

The Abbeys (Rawmarsh) Limited

The Abbeys

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 8 and 17 December 2015 and was unannounced. This was the first inspection under the new registration. The service was previously registered under another provider.

The Abbeyes is care home which provides personal care for up to 80 people, including those living with dementia. Accommodation is provided in two separate buildings, the main home where the registered manager is based, The Abbeyes, and the Abbeydale unit which is in the same grounds. It is located on the outskirts of Rotherham and has good public transport links. At the time of our inspection there were 48 people using the service.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had been in post approximately five months and was in the process of setting up systems and processes to assist in the management of the service.

Some people we spoke with felt staffing levels were low. We spoke with the registered manager who told us this would be kept under review. We observed care and in the main people's needs were met.

People received their medicines safely and they were appropriately stored. We looked at records in relation to medicines and found some had not been completed correctly.

The provider had a robust recruitment policy and pre-employment checks were carried out prior to new employees commencing their role.

We looked at care plans and found they contained a section on risks relating to people's care and support. These included risk assessments for choking, malnutrition, dehydration, and moving and handling.

We saw records to show staff had completed training relevant to their roles. However some training was required and we saw a training plan which addressed this.

The provider was meeting the requirement of the Mental Capacity Act 2005. Where people lacked capacity, decisions were made in the person's best interest.

People were offered a nutritious diet and choices were available. We saw snacks and drinks were offered throughout our inspection.

We saw people were referred to other professionals when required to meet their healthcare needs. People

we spoke with and their relatives said this would be done without delay.

We observed care workers on the upstairs unit which provided support for people living with dementia. Staff were polite and friendly but on occasions did not show strategies for managing difficult situations.

Staff could explain to us how they would ensure people's dignity was respected. However, we saw one person's trousers were very creased. This showed a lack of dignity and respect for the person.

The home employed an activity co-ordinator who organised social events for people. A lot of people preferred to spend time in their bedrooms.

Care plans were in the process of being updated and the registered manager told us this was being addressed as a priority.

The home had a complaints procedure displayed in the entrance of the home. People felt they could raise concerns and felt confident that they would be addressed.

People we spoke with felt the management team were approachable. Most people knew the registered manager and were happy to talk with her regarding their care.

We saw several audits had been undertaken to ensure the quality of service provision. These included audits for care plans, medication, mealtimes, and catering. We also saw provider audits had been completed.

We saw evidence that people were involved and consulted about the service. We saw relatives had completed surveys to give feedback about their experience of the home.

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 always safe.

Some people we spoke with felt staffing levels were low. We spoke with the registered manager who told us this would be kept under review.

People received their medicines safely and they were appropriately stored.

The provider had a robust recruitment policy and pre-employment checks were carried out prior to new employees commencing their role.

We looked at care plans and found they contained a section on risks relating to people's care and support.

Requires Improvement ●

Is the service effective?

The service was effective.

We saw records to show staff had completed training relevant to their roles.

The provider was meeting the requirement of the Mental Capacity Act 2005.

People were offered a nutritious diet and choices were available.

We saw people were referred to other professionals when required to meet their healthcare needs.

Good ●

Is the service caring?

The service was not always caring.

Staff were kind but did not always show strategies for managing difficult situations.

Staff could explain to us how they would ensure people's dignity was respected. However, on some occasions dignity was compromised.

Requires Improvement ●

Is the service responsive?

Good ●

The service was responsive.

The home had an activity co-ordinator who planned events.

Care plans were in the process of being updated.

The home had a complaints procedure and people said they would speak to a staff member if they had a concern.

Is the service well-led?

Requires Improvement ●

The service was well led.

People we spoke with felt the management team were approachable.

We saw several audits had been undertaken to ensure the quality of service provision.

We saw evidence that people were involved and consulted about the service.

The Abbeyes

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 8 and 17 December 2015 and was unannounced. The inspection team consisted of one adult social care 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.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority and Healthwatch Rotherham to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with 13 people who used the service and 7 relatives and spent time observing staff interacting with people.

