Abbey Care Complex Limited

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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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 23 October 2018 and was unannounced. At the previous inspection of this service in September 2017 we rated them a Requires Improvement and found one breach of regulations. This was because they did not have effective systems in place for the management of Deprivation of Liberty authorisations. During this inspection we found this issue had been addressed and we rated them as Good.

Abbey Care Complex is a care home. People in care homes receive accommodation and nursing or personal care as 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 accommodates a maximum 50 of people across three separate units, 46 people were using the service at the time of our inspection. The service provides support with both nursing and personal care to older people, many of whom were living with dementia.

The service had a registered manager in place. 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.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place and safeguarding allegations were managed appropriately. Risk assessments provided information about how to support people in a safe manner. Procedures were in place to reduce the risk of the spread of infection. Medicines were managed safely. Steps had been taken to ensure the physical environment was safe. Lessons were learnt when accidents and incidents occurred.

People's needs were assessed before they started using the service to determine if those needs could be met. Staff received on-going training to support them in their role and undertook induction training on commencing work at the service. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People told us they enjoyed the food and that they had enough to eat. People were supported to access relevant health care professionals as appropriate.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity. Confidentiality was respected and records were held securely.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint. Complaints had been dealt with in line with the procedure. End of life care was managed in an appropriate way.

Staff and people spoke positively about the senior staff at the service. Quality assurance and monitoring systems were in place which included seeking the views of people who used the service. The service worked with other agencies to develop good practice.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

Checks were carried out to help ensure the premises were safe.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Medicines and infection control practices were managed in a safe way.

Is the service effective?

Good

The service was effective. People's needs were assessed before they started using the service. People and their relatives were involved in this process.

Staff undertook regular training to support them in their role. Staff had regular one to one supervision meetings with a senior member of staff.

The service operated within the principles of the Mental Capacity Act 2005 and people were able to make choices about their care.

People were able to choose what they ate and drank and they told us they had enough to eat.

People were supported to access relevant health care professionals as required.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence. People's right to

confidentiality was protected.

Is the service responsive?

Good

The service was responsive. Care plans were in place which set out how to meet people's assessed needs in a personalised manner. These were subject to regular review.

People were supported to take part in various activities, which in part were provided by outside agencies.

People knew how to make a complaint and complaints had been dealt with in line with established procedures.

The service supported people with end of life care in a dignified and caring manner.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place. People and staff told us they found senior staff to be supportive and helpful.

Systems were in place for monitoring the quality of care and support at the service. Some of these included seeking the views of people using the service.

Abbey Care Complex

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 the 23 October 2018 and was unannounced. The inspection was carried out by an inspector, an assistant inspector, a specialist advisor with a background in nursing care 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 the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of serious incidents the provider had sent us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with five people who used the service and four relatives. We spoke with twelve staff; the nominated individual, registered manager, the head of care, a domestic staff member, the chef, an activities coordinator, the administrator, two nurses, two senior care assistants and one care assistant. We looked at nine sets of records relating to people including care plans and risk assessments. We checked medicine records on all three floors. Staff recruitment and supervision records were examined for six staff and we looked at the training records for all staff. We checked the quality assurance and monitoring systems used at the service and looked at various policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I do feel safe, my right side is dead after my stroke, I can't move so I'm dependent on them and I always feel they know how to handle me. I can't stand on my own but I trust them." Another person told us, "I do feel safe, because they are very good carers, it makes me feel confident and relaxed if I can trust them." A relative said, "Yes, my [relative] is very safe here, the staff are extremely attentive, there are no threats at all."

Systems were in place to protect people from the risk of abuse. There was a whistle blowing policy which made clear staff had the right to whistle blow to outside agencies if appropriate. There was also a safeguarding adult's procedure which stated any allegations of abuse had to be referred to the local authority and the Care Quality Commission. Records confirmed that allegations of abuse had been dealt with in line with the policy. Staff had undertaken training about safeguarding and were aware of their responsibility to report it. One staff member said, "I have to inform my senior [if they suspected abuse]."

