

Abbeville RCH Limited

Abbeville Residential Care Home

Inspection report

58-60 Wellesley Road
Great Yarmouth
Norfolk
NR30 1EX
Tel: 01493 844864
Website:

Date of inspection visit: 28 January 2015
Date of publication: 14/04/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

The inspection took place on 28 January 2015. The inspection was unannounced.

At the last inspection on 6 August 2014, we found that the service was not meeting seven Regulations in respect of the care and welfare of people, safeguarding people from the risk of abuse or harm, obtaining valid consent from people, the safety of the premises, providing staff with adequate support and training, monitoring of the quality

of the service and the accuracy of people's care records. We asked the provider to take action to make improvements in these areas. During this inspection we found that sufficient improvements had been made and that therefore the provider was no longer in breach of these Regulations.

Summary of findings

Abbeville Residential Care Home is a service that provides accommodation and care to older people and people living with dementia. It is registered to care for up to 38 people. At the time of our inspection, there were 34 people living at Abbeville Residential Care Home.

This service requires a registered manager to be in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 is a registered manager in place at Abbeville Residential Care Home.

The majority of people we spoke with who lived at Abbeville and both the relatives were in the main, happy with the level of care that was being provided.

Staff treated people with dignity, respect, kindness and compassion. People felt safe and staff had the knowledge to protect people from the risk of experiencing abuse and there were enough of them working on each shift to keep people safe.

Risks to people's safety had been assessed by the provider and actions taken to reduce these risks. Staff understood what action to take in an emergency situation. However, people did not always receive their medicines when they needed them and some people did not receive them as intended by their GP. Some medicines were not stored securely.

The premises where people lived were safe and some areas had recently been refurbished. The provider confirmed that this refurbishment was to continue in other areas of the service. The equipment that people used had been serviced to make sure that it was safe.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service was meeting the requirements of DoLS as they had recently requested authorisation from the Local Authority to deprive some people of their liberty in their best interests. The staff demonstrated that they understood the principles of the MCA. This protected the rights of people who lacked capacity to make their own decisions.

People received enough food and drink to meet their needs and saw other healthcare professionals such as GPs, chiropodists and dieticians when they needed to, to help them maintain good health.

People's care needs had been assessed and were being met. However, some people did not always have access to activities that were of interest to them and this left some people feeling socially isolated.

The provider monitored the quality of the care they provided by analysing incidents and accidents, conducting audits and asking people's opinions. The provider learnt from incidents and accidents and put in place actions to try to prevent them from happening again in the future.

There was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

We have made a recommendation about supporting people effectively to reduce the risk of social isolation.

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 consistently safe.

Staff knew how to reduce the risk of people experiencing abuse and there were enough of them on duty to keep people safe.

Risks to people's safety had been assessed and the premises they lived in and equipment they used were safe.

People did not always receive their medicine when they needed it and some medicines were not stored securely.

Requires Improvement



Is the service effective?

The service was effective.

People received enough food and fluid to meet their needs and saw their GP or other healthcare professionals when they needed to.

Staff had received enough training so they could provide safe and effective care. They understood how to apply the principles of the Mental Capacity Act 2005 to make sure that the rights of people who lacked capacity to make their own decisions were protected.

Good



Is the service caring?

The service was caring.

Staff interacted with people in a kind and compassionate manner.

People were treated with dignity and respect.

People were offered choices about the care they received.

Good



Is the service responsive?

The service was not consistently responsive.

People's care needs had been fully assessed and were regularly reviewed to make sure that staff were aware of people's current care needs.

The provider had a system in place to investigate and deal with complaints.

Some people were not protected from the risks of becoming socially isolated.

Requires Improvement



Is the service well-led?

The service was well-led.

Concerns raised by people living at the service, their relatives and the staff were listened to and acted upon.

The staff were supported by the management team to perform their role.

Good



Summary of findings

The quality of the service was monitored and the management team took action to improve the quality when required.

The provider learnt from accidents, incidents and complaints to improve the service that people received.

Abbeville Residential Care 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 January 2015 and was unannounced. The inspection team consisted of two inspectors, one of whom was a pharmacy inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also reviewed any statutory notifications that the provider had sent us. A notification is information about important events which the service is required to send us by law.

On the day we visited the service, we spoke with ten people living at Abbeville, two visiting relatives, five care staff, the cook, the deputy manager, the registered manager and the provider. We observed how care and support was provided to people. To do this, we 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.

The records we looked at included five care plans, three staff recruitment and training records, records relating to the maintenance of the premises and equipment, 14 people's medicine records and records relating to how the service monitored staffing levels and the quality of the service.