We spoke with six care workers, a cook, the deputy manager, the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

Most relatives we spoke with thought there were not enough care staff on duty to respond to the needs of all people living at the home. We spoke with relatives visiting the Abbeydale unit and one person said, "There is only one carer on duty on each floor. The carer has to provide care, answer the door and let visitors in and out and take phone calls." They went on to say, "With the best will in the world you can't do all this it's just impossible."

Care staff we spoke with mainly told us they thought there were enough staff on duty. Comments included, "I like being busy," and, "You can usually find someone to help if you need it." And "I suppose every care home worker anywhere would say they need more staff on duty." A relative said, "Sometimes there is no staff around. My relative panics if they can't see anyone."

We observed staff working with people on the ground floor in The Abbeyes. We found most people did not require much assistance and were sat chatting to each other. There was one care worker on duty to 10 people and an activity co-ordinator. We also saw that the doorbell on this unit and the phone was mainly answered by the administrator; therefore there was nothing to suggest this was a problem. However, we asked the registered manager how one carer would manage out of office hours when herself and the administrator and activity co-ordinator were not available to support the carer. The registered manager told us that this had not been a problem as the senior carer covered both ground and first floor so there was always someone the carer could call on. The registered manager also told us that if numbers of people, or their dependency rose, she would consider more staff. We observed staff on the first floor and found in the main, there was enough staff around to meet people's needs. There was one incident where a care worker had been left on their own in the lounge area and needed some support to handle a situation. The care worker called for assistance, and repeatedly left the lounge to try to summons staff. The call was answered 15 minutes later.

We observed interactions in the Abbeydale unit and found one care worker on each of the three floors. Two floors had seven people using the service and the other had six. People living in this part of the home were mainly independent and required minimal support. We saw that most people enjoyed spending time in their room and occupied themselves with crosswords and reading etc. Staff told us that when they required assistance with someone they called for a member of staff from another floor. This left the floor they came from without a care worker. We were told by the senior carer that staff would never leave the floor if someone could not be left and most times the domestic staff stay on the floor until the care worker returns. We spoke with ancillary staff about this and they were happy to help.

We spoke with the registered manager about staffing in Abbeydale and she told us this was kept under review but most people living in the unit did not require the staffing levels to increase. We asked if they had a risk assessment in place to support the staffing ratio and to determine what action staff should take in certain circumstances. The registered manager told us this was not in place but would look at completing this.

We looked at care plans and found they contained a section on risks relating to people's care and support. These included risk assessments for choking, malnutrition, dehydration, and moving and handling. We saw they were reviewed on a regular basis and were in keeping with the care provided.

We spoke with people who used the service and their relatives and found that people felt they were safe. They told us if they had a concern about their safety, they would speak with a member of care staff and they felt confident they would take the matter seriously and refer the issue to an appropriate person to deal with. One person said, "I haven't got any worries, but if I had I know any one of these girls (staff) would help me."

We observed the environment in the Abbeydale unit to be unclean in areas, particularly the kitchenettes. We also noticed a desert spoon being used to prop open a fire door in the kitchenette as the magnet to open door had broken. We raised these issues with the registered manager who told us they would be addressed.

The home had a procedure in place to safeguard people from abuse. We spoke with staff who told us they had attended training in this area and knew the procedure for reporting safeguarding concerns. Staff spoke about how they would recognise abuse and knew the types of abuse. The registered manager kept a log of safeguarding concerns and any relevant information.

People received their medicines safely. We spoke with people and they told us their medicines were administered appropriately and on time. We looked at the systems in place for managing medicines. We found the service had two storage rooms one in The Abbeyes and one in the Abbeydale unit. We also saw controlled medicines were stored correctly and any items requiring cool storage were kept in a fridge. We saw records which stated temperatures had been taken of the store rooms and the fridges and staff told us they would raise concern with the registered manager if they were incorrect.

We looked at Medication Administration Records (MAR's) and found that some had gaps where they had not been signed as given or a reason for not administering the medicines. We raised this with the senior care worker and the registered manager, who immediately looked in to the matter.

The service had an effective recruitment policy in place and we looked at four staff files and saw this had been followed. Prior to new staff commencing employment at the home pre-employment checks were obtained. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

We saw staff completed an induction when they commenced employment at the home. This was different depending on the skills and knowledge each new started had. Each induction included an introduction to the home and the people who used the service, training and shadow shifts.