The service held money on behalf of people. This was money brought in by relatives for people who lacked the capacity to manage their own money. The service did not have access to anyone's bank accounts. The money held was stored in a safe in the registered manager's office and only two staff had access to this. Records and receipts were kept of financial transactions and these recorded were audited by the administrator. We checked some of the money and found that amounts held tallied with the amounts recorded. This meant steps had been taken to reduce the risk of financial abuse occurring.

Risk assessments were in place which set out the individual risks people faced and included information about how to mitigate those risks. Assessments covered risks associated with moving and handling, nutrition and hydration, falls, medicines and skin integrity. We found for one person they were assessed as being at high risks of developing pressure ulcers yet their care plan did not include information about managing this. We discussed this with the registered manager and a suitable care plan was written on the day of our inspection.

Steps had been taken to ensure the premises were safe. Records showed that the gas and electrical systems and appliances had been serviced by a qualified person within appropriate timescales, as had the fire alarms. The service carried out its own tests of fire alarms, emergency lighting and hot water temperatures. Personal emergency evacuation procedures were in place for each person, although for most people these were not person centred. The only contained basic information about the level of staff support a person would need in the event of an emergency evacuation. We discussed this with the registered manager who told us they would implement more thorough personal emergency evacuation procedures for all people. They sent us an update after our inspection to confirm they had begun the process of developing person centred emergency evacuation plans for each person.

People told us there were enough staff to meet their needs. One person said, "They come with reasonable notice, it's soon enough and normally quite promptly." Staff also told us there were enough staff on duty and that they had time to carry out all their duties. They said if a member of staff was not able to work their

shift was almost always covered. One staff member said, "yes, we have enough staff, we manage ok." Another member of staff told us, "We always get cover (if needed to replace an absent staff member)." We observed staff were able to meet people's needs in a prompt manner. For example, when an alarm call sounded indicating a person requested support in their bedroom, this was quickly responded to.

Robust staff recruitment practices were in place. Staff told us and records confirmed that various checks were carried out on them before they commenced working at the service. These checks included proof of identification, criminal record checks, employment references and proof of right to work in the UK. This meant the service sought to employ staff wo were suitable to work in a care setting.

Systems were in place to promote the safe administration of medicines. People told us staff supported them with their medicines. One person said, "I get my medications, and they are quite complicated too. I know what everything is for." Medicines were stored securely in locked medicine cabinets. Appropriate arrangements were in place for the storage and recording of controlled drugs. Medicine administration record charts were maintained which included the name, strength, dose and time of each medicine to be administered and these were signed by the staff after each medicine had been given. This meant there was a clear audit trail of administered medicines. Where people were prescribed medicines on a PRN (as required) basis guidelines were in place about when to administer them. Medicine records were regularly checked and audited by senior staff and the supplying pharmacist carried out audits of the medicine practices at the service.

People told us the service was kept clean. One person said, "It's very clean here, they are always cleaning, it's done once a day, more often if it's needed." The service employed a dedicated cleaning staff team. A member of this team told us there were clear expectations of what they had to clean and the frequency of cleaning. Schedules were recorded and the staff member signed after completing each task. They told us the head of the clearing staff checked that both the cleaning schedules had been signed off and that the area had been cleaned to a satisfactory standard. We noted the premises were visibly clean and free from offensive odours on the day of inspection. Staff told us they always wore protective clothing including gloves and aprons when providing support with personal care to help reduce the risk of the spread infection.

Records were maintained of accidents and incidents. These included a review of the incident by senior staff and action to take to reduce the risk of a similar event occurring again. For example, closer monitoring of a person or a review of their risk assessment. This meant the service sought to learn and improve when things of a concerning nature occurred.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the previous inspection of this service in September 2017 we found they were in breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because although the service had applied for DoLS authorisations to the local authority, they did not then follow up appropriately when the local authority communicated its decision to the service. The result of this was the registered manager and staff were not aware of who a DoLS authorisation had been granted to and who it had been refused to. During this inspection we found this issue had been addressed. DoLS had been managed in line with legislation and where there was a DoLS authorisation in place the service had notified the Care Quality Commission of this.

