

Abacus Quality Care Ltd

Abacus Quality Care Ltd T/A Abacus Care Home

Inspection report

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Date of inspection visit:
18 April 2023
20 April 2023

Date of publication:
14 June 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Abacus Quality Care Ltd T/A Abacus Care Home is a residential care home providing personal care to up to 27 people. The service provides support to older people some of whom are living with dementia. At the time of our inspection there were 23 people using the service.

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

People did not always have up to date risk assessments in place or clear information recorded to monitor identified risks. It was not always clear what action was taken to learn lessons. The provider's visiting approach did not align to government guidance; however, this was immediately reviewed following our visit.

Whilst people were supported to have maximum choice and control of their lives, staff did not always support them in the least restrictive way and in their best interests, as the policies and systems in place did not support them to ensure this. People's care plans were not always up to date, and some required further information.

The systems in place were not always effectively completed to identify areas for improvement.

People's medicines were administered safely. People were supported by enough staff who were safely recruited to work at the home. People were supported by staff who were trained to recognise and report on the risk of abuse.

People were supported to eat and drink and maintain a healthy diet and they were supported by staff who were trained to meet their needs. Staff worked with other health and social care organisations to provide consistent and timely care to people. People received care in a clean and well-maintained environment adapted and decorated to meet their needs.

People and staff were involved in the running of the service. Staff shared a positive culture which was person-centred and met people's individual needs. The registered manager was aware of their responsibility under the duty of candour and encouraged staff to be open and share information as required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 23 August 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

Please see the safe, effective and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

The provider had started to update their records and make required changes to improve the service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abacus Quality Care Ltd Abacus Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to consent to care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Abacus Quality Care Ltd T/A Abacus Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Abacus Quality Care Ltd T/A Abacus Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abacus Quality Care Ltd T/A Abacus Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, and we sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 3 relatives of their experiences of the care provided. We spoke with 7 members of staff including the registered manager, a cook, a domestic worker, the activity lead, and care staff. We reviewed a range of records, this included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People did not always have up to date risk assessments in place or clear information recorded to monitor identified risks.
- Some risks to people were identified however, documentation to support staff in monitoring the risk did not always contain enough information. We also found some people's risk assessments contained contradictory information to the person's care plan. For example, where 1 person had a risk assessment for their behaviour, the guidance for staff was different to the guidance documented in their behaviour care plan. This placed the person at risk, as staff did not always have accurate information to support the person.
- Staff were aware of people's needs and risks and told us how they supported people to meet their needs. Referrals to external professionals were made as required, however following reviews or telephone discussions people's care plans were not always updated to reflect the new guidance.
- People and relatives, we spoke with confirmed staff did know people and how to support them.

Preventing and controlling infection

Visiting in care homes

- The provider's visiting approach did not align to government guidance. Visitors were required to book a visit 24 hours in advance and only 2 visitors could attend during the pre-booked visit. Following our first day of inspection, the provider had immediately reviewed their visiting protocol to enable visitors to visit without booking in advance. However, the provider still had protected mealtimes in place, which meant visitors could not visit during certain times. The registered manager informed us they would review this if a person required support from their relatives during mealtimes.
- Whilst people we spoke with did not provide feedback around the restrictions on their visitors, some relatives had changed their plans to fit the visits during the specified times.
- The provider updated their infection prevention and control policy following our visit to ensure it was up to date and in line with guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Learning lessons when things go wrong

- It was not always clear what action was taken to learn lessons.
- The registered manager had updated their accident and incident form following a recent local authority visit, to include further information of the incident. We found; however, the new form was not being fully completed and required details were not recorded. It was not always clear what action had been taken to mitigate the risk of incidents happening again or if people's next of kin had been informed.
- The registered manager had created an example completed form following our first visit to provide staff with the required content. Relatives we spoke with did confirm they were notified if anything occurred, such as a fall, however the records did not demonstrate this.

Using medicines safely

- People's medicines were administered safely.
- The provider had systems in place to safely store and record people's medicines. People's medicine administration records were completed to help ensure they received their medicine as prescribed.
- The registered manager had supported staff to effectively record when people refused their medicines, following a local authority visit which found this was not being completed.
- Staff informed required health professionals when people refused their medicines. For example, a General Practitioner (GP) had prescribed an alternative weight management product when the person regularly refused their current one.
- We found where 1 person was prescribed a transdermal patch, staff recorded the daily administration of this, however, there was no record to document where on the person's body the patch had been placed. We discussed this with the registered manager, who reviewed their system and implemented a rotational body map record, to ensure staff record the position of the patch daily. A transdermal patch provides continuous delivery of drug through the skin into the bloodstream.

Staffing and recruitment

- People were supported by enough staff who were safely recruited to work at the home.
- Staff spent time with people and supported them to meet their individual needs. People and relatives, we spoke with confirmed there were enough staff who supported them well. One person told us, "The carers are lovely, you cannot fault them."
- The provider completed safe recruitment checks prior to staff employment. This included disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained to recognise and report on the risk of abuse.
- People and relatives, we spoke with confirmed they felt people were safe at the home, with other people who lived there and in the environment.
- Staff told us the process they followed if they had any concerns, including informing the registered manager and documenting the information.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's consent to care and treatment was not always sought in line with the MCA.
- The provider had not completed all required DoLS applications. The registered manager was in the process of completing the applications however, this meant some people were being deprived of their liberty without legal authorisation.
- Where people lacked capacity, mental capacity assessments or best interest decisions were not always in place. One person had an overarching decision for assessing capacity, however, there was no decision specific best interest records. Other people did not have any consent documentation in place.

