

Karelink Limited

# Abbeymere Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The inspection took place on 11 April 2017 and was unannounced. At our last inspection on 06 December 2016 we found a breach of legal requirements. This was because the systems in place to monitor the safety and quality of the service had not been effective in identifying and acting on areas for improvement. People's views about the service were not captured or acted upon.

After the inspection, the provider sent us an action plan telling us how they intended to meet the legal requirements in relation to the breach. We also met with the provider on 17 January 2017. The meeting was held as a result of Abbeymere Care Centre being awarded a rating of Requires Improvement for a second time. The first rating of Requires Improvement was given in February 2016. We discussed the importance of action being taken to improve where ratings of Requires Improvement are made and our concerns that there continued to be areas for improvement found upon our second inspection in December 2016.

We undertook this announced focused inspection on 11 April 2017. This inspection was to check that the provider had followed their action plan and to check that they were meeting the legal requirements. Whilst we found that some improvements had been made in some areas, systems in place to monitor and improve the service were not being used consistently. This report only covers our findings in relation to the requirements of the breach in the Well Led domain.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbeymere Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Abbeymere Care Centre is registered to provide accommodation and personal care to a maximum of 18 older people. At the time of the inspection there were 16 people living at the home.

The previous registered manager had left their role in 2015. A new manager had been recruited and had been working in the home since February 2017 and was present for part of this inspection. The manager was not registered with us but told us they were in the process of submitting their application to become the registered manager. 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.

The provider had recruited some new care staff to fill the previous vacancies. However the capacity of staff to provide direct care to people was at times diluted. Rotas showed there were regular occasions when care staff had to divide their time between caring, cooking and cleaning which made it more difficult to give people the attention they needed. People told us that the staff were very good to them and worked hard but were often busy. There was no evidence that the provider was using a dependency tool to help them to identify the numbers of staff they needed to meet people's needs.

People told us that they were happy living at the home. Relatives were happy with the care provided by staff and told us that the new manager was approachable and receptive. People said they felt able to approach the manager with concerns or feedback, and were very happy with the changes they had noticed to their living environment which had been improved. However although improvements were being made this was not a systematic approach and some broken and worn furniture was noted as needing replacement.

The manager recognised the need to improve the way in which people could provide feedback about their experience of living in the home. The use of surveys had not resulted in many returns and the information received had not been analysed?. Plans were in place to arrange meetings with people and their relatives so that people's feedback could be obtained and used to drive improvements.

The provider had purchased a new quality assurance system to help them to improve the way in which they monitored the home to ensure it was operating safely and offering people a good quality service. However these systems had not been fully implemented across all aspects of the service. In the interim the manager had carried out some checks which had resulted in some improvements. However in order for people to receive a consistently good, safe service that meets their needs the monitoring of the service required further improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

The service was not consistently well led.

People and their relatives told us the new manager was approachable and that they had noticed improvements had been made in the way the home was run.

Opportunities for people and their relatives to feedback about the running of the service and to make suggestions needed improvement.

Systems to monitor and improve the safety and quality of the service were not fully implemented across all areas of the home to ensure people's needs were consistently well met.

We could not improve the rating for Well Led from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** 

# Abbeymere Care Centre

## 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.

The visit was undertaken by one inspector and was unannounced.

We undertook this focused inspection of Abbeymere Care Centre on 11 April 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our December 2016 inspection had been made. The service was inspected against one of the five questions we ask about services: is the service Well Led?

As part of the inspection we looked at the information we had about this provider. Providers are required to notify the Care Quality Commission [CQC] about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider. The registered provider had produced an action plan after our last inspection. They had shared this with us since our last inspection and this information was used to inform our inspection findings.

During our inspection we spoke with eight people who used the service and three relatives. We spoke with the manager and three staff. We completed a SOFI (Short observational tool for inspection). SOFI is a way of recording the experiences of people who may not be able to talk with us. We sampled four people's care plans to see if people were receiving their care as planned. We sampled records maintained by the service about quality assurance, staffing levels, complaints and the Medicine Administration Record (MAR) charts for eight people. We looked at the minutes of management meetings, accident records and surveys completed by people who used the service.

# Is the service well-led?

## Our findings

A manager had been recruited in October 2016 and commenced working in the home February 2017. They informed us that their application to register as the registered manager was in progress. The manager was available for the morning of the inspection but not for the afternoon.

At our last inspection in December 2016, the provider was rated as Requires Improvement due to their quality assurance systems being ineffective at identifying areas for improvement. At this inspection we saw that the provider had started work to address the areas that required improvement as identified in the action plan that they had shared with us. The provider had met the breach of this regulation. However we found that some actions had not been completed as had been planned and further action was required to ensure that effective systems would be in place to assess and monitor that the service would consistently deliver high quality, safe care.

