

Manor Court Care Homes Limited

# Abbey Grange Nursing & Residential Home

## Inspection report

61 South Road  
Weston Super Mare  
BS23 2LT  
Tel: 01934 623223

Date of inspection visit: 28 and 29 May 2015  
Date of publication: 27/07/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on 28 and 29 May 2015 and was unannounced.

We inspected Abbey Grange Nursing and Residential home in May 2014. At that inspection we found the provider to be in breach of Regulation 15 Safety and suitability of premises and Regulation 10 Assessing and monitoring the quality of service provision of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2010. These correspond to Regulation 15 Premises and equipment and Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan describing the improvements that would be made. At this inspection we found some action had been taken to improve some aspects of the service. However we found some of the actions identified by the provider had not been

# Summary of findings

completed. We found further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Abbey Grange Nursing and Residential Home is a care home providing accommodation for up to 42 people who require nursing and personal care. The home comprises of the main building which is set out over four floors and provides support to up to 40 older people. There is a self-contained bungalow attached to the home that provides personal care for up to two people. During our inspection there were 25 people living at the home and two people living in the bungalow.

There was a manager but they were not registered with the Care Quality Commission. The manager told us they were in the process of registering with us. 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 and associated Regulations about how the service is run. There had not been a registered manager since April 2015.

People and their relatives told us they felt safe at Abbey Grange. One person told us "I have never been hurt and no one raises their voice at me" and another person said "I trust the staff and I feel safe". A relative told us "I am pleased with the care here and I believe my relative is safe".

Medicines were not always administered and stored safely. People were left with their medicines where they would be at risk of not taking or dropping them. People received their medicines when they needed them. One person told us "I always get my medicine on time".

Some people did not have a fire evacuation procedure in place in the event of an emergency; the manager was in the process of developing these. The home had a designated smoking area that had not been recently risk assessed. This meant people would be at risk of harm in the event of a fire. Staff told us they had received fire training and felt confident to evacuate the home in the event of an emergency.

One person told us they thought the staff appeared rushed and they didn't always get the chance to spend

time chatting with them. A relative told us "There are enough staff and they meet my relative's needs, they appear a bit short at weekends though". Staff told us they thought there were enough staff available as long as no staff were off sick. Staff appeared busy; however they were able to attend to people's physical needs.

There were recruitment procedures in place to ensure only staff with suitable character were employed by the organisation. Staff received appropriate training to understand their role and to ensure the care and support provided to people was safe. New members of staff received an induction which included shadowing experienced staff before working independently.

We found people's rights were not fully protected as the manager had not followed correct procedures where people lacked capacity to make decisions for themselves. We observed where decisions were made for people the principles of the Mental Capacity Act 2005 were not always followed. Mental capacity assessments were not completed and where decisions had been made there was no evidence it was in the person's best interest.

Not all the people we spoke with were happy with the food provided; one person told us "The food is all right, not great" and another said "There is not enough choice". There was only one meal option on the menu each day and if people declined this they would be offered a snack as an alternative. People and their relatives told us they thought there was enough food and drink available throughout the day. We observed when staff were supporting people at lunchtime they did not always explain what they were doing and staff did not always consider the needs of people.

Guidelines were in place to ensure people received a diet in line with their needs. Staff did not always follow this guidance. The staff monitored people's weight and referrals were made to healthcare professionals when concerns were raised. In response to concerns about one person's weight their doctor had prescribed food supplements. These were being made available and records showed the person was maintaining a stable weight.

# Summary of findings

People and their relatives told us they were happy with the care they or their relative received at Abbey Grange. One person told us “They are wonderful, they have got staff who are so dedicated” and a relative told us “They are very kind, definitely caring”.

People told us they did not have the opportunity to engage in meaningful activities during the day. We saw people were not engaged in meaningful activities throughout our inspection.

People’s needs were set out in individual care plans. The plans set out what people could do for themselves and the support they required from staff. The care plans were regularly reviewed and updated by staff; however people were not always involved in these reviews. People’s relatives told us they were involved in planning and reviewing their family members care.