The provider was not always working within the principles of the mental capacity act. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager informed us they were in the process of completing the required assessments and would ensure people's records were accurate and up to date. Staff we spoke with were knowledgeable around the MCA and how to support people in the least restrictive way in line with their best interest.

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

- People's care plans were not always up to date, and some required further information.
- The provider was in the process of transferring from paper to electronic care records, however this process

began in May 2022. This meant some people's care records did not hold current information on the person's needs. Whilst staff were knowledgeable about people and their needs, people's records were not up to date.

- People's care plans did not always include up to date information provided by health and social care professionals. Whilst we found staff were providing care in line with health professional guidance, the person's care plan did not detail updates following reviews. This put people at the risk of receiving inconsistent care which was not in line with professional advice or assessment, should agency staff be used or permanent staff be away from work for a period.
- People's care records, however, were person-centred, and their care was tailored to the individual needs.
- The provider held church services for those who wanted to attend, and people's religious and cultural needs were detailed in their care plan.

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

- People were supported to eat and drink and maintain a healthy diet.
- People confirmed they were happy with the food provided, and they could eat and drink throughout the day.
- Staff knew people's dietary needs and followed guidance in place for anyone on a modified diet. The kitchen staff were informed of any updates or changes required for people's nutritional needs. Guidance was also displayed in the kitchen of diet levels and information to support staff with people's dietary requirements.
- One person followed a gluten free diet by choice. Staff were aware of this requirement and met their dietary preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs.
- Staff completed an induction when first employed in a variety of subjects. This provided them with skills and information specific for their role. Staff we spoke with confirmed they had the right training to meet people's needs. One staff member told us, "We have the right training, you can also put yourself forward for any further or specialist topics."
- People and their relatives confirmed staff had the right training and knowledge to support and meet people's individual needs. One person told us, "You cannot fault them [Staff]."

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

- Staff worked with other health and social care organisations to provide consistent and timely care to people.
- Whilst we found not all updates from other agencies were recorded in people's care plans, staff were aware of people's needs and any updates. The registered manager also arranged meetings with health and social care professionals where required. This helped ensure people's changing needs were met.
- People's care records detailed their optician and oral healthcare information which guided staff on their specific requirements.

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

- People received care in a clean and well-maintained environment adapted and decorated to meet their needs.
- People had access to large communal indoor spaces and to a secure outdoor space. There was a communal area adapted into a bar, however we did not see this in use at the time of our inspection.
- Signage was displayed in picture formats, to help people navigate around the home and people could

decorate their bedrooms with personal items.

- People and their relatives provided positive feedback about the home environment. One person told us, "It is beautiful." Another person told us, "The staff and the amenities work well here, nothing is too much trouble."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Auditing systems were not always effectively completed to identify areas for improvement.
- Some people's risk assessments and care plans required reviewing and updating to ensure they remained accurate and reflective of the person's current needs. Where some had been reviewed, the review had not identified where further information was required.
- Whilst the registered manager had updated their accident and incident form following a local authority visit, they had not identified when reviewing the completed forms, further information was still required.
- The provider had not updated their COVID-19 risk assessment since April 2021 which specified 'to review as necessary'. The risk assessment was also not being followed as it stated, 'Keep up to date with Coronavirus from the Local Authority and Government and follow any guidance or legislation'. The registered manager had not followed guidance in relation to their visiting approach.
- The registered manager was aware people's documentation to consent to care and treatment required reviewing, however this had not been completed, and put people at risk of not receiving care in the least restrictive way.
- The audits in place did not identify people's care records were not always updated following health professional reviews or discussions.

Quality assurance systems were not fully effective at monitoring the service or identifying areas for improvement. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had acted during and following our inspection to make required improvements.

- The registered manager completed audits which some of which did effectively identified shortfalls. Action was also taken to make improvements.
- The previous inspection report was displayed in the entrance of the home and the registered manager had informed us of any notifiable events which took place in line with their requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service.
- People and staff had the opportunity to attend meetings to discuss areas for improvement.

- People's relatives confirmed they used to attend events and regular meetings at the home, where they had input into the care people received. The registered manager confirmed this was the case prior to COVID-19, and they wanted to retain the previous level of contact with people and their families. They hoped this would increase with the adaptation to their visiting approach, which was now in line with guidance.
- The provider encouraged people, their relatives, and staff to complete feedback forms on the service to help improve people's experiences of care. There was a feedback box located in the entrance of the home.

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

- Staff shared a positive culture which was person-centred and met people's individual needs.
- People were supported by staff who had a calm and open approach. They tailored people's care and support to help them achieve good outcomes.
- People and relatives, we spoke with were complimentary of the staff and the registered manager. One person told us, "They [Staff] are wonderful."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility under the duty of candour and encouraged staff to be open and share information as required.
- Staff were encouraged to be open and honest when things went wrong. One staff member told us, "If something goes wrong, I am honest, I go to the most senior person on shift or the manager if available. We talk to people and look after them."

Working in partnership with others

- The provider worked in partnership with others to help achieve good outcomes for people.
- The registered manager confirmed they had started to use the findings from the local authority quality assurance visit to make changes to the care people received. For example, staff now recorded reasons for administering people's 'as required medicines', which was not being recorded previously.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Not all Deprivation of Liberty Safeguards were applied for as required and consent to people's care and treatment was not always sought in line with the Mental Capacity Act.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The auditing systems in place did not always identify where improvements were required.