The provider had purchased a quality assurance system which contained a range of audits they planned to implement as per their action plan. In the interim they had carried out checks within the home to ensure it was operating safely and offering people a good quality service. There was evidence that some improvements had been made and the provider could evidence that they had identified and acted on areas for improvement. One person told us, "The whole place has improved; no smell now and they have decorated". Another person told us, "We've had all new chairs in the lounge; it's so lovely now I only reported the broken toilet seat yesterday and they had done it by last night". We saw that the laundry room had been refurbished with a new floor and appliances. Problems with the drains had been rectified; a broken freezer and a new bath chair had been replaced. Where the manager had identified health and safety issues these too had been acted upon, we saw for example that hot water taps had been adjusted to avoid the risk of scolding. Water safety such as the legionella check had been undertaken and electrical safety of appliances had been checked. The manager told us that anything she identified as being needed she reported to the provider in their monthly meetings. However our tour of the premises identified that some people's bedrooms contained old, worn and broken furniture. There was no evidence to show these areas had been picked up via the provider's checks which indicated that although improvements were being made this was not a systematic approach.

The provider had recruited some new care staff to fill the previous vacancies. However we saw that the capacity of staff to provide direct care to people was diluted. There was no cook or domestic staff on duty on the day of inspection. The senior staff member was attending to the medicine round, and the two care staff had to divide their time between caring, cooking and cleaning. Staff told us that when there was no cook or cleaner this made it more difficult to give people the attention they needed. A person recently admitted to the home told us, "They are very nice staff but don't always have the time to sit with me and talk". The allocated hours for the cook did not cover seven days a week and staff rotas showed that staff were covering these tasks when on duty. There was no evidence of a dependency tool being used to help identify the numbers of staff needed to meet people's needs. The manager and senior confirmed they did not use a dependency tool.

The provider had introduced monthly meetings in which they met with the manager and directors to discuss and monitor the care provided and ensure the home was operating safely. We checked the most recent report of these meetings and saw that the provider was aware of the staffing levels and cook hours. However there was no analysis of this information to show how the provider had reached decisions about staffing levels. There was no evidence that the provider had used a dependency tool to determine their staffing levels as per the action plan they had submitted to us. We were concerned that the system in place for monitoring the home was not fully effective in identifying and acting on issues that could impact on the care and safety of people using the service. We were also concerned that the provider had not followed their action plan which had assured us they would have the mechanisms in place to improve this aspect of the service.

There had not been a lot of progress in terms of seeking people's views about the service. There were plans to hold both a resident and family meeting but these had not taken place at the time of inspection. The manager had only been in post for some weeks and was keen for these platforms to be established. The provider was setting targets for the manager to prioritise and she was confident that action on meetings would be monitored. Whilst surveys had been used there were only two completed which had not yet been analysed. People told us that staff asked them regularly if they were happy at the home.

Feedback about the management of the home was positive. Everyone we spoke with told us that the manager was friendly and approachable. One person said, "She's really nice I could talk to her". Another person said, "She will chat with you, only got to ask for something and she will come back to you". A relative told us, "[Name] is very happy here; the manager is approachable and has responded to any concerns we've had".

Staff told us that improvements were being made by the provider and that the manager was supportive of them. Staff reported the manager communicated with them and that a recent staff meeting had taken place and that they could see improvements in the way the home was run and managed. We saw, for example, that audits of the medicines records were undertaken to ensure people were receiving their medicines as prescribed. We also saw that the manager had introduced clearer guidance for staff when checking people at night time. This ensured people were being monitored and attended to at the times they needed.

The manager was able to demonstrate that she had begun to improve care plan documentation. We were shown examples of the new nutritional risk assessment and weight records introduced. We were told that people's care plans were being transferred into the new care plan format but this work was still in progress. Our discussions with staff showed that they were aware of important information they would need to support people safely and according to their needs and preferences.

The manager was aware of the legal obligation to inform us of incidents that occurred at the service and we had been notified of these. Staff we spoke with were aware of whistle blowing procedures if they were concerned about people's care.

Providers are required to display their CQC ratings. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. During our inspection the ratings were not displayed. This demonstrated that the new provider was not aware of the legal requirement. The manager rectified this the following day and sent us evidence that their ratings poster was displayed within the home.

Whilst we found that improvements had been made since December 2016 the systems to support these consistently across all areas of the home were not fully established. This meant people could not be certain

they would consistently benefit from the leadership and governance of the home.