The provider had a complaints procedure in a place; this was not always followed by staff. Where people raised concerns, they were not always listened to and appropriately responded to by staff.

The provider did not have an effective system in place to collate and review feedback from people and their relatives to gauge their satisfaction and make improvements to the service.

The registered manager and senior management had systems in place to monitor the quality of the service provided, however we found these systems were not being used effectively and they did not identify shortfalls in the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

We have made recommendations about the provider improving the mealtime experience and providing meaningful engagement for people.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe

Staff did not follow safe procedures when administering people's medicines and medicines were not stored safely.

The home did not have a fire evacuation procedure in place for all of the people living in the home. The designated smoking area had not been risk assessed. Staff told us they were trained and confident in evacuating people in the event of a fire.

Staff told us about the different forms of abuse, how to recognise them and said they felt confident to raise concerns with the registered manager.

Recruitment procedures were in place to ensure staff with suitable character and experience were employed. Enough staff were available to meet people's physical needs.

Risks to people's safety such as malnutrition, skin integrity and incidents such as falls had been appropriately identified. Care plans identified the support people required to minimise the risks identified.

**Requires improvement**



### Is the service effective?

The service was not effective

Some decisions were made for people without considering the principles of the Mental Capacity Act 2005. There was no clear evidence the decisions were in the person's best interest.

Not all the people we spoke with were happy with the food provided and they thought there was a lack of choice. People were not offered the opportunity for mealtimes to be a social experience.

People's healthcare needs were assessed and they were supported to have regular access to health care services. Staff did not always follow guidelines that had been implemented by health professionals.

**Requires improvement**



### Is the service caring?

The service was not caring.

Observations of staff interactions with people were mixed. Some of our observations did not include the person or reflect their individual needs. We did however observe some positive interactions during our inspection.

People and their relatives spoke positively about staff and the care they received. We observed that staff were caring in their contact with people.

Staff knew the people they were supporting well and had developed relationships.

**Requires improvement**



# Summary of findings

## Is the service responsive?

The service was not responsive.

People had a care plan that described their needs; people were not involved in reviewing and updating their care plans.

People did not receive stimulation and meaningful engagement throughout the day.

There were no clear systems in place to encourage people to raise concerns and complaints. Where people raised complaints these were not appropriately responded to by staff.

There were no effective systems in place to collate and review feedback from people and their relatives.

**Requires improvement**



## Is the service well-led?

The service was not well led.

There was a manager in post; the manager was not registered with CQC.

The provider had audits in place to monitor the quality of the service. The audits were not being used effectively and they did not identify where there were shortfalls in the service.

Staff told us the registered manager was approachable and they held staff meetings to cascade information and enable staff to discuss concerns.

**Requires improvement**



# Abbey Grange Nursing & 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.

This inspection took place on 28 and 29 May 2015 and was unannounced.

The inspection was completed by one inspector, one specialist advisor (a registered nurse) 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.

Before the inspection we reviewed previous inspection reports. We also viewed other information we had received about the service, including notifications. Notifications are information about specific important events the service is

legally required to send to us. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We requested this information during our inspection.

During the inspection we spoke with six people and one visitor about their views on the quality of the care and support being provided. We also spoke with the manager, the business manager and seven staff including the chef, the cleaner and activity coordinator. Some people were unable to tell us their experiences of living at the home. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for four people. We looked at records about the management of the service. We also spoke with two relatives and four community professionals after the visit by telephone.

# Is the service safe?

## Our findings

We inspected Abbey Grange in May 2014. During the inspection we identified people were not protected against the risks associated with unsafe and unsuitable premises. The provider submitted an action plan detailing the action they proposed to take in response to this stating the work would be completed by June 2014. During this inspection we found the provider had taken steps to respond to our concerns. For example, the call bell system had been serviced, fire evacuation drills had been carried out with staff and the smoke and fire alarm system had been serviced.