Is the service safe?

Our findings

During our last inspection in August 2014, we found that there had been a breach of Regulations 11 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was due to the provider not always reporting safeguarding issues to the appropriate authorities and some areas of the premises being unsafe and poorly maintained. During this visit, we found that improvements had been made and that the provider was no longer in breach of these Regulations. However, we found that people's medicines were not managed safely and that they did not always receive them when they needed them.

One person's records indicated that they should have received their painkillers up to three times each day but they had only been given them once per day. We asked this person whether they had received their pain medicine and they told us they had not. They said that this had resulted in them being in pain. Therefore the provider had not followed the GP's instructions to protect this person from pain. Some other people's records also indicated that they had not been given their medicines. We asked the staff about this but they did not know whether the medicines had been given to these people. Therefore, we could not be sure that people had been received their medicines correctly.

We looked at what supporting information there was in place to help staff give people their medicines safely. We saw that there was a photograph of the person on their medicine record to aide staff with their identification and details about any allergies the person had. However, for people prescribed medicines for occasional administration (PRN), there was a lack of written information available to guide staff on when these medicines should be given. This placed people at risk of receiving this type of medicine inappropriately. For example, one person should have received a medicine for agitation on a PRN basis but this had been given routinely. This could have had an adverse effect on this person.

The majority of people's medicines were kept securely for the protection of people who used the service. However, some medicines such as creams, which could present a risk if ingested, were not secure. We also found that controlled

drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were being stored in cabinets that did not comply with the Misuse of Drugs Regulations.

Medicines that required cold storage were being stored in a refrigerator and the temperatures of the refrigerator were monitored and recorded to make sure that they were safe to give to people. However, room temperatures in one of the medicine storage rooms regularly exceeded the upper temperature range so we could not be sure that they were always safe to be given.

The deputy manager told us that all staff authorised to handle and administer people's medicines had been assessed as competent during November 2014. However, some staff that administered people's medicines had not yet completed medicine management training. The provider was aware of this and was arranging for these staff to receive the relevant training. We also noted that some members of care staff undertook specialist medicine administration techniques for people that included the preparation of insulin for injection. However, there was no evidence that they had been assessed as being competent to do this. We reported this to the registered manager who immediately arranged for a district nurse to attend the service to assess whether the staff were competent. All of the evidence presented above means that there has been a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the people we spoke with told us they felt safe living at Abbeville. One person told us, "Yes, I feel safe." People's relatives also told us that they felt their family member was safe. The staff we spoke with demonstrated they understood what abuse was and how they should report concerns if they had any. This showed that people's risk of experiencing abuse was reduced. Staff told us that they had received training in this subject and the training records we viewed confirmed this. We also saw that the provider had reported any incidents relating to the safety of the people living at the service to the relevant authorities as is required.

Risks to people's safety had been assessed by the provider. There was clear guidance in people's care records for staff to follow to help them keep people safe. Risks that had been assessed included the risk of people falling, poor

Is the service safe?

nutritional intake and when being assisted to move. We saw that when a risk had been identified, actions had been taken to reduce the risk. For example, one person had fallen out of bed and we saw that covered bed rails had been fitted to their bed to help prevent them from falling again.

Although risks to people's safety had been assessed, people had a choice about whether they wanted actions taken to reduce the risk. We saw that one person who had fallen out of bed had decided that they did not want bed rails fitted. They told us this was because they wanted their bed to be like it was previously when they lived in their own home. They understood the risks but chose to accept it. This demonstrated that the provider respected people's wishes to take informed risks.

Risks to the premises and equipment that people used had been assessed to make sure that it was safe. We saw that the gas system had recently been checked to make sure that it was safe and lifting equipment such as hoists and stand aids had been regularly serviced and maintained.

Staff understood what action they needed to take in an emergency situation to keep people safe. The fire exits

were clear and well sign posted to assist people to leave the building if they needed to in the event of an emergency. Staff confirmed they had received training in fire safety and that testing of the fire alarm occurred regularly. We saw records that confirmed this.

People told us that staff were available to offer them assistance when they needed it and our observations on the day of the inspection confirmed this. One person told us, "Oh yes, there is always someone around." The staff we spoke agreed that there were enough of them to meet people's care needs. The registered manager said that any staff shortages were covered by the existing staff team when required. They added that they calculated the number of staff required based on people's individual needs and that this was reviewed when people's needs changed to make sure there were always enough staff to help people when they needed assistance.

The recruitment records of staff working at the service showed that the correct checks had been made by the provider to make sure that the staff they employed were suitable and of good character.