Is the service effective?

Our findings

People we spoke with told us they thought care staff were skilled to carry out their roles. Relatives we spoke with thought care staff supported their family members well. One relative said, "I know they (the care staff) do have some training here and they seem to do their jobs fine."

We saw records to show staff had completed training relevant to their roles. We looked at staff records belonging to four people and found they contained certificates of training they had completed. The registered manager was in the process of updating the training matrix. This was a spreadsheet which identified training completed and when it was required. This was sent to us following our inspection and showed that some mandatory training had not been completed recently. However, the registered manager also sent us a training plan which indicated when training would take place to bring the training up to date.

Staff we spoke with felt their managers supported them well. They told us they had regular team meetings and met with their line manager for supervision and this had improved since the new manager had commenced their role. (Supervision sessions were one to one sessions with their line manager). We spoke with the registered manager who had commenced a new plan for supervision sessions. The registered manager had completed all the initial sessions in order to get to know the staff team better, but intended to share the responsibility with the senior staff team. We saw records in place to support this.

Staff we spoke with told us they had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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).

We saw best interest decisions had been made and recorded. For example, we saw a best interest decision in place for the use of bed rails. This showed the service was working within the framework of the MCA 2005.

We looked at care plans belonging to four people and found people had signed a consent form for such things as consent for photography and flu vaccines. We also observed care workers interacting with people and found they offered choices and waited for a response before proceeding.

People we spoke with told us they enjoyed their food and had plenty to drink during the day. One person said, "We do get a choice. I like porridge in a morning so I always ask for that, but I could have anything I want really." Another person said, "I haven't had a bad meal yet. The food is always well cooked and I really like the puddings." Another said, "There's one thing for sure, you'll never starve here."

We observed lunch being served on both floors in The Abbeyes. We saw that a hot lunch was offered

including two options of meal, desert and drinks. We saw people used adapted utensils and beakers to support independent eating and drinking. We saw people were able to eat at their own pace and were not rushed. This provided a relaxed meal time experience.

We spoke with the cook about people's dietary needs and found they were knowledgeable about people's likes and dislikes. They also knew which diets people were on and how to prepare meals to meet people's requirements.

Relatives we spoke with told us the staff would call for medical help if it was required. One relative said, "They (a member of the care team) rang me a couple of weeks ago to say they had called a doctor because they thought their relative may have a chest infection."

The care plans we looked at stated when referrals had been made to other professionals. For example, one person had been referred to the speech and language therapist.

Is the service caring?

Our findings

We spoke with people who used the service and they told us the staff were caring and kind. One person said, "The carers here are so lovely and very kind." Another person said, "The carers are friendly people and helpful with it."

We observed care workers on the upstairs unit which provided support for people living with dementia. Staff were polite and friendly but on occasions did not show strategies for managing difficult situations. For example, one person was displaying behaviour which may be inappropriate to others, but care workers did not ensure their dignity, and the dignity of others around them, was maintained. We spoke with staff who explained what they should do but this was not observed on the day of our inspection.

However, we saw some good interaction where staff knelt down to the person's level to chat and where another care worker engaged people in music and dancing session which was well accepted.

We spoke with care workers who could explain how they preserved people's dignity and respect. They told us they close doors when carrying out a personal care tasks and they would also knock on a bedroom door prior to entering. We observed one care worker knocking on a door and waiting for a response before entering the room. We saw from the provider information return that people were also offered a bedroom door key if they wanted to lock their room for privacy.

We saw one person's trousers were very creased. This showed a lack of dignity and respect for the person. There was another person who was cared for in their bedroom, who appeared desperate for some interaction. We raised these issues with the registered manager who addressed them.

We observed staff working with people on the downstairs unit and saw interactions between care workers and people was friendly, kind and courteous. We saw care workers gave people time to understand their questions and waited for an answer before proceeding. For instance, when asking which meal the person preferred. We saw that people were relaxed in the company of staff.

People we spoke with told us they thought care workers listened to them and took on board their wishes. One person said, "I don't like a lot of noise, so I like to stop in my room. The carers pop in now and then to check I'm alright." One relative had asked the care workers to ensure their relative could reach the call system when in their room and the carers had acted on this.