The service operated within the principles of the MCA. People were supported to make choices and decisions about their daily lives. Mental capacity assessments had been carried out to determine if people had capacity, for example, in relation to taking medicines and personal care. People or relatives had signed consent forms where they were able to give or withhold consent for various things including having their photograph taken, sharing their records with a third party and having bed rails fitted to their bed.

The service accommodated some people whose needs meant they moved in at very short notice. Where this was the case an assessment of their needs was carried out after they moved in. For other people who had a planned move into the service, pre-admission assessments were carried out by a senior member of staff. This was to see what the person's needs were and to decide if the service could meet those needs. The registered manager told us on occasions they had to decline a person as it was not deemed to be a suitable placement for them. Family members were involved in the assessment process and relatives were invited to visit the home before decisions were made about whether people moved in or not. The registered manager told us, "Me or the nurse will go and do an assessment. The family come and we show them the room."

Staff undertook an induction training programme on commencing work at the service. This included classroom based training and shadowing experienced staff as they carried out their duties. Staff told us and records confirmed that they had regular ongoing training to help develop their skills and knowledge. Training included training about first aid, manual handling, infection control, fire safety, health and safety, safeguarding adults, medicine, data protection, food safety, dignity in care, end of life care, MCA/DoLS, dementia awareness and mental health awareness.

Staff told us and records confirmed they received regular one to one supervision from a senior member of staff. One person said of their supervision, "Any issue we can bring up. They explain if we have done anything wrong." Staff also had an annual appraisal of their performance and development needs.

People told us they enjoyed the food and that they got enough to eat. One person said, "Yes, there is plenty of tea and there are jugs of water and juice on the table. I always feel satisfied, I eat everything up, that's how I was brought up, but I'm always full." Another person told us, "There is enough to eat and drink. There are drinks on the tables and you can ask for a cup of tea any time." A third person said, "The food is quite good, it's OK. There are some choices, no pork of course, I'm of the [named religion] faith and they cater to my needs." We observed a lunchtime period and where people required support to eat and drink this was provided in a sensitive way, at the pace that suited the person, with gentle encouragement given to the person to eat.

There was a rolling menu which reflected people's culture. A choice of meals was always offered and if people did not want what was on the menu they could request something else. People's weight was routinely monitored and where there were concerns referrals were made to the GP and dietician. Where people required their food to be pureed, we saw that each individual food item was pureed separately which meant the person was able to enjoy the different flavours of the meal.

People told us they were supported to access healthcare professionals. One person said, "I see the chiropodist, they organise it, it just happens. The doctor comes every week, they will come sooner if it's urgent." Another person told us, "It's easy to see the doctor." Rerecords confirmed people had access to healthcare professionals. These included GP's, district nurses, opticians, dentists, speech and language therapists and dieticians. Staff had a good understanding of people's healthcare needs and if there was any guidance in place from professionals this was followed, for example about food being pureed for people who had swallowing difficulties. The home provided nursing care to people and registered nurses where on-site 24-hours a day to provide support with nursing needs. Relatives told us they were kept informed if a person was unwell. One said, "The home calls if there's a problem, it doesn't happen often at all." Another relative told us, "It's been two years now and there haven't been any accidents or illnesses, but if she isn't eating, then they let me know, they keep an eye on everything."

The service was a purpose-built care home for older people and as such had adaptions to meet people's needs. Hand rails were situated along corridors and in bathrooms and toilet. The front and rear entries were step free and there were two lifts connecting the different floors. This made the building more accessible to people with mobility needs.

Good

Is the service caring?

Our findings

People told us staff were kind and caring and that they were treated with respect. One person said, "They are all very pleasant, and really friendly. They have time for a chat too, they make you feel like family." A second person told us, when asked if staff respected their privacy, "They are very respectful like that, they will look away if I'm doing something personal." A relative told us, "They are really very kind and caring, you couldn't wish for anything more."

We observed staff interacting with people in a friendly and polite manner during our inspection. For example, we saw when a person became distressed staff quickly responded and helped them to cheer up. People were seen to be at ease and relaxed in the company of staff.