We identified further areas of concern during this inspection, for example the designated smoking area had not been risk assessed and only four people had emergency evacuation plans in place for the event of a fire. The staff we spoke with told us they felt confident to evacuate people in the event of a fire and they had recently received fire training. We spoke with the manager who told us they were in the process of developing personal evacuation plans for all people and this was a priority. The business manager contacted the fire department during our inspection and arranged for a fire officer to visit during the next week to risk assess the smoking area.

During our last inspection we identified some areas of the home required improvement and updating. At this inspection we saw some improvements had been made for example, two of the bathrooms had been replaced and updated and one of the lounge areas was in the process of being decorated. There were areas of the home still requiring improvement. For example, a ramp situated on the second floor corridor would prevent people with mobility difficulties from accessing some areas of the home independently. The business manager had a refurbishment plan in place for the home. This included a surveyor visiting the home the following week to look at options to remove the ramp and make the area more assessable. The refurbishment plan included improvements to the environment including communal areas, furniture, another bathroom and bedrooms. The manager told us these improvements would be completed within the next year. A relative told us they were aware of the refurbishment plan and they were happy with the progress.

During our inspection we found medicines were not stored and administered safely. For example, during the

medicines round we observed the nurse leaving people with their medicines and not checking they had been taken. One person was left with their medicines at lunchtime and we observed them tip the medicines out of the pot into their lap and they did not attempt to take them. The nurse did not observe this incident and another person who used the service brought it to the nurse's attention. The nurse signed the medicine administration records to state the people had taken their medicines without checking they had taken them. There were no risk assessments in place relating to the person being left with their medicines. This meant people were at risk of not receiving their medicines as prescribed. We discussed this with the manager who told us they would ensure people who were at risk of not taking their medicines would be identified, assessed and monitored.

During our inspection we saw the medicines trolley was not securely attached to the wall when it was not in use. This meant that medicines were not stored securely. We brought this to the attention of the manager and they arranged for the trolley to be attached securely to the wall before the end of our inspection.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

People told us they received their medicines on time with one person commenting "I always get my medicine on time" A relative told us "I am happy my relative receives their medicine".

People and their relatives told us they felt safe at Abbey Grange. One person told us "I trust the staff and I feel safe" and another said "nobody shouts and I never get hurt". A relative told us "I am confident my relative is 100% safe, she loves it here" and another said "They (staff) do everything to make sure my relative is safe".

People and their relatives told us they were generally enough staff to meet people's needs. One person told us "I never feel rushed when they are helping me to wash", however another person said "They are a bit short of staff" and another commented "The staff are rushed off their feet, I think they are way too short-staffed" A relative told us they felt there were enough staff available in the week but staffing appeared a bit short at weekends, they commented "Sometimes you have to wander around to find somebody to let you out of the home at weekends".

## Is the service safe?

Staff told us they felt there were enough staff available as long as nobody phoned in sick. They told us some shifts were busier than others depending on people's daily needs. We observed staff appeared busy; however they were able to attend to people's physical needs.

The manager told us if the home was short of staff due to sickness they would help out and provide cover. They also told us staff worked extra hours to cover where required. The manager told us staffing levels were determined according to the dependency levels of the people who used the service. They told us they recorded and reviewed where people's needs changed and adjusted the staffing levels accordingly. Records we saw confirmed this.

Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. Staff described how they would recognise potential signs of abuse through changes in people's behaviour and unexplained marks or bruising. They told us this would be reported to the nurse in charge or manager and they were confident it would be dealt with appropriately. One staff member told us "The manager is on the ball, they would listen and take it seriously" and another said "I have raised a safeguarding alert in the past and it was handled very well". Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside of Abbey Grange if they felt they were not being dealt with.

Relatives told us they were involved in decision making related to the risks associated with their family member's

care. For example, where a person had been identified as needing support with moving and handling their relative had been informed of the risk assessment and they told us they felt fully involved. Where people were at risk from malnutrition, this had been assessed and evaluated. Where risks had been identified management plans were developed to minimise the risk. Some of the risk assessments were unclear in relation to the activity being assessed, for example one risk assessment made reference to a person's medicine and finance. We discussed this with the manager who told us they were unsure why this had not been made clear, they told us they would ensure the risk assessments were reviewed and clear information would be included. Staff told us about the importance of reporting incidents to the manager or nurse in charge. We saw incidents and accidents were recorded and a review of falls had been regularly undertaken.