We saw people were supported to maintain relationships with family and friends. We saw staff interacted well with relatives and offered drinks to make them feel welcome. One relative said, "My relative has not been here long but the carers have been great, even checking if we are alright with everything." Another relative said, "The staff always let you know what's going on, like if my relative is poorly."

Is the service responsive?

Our findings

People we spoke with told us they were happy living at the home and that the care workers provided good support. One person said, "I don't need a lot of help but the carers are good and help me with anything I ask of them." Most relatives we spoke with knew their family member had a care plan and felt involved. However, one relative told us they did not know about a care plan but were invited to reviews to discuss their relatives care. The went on to say, "We are happy with the care being provided."

We looked at four care plans and found the service was in the process of updating care plans on to new documentation. We looked at some care plans which had been updated and found they reflected people's needs. However, the care plans which had not been transferred on to the new documentation were out of date and did not reflect the person's needs. For example, one care plan, for a person who was living with dementia, stated 'explain that their behaviour is not acceptable.' This showed a lack of insight in to the persons care needs. We spoke with the registered manager who said they will be updating care plans as a priority.

The home employed an activity co-ordinator who worked 26 hours per week. On the day of our inspection the activity was putting up the Christmas tree and decorations. Apart from this we did not see much activity taking place. Some people preferred to stay in their bedrooms and some were quite happy doing crosswords and watching their own television. However, some people who spent time in their rooms may have benefited from some interaction.

We spoke with the activity co-ordinator who told us they had a plan in place for activities but this changes depending on what the people want to do. Some activities had included, trips out for meals and shopping. We saw some people had been involved in making craft items. A newsletter was issued every week called, 'the weekly sparkle,' this included crosswords and a quiz.

People we spoke with and their relatives told us they would speak with staff if they had a concern. They felt they would be given time to explain the problem and that everything would be done to put it right. On relative said, "I have a good relationship with the manager and would speak to her if I had any concerns."

The service had a complaints procedure which was on display in the entrance of the home. It clearly stated who to complain to and that complaints were used to continuously improve the service. The registered manager showed us a log of concerns and could evidence what action had been taken to resolve them.

Is the service well-led?

Our findings

People we spoke with felt the management team were approachable. Most people knew the registered manager and were happy to talk with her regarding their care. We observed the registered manager leading staff and saw her directing staff in a positive manner throughout the inspection.

The registered manager had been in post about five months and was in the process of getting to know people, their relatives and the staff team. She had also dedicated her time to putting management systems in place and setting up new files for audits, care plans, and staff.

The registered manager was supported by a deputy manager and a team of senior care workers. They held regular meetings as a senior team and also had flash meetings. Flash meetings were short meetings to discuss a specific issue. The senior team were finding these very useful and were able to address issues as they arose.

We saw several audits had been undertaken to ensure the quality of service provision. These included audits for care plans, medication, mealtimes, and catering. We also saw provider audits had been completed. These take place regularly and focus on a specific topic such as, staffing levels, medication and the environment. An action plan was devised following audits and is used to direct the work of the management team.

We also saw audits completed by an independent company. This was last completed in June 2015 prior to the new manager commencing in her role, and was rated red, meaning quite a few actions needed to be addressed. The registered manager had since sent in updated action plans to the company to show which actions had been addressed and what was still outstanding. The company returned in October 2015 to check the actions and the service was raised to an amber status. This meant the service had addressed some areas, but there were some issues still outstanding.

During our inspection we found issues in relation to staffing and lack of a risk assessment to ensure people were safe with the current staffing levels and deployment; some practice regarding the lack of dignity and respect shown to people who used the service and some areas where the home was not clean. Although the registered manager had identified some issues, the concerns we found during our inspection had not been identified as part of an effective management system. This showed that procedures were yet to be fully implemented and embedded into practice.

We saw evidence that people were involved and consulted about the service. We saw relatives had completed surveys to give feedback about their experience of the home. Some comments were, "We are happy and satisfied with care received," and, "No improvement needed we are very happy."

Staff were aware of their roles and knew when to seek the advice of the management team. There was a clear leadership structure in place and the registered manager interacted well with people.