Staff told us they sought to build relations with people by chatting with them and getting to know about them. However, we found that care plans contained very little information about people's past life history, (although they did include details of people's religion and ethnicity). We discussed this issue with the registered manager. Shortly after our inspection they informed us they had begun the process of adding a section on people's life history to care plans. They said they had updated 60% of care plans and were waiting to speak with family members in order to complete the rest.

Staff told us how the supported people in a way that promoted their dignity, privacy and independence. For example, one staff member said, "We close the door. We ask first if there is any dress they like." The added, "We give [person] a shower but they can wash their face and brush their teeth." Another member of staff told us, "I have to be kind and polite. I have to explain all the things I do with them." A third staff member said, "We knock on the door, we call them by their preferred name (which was recorded in assessments), we tell them what we are going to do. They pick the clothes. When we wash them we make sure they keep covered up so we don't expose too much."

Care plans included information about supporting people to maintain their independence. For example, the care plan for one person stated, "[Person] uses a wheelchair to transfer from the bedroom to the lounge. They prefer to wheel themselves to keep their independence." People confirmed their independence was promoted. One person said, "They don't boss you about, I can go to bed when I like, get up when I like. I wash myself every day, on a Sunday when I have a shower, they help me to do that." Another told us, "I'm very keen to do as much for myself as I can and they respect that and it makes me feel stronger in a way, that I can look after myself a bit."

Care plans covered people's communication needs. For example, the care plan for one person stated, "[Person] can only communicate very slowly and needs time and patience to allow them to express themselves. They use gestures to help express themselves. They may tap their ear to indicate they are looking for [person]." All but two of the people using the service spoke English. Staff were employed who spoke a shared language with the two non-English speakers which helped to meet people's needs in relation to communication.

People's cultural needs were supported through their diet. Where people had dietary preferences related to their religion these were respected and a vegetarian option was available at each meal. One person had a prayer tape that they played in their bedroom which helped to meet their needs in relation to religion and representatives of various religions visited people at the service. One person attended a day centre run specifically for people of their faith. A person told us, "I am [named religion], there are a lot of [named religion] residents here, they are experienced in the faith and support you as needed. Members of the [named place of worship] come to visit me here."

The service sought to promote people's confidentiality. Confidential records were stored securely in files that were kept in a locked environment or on password protected computers. Staff were aware of their responsibility to respect people's confidentiality and not to divulge information about people unless authorised to do so.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One said, "The carers understand my health needs and there is continuity between the different shifts, they know me, I never have to explain anything and it means I can trust them." A relative told us, "Definitely, they know [person] very well and they are experienced in people living with dementia. [Person] is so well cared for. In the last home [person] was in, I couldn't be relaxed, they kept escaping, falling, they just weren't happy, but they have been here for five years now and I couldn't be happier."

People told us they had a care plan. One person said, "I have a care plan, it says how I need to be looked after and what I can do." Care plans set out people's needs in a personalised manner, based around the individual. They covered needs associated with communication, skin integrity, nutrition and hydration, mobility, manual handling, continence, behaviour, medicines, social needs and relationships, cultural and spiritual needs and personal care. There was evidence that care plans were followed. For example, where care plans stated that food and fluid intake needed to be monitored records confirmed this was done.

Records showed that care plans were reviewed on a monthly basis. This meant they were able to reflect people's needs as they changed over time. Daily records were also maintained so that it was possible to monitor that care was given in line with the care plan on an on-going basis. People told us that their care needs were kept under review. One said, "I've become a bit stronger and they keep on top of the changes that I am making. They are very attentive and watchful, you don't have to say anything, they just see it."

Activities were provided at the service and three activities staff were employed. They worked across seven days which meant activities were provided at weekends. One of activities coordinators told us they supported people with various activities including flower arranging, jewellery making, singing and chair exercises. They also said they did one to one activities with people in their rooms such as board games and playing cards. Professional entertainers appeared at the venue from time to time and children from a local school came and sang for people. Dogs and other animals were brought to the service on occasions and staff told us this was really popular with people. The service held parties, including to celebrate various religious festivals and was preparing for Halloween party at the time of our inspection.