A recruitment procedure was in place to ensure people were supported by staff with the appropriate experience and character. Staff told us they were not able to work with people until the appropriate pre-employment checks had been undertaken. We looked at staff files to ensure the appropriate checks had been carried out before staff worked with people and found they had. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.



# Is the service effective?

## Our findings

We looked at how the Mental Capacity Act 2005 (MCA) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent.

People's rights were not fully protected because the correct procedures were not being followed where people lacked capacity to make decisions for themselves. We found people's care plans stated they did not have capacity to make decisions about their care without any evidence of an assessment of their capacity. We also found relatives were signing consent forms on behalf of people where they did not have the legal right to do so. This meant people were at risk of receiving care and treatment which was not in their best interests. We spoke with the manager who told us they would review their processes for assessing people's capacity in line with the Mental Capacity Act 2005.

This was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. At the time of the inspection there was one authorisation to restrict a person's liberty under DoLS and we found the provider was acting within the terms of the authorisations. The manager told us they were in the process of completing further applications to the local authority where required.

The staff we spoke with demonstrated an understanding of the importance of offering people choices such as what time people want to get up, choice of food and what people want to wear. We observed staff seeking consent before providing support to people. Staff told us if a person appeared unhappy with their support they would report this to a senior staff member and another staff member would be offered.

People and their relatives told us there was enough food and drink available throughout the day; however we received mixed feedback on the food provided. One person told us "I don't like the main meal the mince is pink and

hard. I do like fish and chips, but we only have that every three weeks. There was no mayonnaise for tuna sandwiches yesterday and no tartar sauce the other day". They told us they had raised concerns with staff who had responded by saying that they (the staff member) thought the meal was lovely. Another person told us "The food is all right, not great. There is only one main course offered on the menu and if you don't like that you are offered the usual omelette or cheese on toast, you will never go hungry. If you don't like it, they will always make you something else". Relatives told us they thought the food provided was good, comments included "The food is great, I visited on Sunday and they had a home cooked roast" and "All the food is homemade, even the chips". We observed some choices being offered to people such as if they would like hot or cold milk with their breakfast and drinks and snacks were offered throughout the day. The business manager told us they had recently reviewed and updated the menus with the chef based on people's choices. They arranged for tartar sauce and mayonnaise to be purchased during our inspection, they told us they would look into why these condiments had ran out.

Guidelines were in place to ensure people received a diet in line with their needs. Staff did not always support people to follow these guidelines. Where a person was prescribed a soft diet due to them being at risk of choking, staff told us the person chose to eat food that was not within the guidance. We spoke with the manager who confirmed this, they also told us they had not contacted the health professional who created the guidelines to inform them and seek their advice. The manager told us they would contact the health professional and arrange for them to visit and review the guidelines. We spoke with the business manager following the visit and they confirmed the health professional had reassessed the persons needs. They told us the health professional had adapted the persons guidelines so they were able to eat the food they were choosing.

People who were at risk of malnutrition were regularly assessed and monitored by nurses and information was recorded where people had lost weight in order to provide high calorie meals and food supplements. Where supplements were prescribed by the GP records demonstrated the person was maintaining a stable weight.

During our inspection we observed some people who were able to eat independently remained in their arm chair and

## Is the service effective?

had their meal on a small table in front of them. One person was sat with their main meal and pudding for an hour and during this time they only ate two mouthfuls of their pudding before staff removed the food. Staff told us the person would regularly refuse food and the person's care plan confirmed this. However the care plan also stated the person should be offered encouragement with their meal. We did not observe this being offered during our inspection. We spoke with the manager who told us the person should be offered small meals throughout the day; they said this would be addressed with staff. They also showed us records detailing how much food the person had consumed during the day and the nurse's response to this by offering fortified drinks.

