvement, there were still gaps in records for topical medicines prescribed for external application. These records did not confirm that these medicines had been applied as prescribed.

A wide variety of audits were in place that were carried out by the manager and those that had been fully implemented were effective. These audits were part of a wider auditing system that had been recently introduced. These included health and safety checks, medicines audits and infection control checks. Timescales for improvement actions were built in to the audits and showed who was responsible for the work required. Some audits were yet to be fully implemented such as falls audits and care plan audits.

We were pleased to see that progress was being made in the governance arrangements of the service. This progress needs to continue and be sustained in order for us to have confidence in the provider. However, due to the improvements we found we were satisfied that they were no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a relaxed atmosphere in the home. People living in the home had confidence in the staff team and were able to speak their mind without censure or fear of recrimination. One person said, "The manager is so good. I feel I can say anything to them and it would be okay."

Staff were clear about their responsibilities and were supportive of each other. They had been re-assured by the support and guidance provided by the management consultant and appreciated the greater involvement of the provider. We were told that the manager was approachable and was always willing to help out.