People knew how to make a complaint and that their complaints were responded to. One person said, "Once I made a complaint, it was quite a trivial thing. My wife spoke to the manager and it got sorted out." Another person told us, "I made a complaint once, someone spat at me, I entered it in the book and it was dealt with very well." A relative said, "The staff are very open, it's just part of everyday life. I talk to [registered manager] if there's a bigger issue. At one time there were people wandering into my [relatives] room, but that has stopped now. It was dealt with very quickly."

The service had a complaints policy in place, this included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. Each person was provided with their own copy of the complaints procedure which helped make it more accessible to them. Records were maintained of complaints which showed they had been dealt with in line

with the procedure.

Records of compliments were kept. We saw that a relative had written, "Thank you for the fantastic care you have shown to [person]." Another relative had written, "All the nursing staff, cares and activities coordinators were nothing short of marvellous." A third relative wrote, "The staff ae always caring and kind."

The service supported people in the end of life stages of care. They worked with other agencies to provide this support such as Macmillan Nurses. Do Not Attempt Resuscitation forms were in place which had been signed by the GP and end of life care plans were in place.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. People and staff spoke positively about the registered manager and the working atmosphere at the service. One person said, "The manger is very kindly, I talk to them quite a bit." A relative told us, "[Registered manager] is excellent, they really value your opinion and wants to know how my relative's care is going. They are very accessible."

A member of staff said, "They are a really good person, they are fair to everyone. Any problems they sort it so nicely. We can talk to them about anything." The same member of staff also told us, "We work as a team, we talk all the time about what is going on, we are like a family, we don't have any problems." Another staff member had this to say about the registered manager, "They are a very honest person. They are very kind with the residents and us as well. They understand if we have problems." A third member of staff told us the registered manager was, "Brilliant. They are very supportive, if we have any questions they are more than happy to come and speak to us." They also said, "I believe we have a great team, that comes down to the management." The registered manager said, "My door is open all the time and I am on-call at weekends."

The service had various quality assurance and monitoring systems in place. Some of these included seeking the views people who used the service and their relatives. For example, relative's and residents meetings were held. The last one in May 2018 included discussions about activities, the menu and laundry. A person told us, "I have been to a residents meeting and you can ask questions about what's going on in the home."

A senior member of staff told us there were weekly senior staff team meetings and less frequent meetings for the whole staff team. They said of the latter meetings, "The manager asks us if there are any problems, not just for the residents but for us (the staff)." Another member of staff said, "Every two or three months we have a meeting. It's about shifts, the residents, what has happened since the last meeting, how the team works together." Minutes of the most recent team meeting held in September 2018 showed it covered swapping shifts, people's medical appointments, training and ensuring that staff only spoke in English in front of people. The registered manager said of the meetings for senior staff, "Every Monday I have a meeting with the nurses and senior carers. We go through all the residents."

The registered manager told us they attended a monthly meeting with the managers of the other ten care services run by the same provider. This gave them the opportunity to discuss issues of mutual interest and share good practice. There was a meeting scheduled for the day after our inspection. We saw the agenda for this meeting which included discussions about medicines, training for managers, health and safety audits and job descriptions. The registered manager told us they fed back updates from these meetings at their weekly meetings of the senior staff team.

The area manager carried out monitoring visits approximately once every three months. These covered areas in line with the five questions the Care Quality Commission focus on during it's inspection, i.e. if the service is safe, effective, caring, responsive and well-led. The registered manager did a monthly report for the area manager which provided them with information about any issues at the service that might require their involvement.

The registered manager carried out unannounced night-time monitoring visits. They told us, "I like to surprise my staff sometimes, coming in the night to see how they are, checking records, that they have been done at the right time." Records confirmed night time monitoring visits took place.

Outside agencies carried out audits of the food hygiene and medicines practices at the service and the registered manager carried out an internal monthly audit of medicines. They also did audits in relation to infection control.

The service worked with other agencies to support people. This included the NHS and the local authority who both commissioned care from them. The registered manager attended a care providers forum that was run by the host local authority. The service was affiliated to Care England, which is a representative body for independent care providers in England. The nominated individual told us Care England provided support and guidance on what was happening in the care sector, for example in relation to flu jabs and nutrition.