

Abbey Care Complex Limited

# Abbey Care Complex

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Abbey Care Complex is a residential care home providing personal and nursing care to 44 people aged 65 and over at the time of the inspection. The service can support up to 50 people. This is a purpose built care home over four floors. The upper three floors are used by people and the lower floor includes the kitchen, laundry room and office space.

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

Systems were in place to protect people from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. Steps had been taken to help ensure the physical environment was safe. There were enough staff working at the service to meet people's needs and the provider had robust staff recruitment practices in place. Medicines were mostly managed in a safe way, and where issues were identified by us, the provider took swift action to rectify them. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them.

Assessments were carried out on people's needs prior to the provision of care to determine if their needs could be met at the service. Staff were supported through training and supervision to gain knowledge and skills to help them in their role. People were supported to eat a balanced diet and were able to choose what they ate. The premises were clean and well maintained. People had access to health care professionals.

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.

Quality assurance and monitoring systems were in place to help drive improvements at the service. People and staff told us there was an open and positive culture at the service. People were supported to express their views. The provider was aware of their legal obligations, and worked with other agencies to develop best practice and share knowledge.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 4 September 2020).

### Why we inspected

We received concerns in relation to the management of medicines, nutrition and hydration, personal care and the management culture at the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Abbey Care Complex

## 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.

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 carried out by an 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 Complex is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### 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 who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with 13 members of staff including the registered manager, area manager, deputy manager, clinical lead, two health advisors, a senior health care assistant, two health care assistants, the chef, a kitchen assistant, a domestic and the administrator. We spoke with two visiting health care professionals. We observed how staff interacted with people.

We reviewed a range of records. This included multiple medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, a variety of policies and procedures and quality assurance records. We spoke by telephone with three relatives or friends of people who used the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse. The provider had a safeguarding adult's policy in place, which made clear their responsibility to refer any safeguarding allegations to the local authority and the Care Quality Commission.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any suspicions of abuse. One staff member told us, "I will raise a concern and report it."
- People told us they felt safe at the service. One person said, "The staff and the people make me feel safe. A relative said, "Yes (person) is very safe there."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. Assessments covered risks including medicines, moving and handling, nutrition and hydration.
- Steps had been taken to help ensure the premises were safe. Various checks had been carried out, for example, in relation to gas and electrical safety.

Staffing and recruitment

- Most people and staff told us there were enough staff to support people in a safe way. One person told us "There are plenty of staff." A relative said, "When I am there, I have seen enough staff." A member of staff said, "This place has enough staff."
- We observed staff were unhurried in carrying out their duties and able to respond to people in a timely manner. Staffing levels on the day of inspection reflected the planned staffing levels on the staff rota.
- Checks were carried out on staff to help ensure they were suitable to work in a care setting. These included employment references, proof of identification and a criminal record check.

Using medicines safely

- Medicines were stored securely in designated and locked medicines cabinets. Arrangements were in place for the safe storage and administration of controlled drugs.
- Medicines administration records were in place. These contained information about each medicine and staff signed them after administering the medicine so there was an audit trail in place. Where people had been prescribed PRN (as required) medicines, there was guidance in place about when to administer this.
- We found that a PRN medicine for one person had ran out and there was no more in stock. We discussed this with the registered manager who made arrangements for a new supply to be delivered.
- People told us they received safe support with their medicines. One person said, "I get what I want and no

I don't think they have ever missed my medication."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- People told us the premises were kept clean. One person said, "My room is cleaned every day."

#### Learning lessons when things go wrong

- The provider had a policy in place on accidents and incidents. We saw that accidents and incidents were dealt with in line with the policy. This included reviewing any incidents to see what lessons could be learnt to reduce the risk of a similar incident re-occurring.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were carried out before people moved into the service. This was to determine what the person's needs were, and if they could be met at the service. Assessments involved discussions with the person, their relatives where appropriate and health and social care staff.
- Assessments were carried in line with guidance and the law. For example, they looked at people's equality characteristics and considered what was important to the person. Assessments covered needs related to mobility, medicines, personal care, culture and religion.