Is the service effective?

Our findings

During our last inspection in July 2014, we found that there had been a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider had not made sure that staff had received adequate training and support to enable them to provide safe and effective care. We also found during the inspection in April 2014 that there had been a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was due to the provider not always asking people about their end of life plans, to ensure that their wishes were understood and followed. During this visit, we found that improvements had been made and that the provider was no longer in breach of these Regulations.

The people who used the service and relatives we spoke with told us that they felt the staff were well trained. One relative told us, "Oh yes, they all seem to know what they are doing." All of the staff we spoke with told us that they had received enough training to provide them with the skills and knowledge they needed to meet the needs of the people who lived at the service. Staff also told us they were happy that they received adequate levels of supervision from their manager where they could raise any issues they had and where their performance was discussed. Training records indicated that staff had received training in a number of different subjects including moving and handling, dementia and infection control, although we saw that some staff had not received adequate training in how to give people their medicines. We observed that staff's care practice was safe and appropriate on the day of the inspection such as when they assisted people to move around the service.

One of the staff members we spoke with was new to the service. They told us they were currently shadowing more experienced staff and received lots of support in their role. We saw that the management team only allowed new staff to work on their own with people once they were satisfied they were competent to do so. Therefore, people only received assistance from trained staff.

We found that a number of people had been consulted about decisions regarding their end of life care and that these were recorded within their care records. Therefore, staff had access to information to ensure that people's end of life wishes were honoured.

The registered manager told us that there were some people who lived at the service who lacked capacity to consent to their care and treatment. This meant that the provider had to comply with the principles of the Mental Capacity Act 2005 (MCA) which is an Act that has been passed to protect people's rights where they lack capacity to make their own decisions.

The provider had assessed people's capacity where there was doubt that they could make a decision for themselves. There was clear information provided to staff to guide them on what decisions the person could make for themselves and what decisions they required support to make. The staff we spoke with told us that they were familiar with this information and explained how they supported people who lacked capacity to make their own decisions. They also demonstrated a good understanding of the Mental Capacity Act 2005 and were aware that any decisions they made for an individual who could not consent, had to be in their best interests.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The provider had re-assessed all of the people living at Abbeville in light of recent case law changes regarding the subject, to see whether or not they might be deprived of their liberty unlawfully. The registered manager confirmed that following this re-assessment, they had applied to the Local Authority for authorisation to deprive some people of their liberty in their best interests.

The majority of people we spoke with told us that they enjoyed the food. One person said, "The food is lovely." A relative told us, "The food always looks nice."

People told us that they had a choice of meals and drink and we saw this to be the case on the day of our inspection. People had access to plenty of fluid to keep them hydrated and specialist diets were catered for. Each person we spoke with had a full jug of water or juice in their rooms and people sitting within the lounge area received regular drinks.

Where people required assistance with their food and drink, we saw that this was given. People who had been assessed as being at risk of poor nutrition and dehydration were prompted regularly to drink fluids. However, the recording of their fluid intake was not adequate to enable the provider to make sure that they received enough to

Is the service effective?

meet their needs. This was because their fluid intake was being recorded as 'sips' rather than the actual amount. We spoke to the registered manager about this who agreed to implement this change immediately.

People told us that they saw healthcare professionals regularly to support them with their healthcare needs. One

person told us, "I get to see my GP often." The GP carried out a weekly surgery at the service so they could monitor people's health. Other healthcare professionals such as district nurses, chiropodists and dieticians also visited to provide people with the healthcare they needed and to provide advice to the staff.

Is the service caring?

Our findings

The majority of the people we spoke with told us that the staff were approachable and kind. One person said, "They are a good lot of staff here." Another person told us, "I am very happy here, the staff are lovely." Both relatives we spoke with said they felt that the staff were kind and caring to their family member.

We saw staff interact with people in a kind and compassionate manner. One person was observed to become upset. Staff noticed this and talked to them quietly and held their hand. The person was comforted by this. When we spoke to the person, they told us that they were upset because they were leaving the service that day to return home and that they had enjoyed the company of the staff and other residents.

Staff were able to demonstrate that they had a good understanding of people's individual needs and preferences and how they liked to be supported with their care. People's care records had comprehensive information within them about their life history. This helped staff talk with people about their past.

People told us that they had choice and we saw evidence of this on the day of the inspection. People who smoked were assisted to go outside so that they could do this. Others told us they were able to furnish their rooms to their own taste and have important personal items within their rooms such as pictures, photographs, ornaments and televisions.