Another person was being supported by staff and the staff member did not inform them what their meal was. The person refused most of their main meal and ate their pudding. We observed staff placing meals in front of people without telling people what they were. We spoke with the manager who told us they would address this with the staff members.

People and their relatives told us they were supported to see their GP regularly where required. A local GP visited the home regularly and one person told "They get the doctor and they are very good about appointments, they have transport. A GP comes every Tuesday for those who want to see him". People were also supported to see the dentist and chiropodist where required. Relatives told us "Staff recognise when my family member is unwell and they will get the GP out to see them".

Relatives told us staff were trained and capable of meeting their care and support needs. One commented "They know my relative and their condition well, they know how to support her". Staff were aware of their roles and responsibilities, they told us they were made aware of this

through induction, training and staff meetings. Staff told us they had received a range of training to meet people's needs and keep them safe, they described the training as "Very good". Staff also told us they attended additional training to enable them to meet people's specific care and support needs. For example, dementia awareness and training relating to people's specific conditions. We observed there were handover meetings at the beginning of each shift and staff told us these were used to keep them up to date with people's needs.

Staff told us they received an induction when they joined the service and records we saw confirmed this. They said the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member who was in their induction said "It's a good induction; I am getting to know the layout of the home and needs of the people who live here". They also told us they were completing their mandatory training during their induction.

Staff told us they received supervision to receive support and guidance about their work. One staff member told us "I can talk about any issues, training and anything to help me do my job, it's a two way process and I receive constructive feedback". Another staff member told us they had not received supervision for a while, however they said they could approach the manager with any concerns.

**We recommend that the provider seek guidance on how to support people to make meal choices and how people living with dementia are enabled to maintain their independence and are provided with opportunities to enjoy a sociable meal time experience.**

# Is the service caring?

## Our findings

Most of the interactions we observed between people and staff were positive. However during lunchtime staff did not always engage in conversation with the person they were supporting. For example, a staff member providing support during the mealtime did not inform the person of what the meal was. The person they were supporting was unable to verbally communicate. We also observed staff responding inappropriately when a person raised a complaint about a meal by responding that they thought it was “ok”. This meant people were not always supported and engaged with by staff in an inclusive and respectful way.

People and their relatives told us they were treated well and staff were caring. One person told us “The staff are wonderful, they are so dedicated and one member of staff is really, really excellent” and another said “They go above and beyond the call of duty.” Comments from relatives included “The staff are brilliant, my relative really gets good care” and “The staff are absolutely caring”.

We observed staff offering support and reassurance to people whilst they were providing support and people appeared relaxed in staff presence. We observed staff supported people to use a stand aid to transfer from their wheelchair to the lounge chair. This was completed calmly and efficiently with staff giving clear information to the person on each stage of the procedure before carrying it out, whilst reassuring them.

People told us staff knew them well; one person commented “The staff know the things that are important to me”. Staff told us they spent time getting to know people and recognised the importance of developing trusting relationships. One staff member told us “It is important that we build relationships, that people trust you and feel you are approachable”. Other comments include “I always try to get to know people, talk to them, I love that side of my job” and “People can feel vulnerable, I try to make them feel comfortable and relaxed”. One staff member described what was important to a person for example, they liked to have their hair done, talk about their family and wear perfume.

People told us they were treated with dignity and respect, one person told us “Staff always knock on the door before coming into the room and check with you before they start personal care”. Another person told us staff did not talk over them when they were providing personal care. Staff described how they ensured people had privacy and how people’s modesty was protected when providing personal care. For example, closing doors and curtains and explaining to the person what they were doing. During our inspection we observed staff knocking on people’s bedroom doors and waiting for a response before entering and observed staff asking people’s permission before supporting them.

People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. One relative told us “I have never been stopped from visiting whatever time I arrive”.