Staff support: induction, training, skills and experience

- Staff undertook training to help them in their role. This included training about end of life care, dementia care, moving and handling and dementia care. Staff told us the training was comprehensive.
- New staff undertook an induction training programme, which included completion of the Care Certificate. This is a training programme designed for staff who are new to working in the care sector.
- Staff received regular one to one supervision from a senior member of staff. Records showed these included discussions about training, people who used the service and teamwork.
- People told us staff were effective and understood their needs. One person said, "Oh yes, I think so" when asked if staff knew how to support them and another person replied, "Yes well, they look after the people" when asked the same question.

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

- People were supported to eat and drink enough and to maintain a balanced diet. There was a rolling menu that reflected people's cultural backgrounds and people were involved in planning the menu.
- People were offered a choice at each mealtime and we saw snacks and drinks being offered to people throughout the inspection. People's food and fluid intake was recorded so the service was able to check that people were eating and drinking enough.
- People told us they got enough to eat and drink and that they enjoyed the food. One person said, "We are always offered drinks and tea and coffee." Another person told us, "The food is good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other agencies to provide support to people and enable them to access health care professionals. Records showed people had access to a variety of health care professionals including speech and language therapists, tissue viability nurses, physiotherapists and GPs.
- People told us they were supported with their health care needs. One person said, "Yes, they will call the

doctor." A relative said, "They look after all their medical needs. I am very happy with this."

We spoke with two visiting health care professionals on the day of inspection. They told us referrals were made in a timely manner and staff had a good understanding of the person's individual needs.

- Staff had undertaken training about good oral health care and care plans were in place around this issue.

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

- The premises were well maintained and decorated to a reasonable standard. On the day of inspection the premises was visibly clean and free from offensive odours.
- Various adaptations were in place to help meet people's needs. For example, grab rails were in place along corridors and there was a ramp in the garden to help make it accessible. The building was over four floors, with the upper three floors used by people. Each floor was step free and connected to the others by two lifts.

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.

- DoLS authorisations were in place for some people. These were carried out in line with legislation, and the provider had notified the Care Quality Commission of DoLS authorisations, in line with their legal requirements to do so.
- People understood the importance of supporting people to make decisions and choices about the care they received, and people told us they were able to do so. Where people lacked the capacity to make decisions for themselves, mental capacity assessments were undertaken.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had an open and inclusive culture. The registered manager told us they had an open door policy and they sought to be approachable.
- Staff spoke positively about the registered manager and the working culture at the service. One staff member said of the registered manager, "They are very good, they work very professionally." Another member of staff told us, "(Registered manager) is very approachable, which is something I love. You feel relaxed around them. You can talk to them, it doesn't matter how stressed you are, they are very good at calming you."
- People said they saw the manager often and relatives told us they found them helpful. One relative said, "I speak to her now and she is very accommodating."

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 had systems in place to be open and honest with people when things went wrong. Accidents and incidents were reviewed to see how further incidents could be prevented from re-occurring. A complaints procedure was in place to address concerns raised by relevant persons.

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

- There were clear lines of accountability at the service and staff understood who their line manager was. Staff were provided with a copy of their job description, so they were clear about their role.
- The provider understood their legal requirements, for example in relation to the regulator the Care Quality Commission, and had sent us notifications of significant events as required.
- Regular staff meetings were held. A member of staff told us, "We have team meetings every Monday. We discuss the residents, if there are any concerns with them, and any other things we need to talk about."

Continuous learning and improving care

- Systems were in place for learning and continuous improvement. Various audits were carried out. These included audits of infection control practices, medicines, care plans and health and safety.
- The provider employed a quality assurance manager who carried out an annual review of the service. This looked at areas covered by the Care Quality Commission during their inspection. The registered manager produced an action plan in response to the review and we saw steps had been taken to implement the most

recent action plan.

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

- Surveys were carried out of people who used the service and their relatives to gain their views about the running of the service. The majority of the forms we saw contained positive feedback. For example, one relative wrote, "All the staff have been amazing caring for my (relative)." Another relative wrote, "(Person's) nurses are very good and I am very happy with the care service." Staff surveys were also carried out, and these contained positive feedback to.
- Equality characteristics were taken into account. For example, pre-admission assessments for people covered needs related to equality and diversity.
- The provider told us they had good working relationships with other agencies, such as health care providers and the local authority. The registered manager told us they attended a providers' forum run by the local authority, which was an opportunity to learn and share good practice.