# Is the service responsive?

## Our findings

Throughout our inspection we observed people did not always receive meaningful engagement from staff. One person told us “We don’t do anything all day, the last time we did something was at Christmas, it was a quiz”. During the middle of the morning we observed 10 people sat in the lounge with the television on and the volume on low. One person had a newspaper and another had a box of personal items, five people were asleep in their chairs. The radio was playing loudly in the kitchen and this impacted on the ability of people to hear the television. One person commented on the radio telling us “The radio in there is turned up full blast and we cannot hear the television”. One person became upset saying “There is no one here”. When staff entered the room they told the person to cheer up and offered them some pens and a colouring book. This appeared to relieve the person’s anxiety for a short period of time before they became upset again. Staff responded to this by supporting the person to leave the room to calm down.

The home employed an activities coordinator to enable people to follow their personal interests. There were no activity schedules in place and we did not observe any in house activities being offered during our inspection. The activities coordinator had written the day’s activity, which involved a drive in the bus, on a board in the hall. One person told us “Six to seven people get to go out on a bus on Thursdays when they are taken out between 1.30-3.30pm, they don’t get out of the van, they just sit in it and then come back. On the other days, one person gets to go out each day”. The manager told us they were aware the activities needed to be improved and they were working with the activity coordinator to find out what people liked to do in order to plan an activity schedule to meet people’s needs.

During our inspection one person told us they were unhappy with the food and the times of day staff supported them. We asked them if they had raised their concerns with anyone and they said the manager was aware but they were not sure what was being done about it. There was no formal record of these concerns. We observed staff dismissed the person’s complaint about the food by saying they (the staff member) thought the food was ok. We spoke with the manager who told us the person regularly raised concerns and they acknowledged these had not been

managed in line with their complaints procedure. They told us they felt staff did not listen to the person as they had raised many concerns in the past and it had become a regular occurrence. The manager recognised they needed to listen and respond to the person’s concerns and told us they would look into this straight away in line with their policy. There were no clear and assessable systems in place to encourage people to raise concerns and complaints. This meant people’s concerns were not identified and responded to by the provider.

There were no residents meetings or systems in place to receive feedback on the service provided. The provider had not recently formally collated feedback in the form of a survey to receive feedback on the service from people, relatives and visitors. The registered manager told us this was something they would set up to ensure customer satisfaction was recognised and analysed for areas of improvement.

This was a breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

Relatives told us they were aware of the complaints policy and felt able to raise concerns with the manager if they needed to. They felt comfortable about making a complaint if required to, but there had not been any cause to raise any concerns. There were no formal complaints recorded by the service.

One person told us they felt involved in their care commenting “I feel confident the nurses have got all the correct information about me and I do feel involved with my care”. Relatives told us they were involved in developing and reviewing their family member’s care plans. Comments included “I was involved in the planning when my family member moved in and I am still very much involved”. Not all people were involved in reviewing their care plans where they were able to. For example, a person was able to use text on a mobile phone to communicate their needs. There was no evidence this person was involved in reviewing and contributing to their care plan. We discussed this with the manager who told us they would look into ensuring people were involved in reviewing their care where they were able to. All of the relatives we spoke with told us they were happy the care plans reflected their relative’s current needs.

## Is the service responsive?

We saw in one person's care plan they should be supported to change their body position every two hours. We looked at the person's records over a period of three days, they had gaps of five and six hours between them being repositioned. We discussed this with staff who told us the person should be repositioned every two hours. The manager told us there had previously been concerns over staff recording information appropriately and accurately. In response to this they had identified two staff on each shift to look through people's records to ensure they were completed. We saw this had been discussed as an agenda item at a recent team meeting. The manager told us this had generally been effective and they would look into why this had not been completed on this occasion.

People told us staff supported them to maintain their independence with one person commenting

"They go out of their way to help me, they let me do what I can do, we work well together".

A staff member told us they recognised the importance of promoting people's independence and support people to do as much as they can for themselves. People's care plans included information relating to what a person could do themselves and what they required support with. Care plans also included a document called a "Life history book". This was being completed with the activity coordinator and the person and included information relating to people's personal history and interests. Not all of the life history books had been fully completed and the manager told us the activity coordinator was in the process of completing this. Relatives told us staff supported people to maintain family contact and send cards on birthdays and at Christmas. One relative said "Receiving this means a lot to me, it's lovely".

**We recommend that the provider reviews how people are supported to have meaningful engagement and activities available to meet their needs.**

# Is the service well-led?

## Our findings

At our last inspection in May 2014 we identified there were no effective quality assurance procedures in place to assess and monitor the quality of the service. We found incidents and accidents were not analysed for information to reduce the risk of further harm to people. The provider submitted an action plan to us detailing the action they proposed to take in response to this.

At this inspection we found some improvements had been made, new accident forms had been introduced that enabled the manager to analyse incidents and change care plans to prevent further harm. An audit was in place for medicines that involved daily, weekly and monthly checks by staff. There were however still areas of the service that were still not being audited for example, health and safety, infection control and the care people received. We found the audit systems were not always effective in identifying shortfalls. For example, the provider had not identified the manager had not followed the principles of the MCA. The manager showed us a list they had created to identify the areas that needed to be audited and told us they planned to use an auditing tool to complete this.

This was a continued breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

A manager was appointed for the day to day running of Abbey Grange; however the manager was not registered with the Care Quality Commission. The manager told us they were in the process of applying for the registered manager's position with CQC. There had not been a registered manager in post since April 2015. One person told us they thought things had "much improved" since the new manager had been in post.

Relatives told us they thought the manager was approachable and they felt able to go to them with any concerns. Comments included "They are approachable and always available and they will always phone you back" and another relative said, "The manager is very assessable and there if needed". Staff told us the manager was approachable and accessible and they felt confident in raising concerns with them. One staff member said, "The manager is approachable; since they have been the manager the atmosphere has changed in the home".

Regular staff meetings were held which were used to keep staff up to date with approaches and information. For example, where a person's support needs had changed, this was raised in the meeting to ensure staff had acknowledged this information. The meeting identified the need for staff to be nominated each shift to oversee recording and the safeguarding procedure was also discussed.

One staff member described the meetings as "Worthwhile" and they said "You are definitely listened to". Another staff member commented "We talked about the things we wanted raised and had a good discussion, things changed after the meetings". The meetings were also used to discuss any issues in the home.

The service had a clear staffing structure with defined roles, the staff we spoke with demonstrated an understanding of their responsibilities relating to their role and meeting people's needs. For example, care staff told us what support they were able to provide to people and when the support would need to be provided by a senior member of staff.

We spoke with the manager about the values and vision for the service. They told us their vision was to provide "The best care home where the wellbeing of the residents are paramount, a home from home where people look forward to waking up and enjoying their life". The manager and business manager recognised there were areas of the service that needed to be developed and improved and they told us they were committed to delivering this.

The manager told us they had appointed a staff member to be a dementia champion. This involved the staff member having knowledge and skills in the care of people with dementia and being a source of support and knowledge for co-workers. They also told us they were looking at arranging for staff to become 'Dementia friends' which is a nationwide programme to change people's perceptions of dementia. They also told us they would like to adapt the environment to meet the needs of people with dementia more effectively by using signage and items to orientate people throughout their day.

The manager told us they felt supported by the organisation and they were in regular contact with the provider. The manager was a registered nurse and a member of the Royal College of Nursing Association and they told us they attended conferences to keep themselves



## Is the service well-led?

up to date with relevant legislation and guidance. They told us they had recently attended a conference and obtained information about the Care Certificate, the MCA and DoLS and the CQC inspection process and they planned to feedback the knowledge gained to the staff team.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**There were no processes in place to support people to make best interest decisions in accordance with the Mental Capacity Act 2005. Regulation 11 (3)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The management of medicines was not completed safely. Regulation 12 (2) (g)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

**There were no effective and assessable systems in place to identify, receive and respond to complaints. Regulation 16 (2)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Effective systems were not in place to assess, monitor and improve the quality and the safety of the service provided. Regulation 17 (2) (a)**