The majority of people we spoke with and all of the relatives told us that staff treated them with dignity and respect and we observed this on the day of our inspection. However, three people did say that on occasions some staff could be a bit 'bossy' with them but they confirmed that this only happened on rare occasions.

The people we spoke with said that they could not remember whether they had been involved in the planning of their care or whether they were involved in the reviewing of their care plans. They did however tell us that they felt in the main, that their needs were met. The registered manager told us that people's care needs were reviewed regularly and that they involved the person and their relatives. Relatives we spoke with confirmed to us that they were regularly asked for their opinion about their family members care needs and that they and their family member sat down with staff to discuss these needs.

Is the service responsive?

Our findings

During our last inspection in July 2014, we found that there had been a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was due to the provider not making sure that people were able to participate in activities that met their individual needs. During this visit, we found that improvements had been made and that the provider was no longer in breach of this Regulation. However, further improvements were required to protect some people from the risks of social isolation.

Five of the eight people we spoke told us that they were able to follow their own individual interests. One person told us, "There is always plenty to do, I enjoy my reading." Another person said, "There is always plenty to do, we go out sometimes but mostly when the weather is warmer which is fine with me." However, three people who chose to stay in their own rooms told us that they often felt isolated. One person said, "There are some activities like bingo but nothing that interests me, I get bored in my room all day." Another person told us, "I am not very happy, I stay in my room most days as there is nothing to do and people downstairs are always asleep, I feel quite lonely." These people told us that they enjoyed talking and interacting with people but that they did not feel they had the opportunity to do this. This was due to staff not having time to spend with them and other residents being unable to engage with them in conversation.

All of the staff we spoke with told us that they were aware that some people felt lonely. They said they knew these people enjoyed chatting to staff and expressed a desire to spend time with them on a one to one basis, but told us that they did not have time to do this. They told us they only had time to talk to them when they were performing a task such as providing them with personal care.

We spoke to the registered manager about this. They told us that they were aware of this issue and said that they tried to encourage people who stayed in their rooms to join in with any activities that were on offer, but that these people declined to participate. We asked the registered manager if they had explored other ways to reduce the risk of these people feeling socially isolated. They advised that they had not. Therefore these people were not being protected adequately from the risk of social isolation.

The provider had assessed people's individual needs. These included people's preferences such as what time to get up in the morning and how they wanted to spend their day had also been explored. Most of the people we spoke with told us that these preferences were respected. People's care records had been reviewed on a regular basis to make sure that they reflected people's current care needs. Plans of care were in place to guide staff on how to support people with their needs such as personal care and moving. These plans of care were comprehensive and staff confirmed that they gave them sufficient guidance to enable them to provide care to people that they needed.

We observed that staff were responsive to people's needs on the day of the inspection. This included assisting them with food and drink and personal care when required.

The people who used the service and relatives we spoke with told us that they did not have any complaints. They said they felt confident to raise any issues with the staff and that these would be dealt with. We saw that the provider had received five complaints in the last 12 months. We looked at one of these complaints and saw that it had been fully investigated. We were therefore satisfied that people's complaints were responded to appropriately.

We recommend that the provider seek advice about how to support people to prevent the risk of them experiencing social isolation.

Is the service well-led?

Our findings

During our last inspection in July 2014, we found that there had been a breach of Regulations 10 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was due to the provider not monitoring the quality of the service they provided effectively and some people's care records containing inaccurate information. During this visit, we found that improvements had been made and that the provider was no longer in breach of these Regulations.

The quality of care that people received was being monitored more closely and a number of processes had been implemented to enable the provider to do this. These included regular audits that took place and people being asked for their opinion on the service provided. We saw that a survey had recently been sent out to ask people their views on the quality of the service and so far, three replies had been received all of which were positive about the level of care being received.

The provider had processes in place to monitor incidents, accidents and complaints. Learning had occurred from these. For example, two complaints had recently been received regarding how people's money was handled. In response to this, the provider had put in place a new process for safeguarding people's money. The registered manager also analysed accidents and incidents each month to identify if any patterns were occurring. Where a pattern was discovered, action had been taken. For example, we saw that one person had experienced four falls in the same month. In response to this, a GP had been called and changes to the person's care had been put in place to reduce the risk of them falling again.

The information contained within people's care records were in the main, accurate which meant that staff had access to up to date information to enable them to provide people with safe and appropriate care.

The registered manager told us that they would continue to monitor the quality of the service to make sure that these improvements were sustained. The provider confirmed that some changes in the management structure were also about to take place to allow the deputy manager more time to spend observing the care that the staff gave to people to ensure that it was of a high standard.

Most of the people we spoke with and all of the relatives told us that they felt the management team were approachable and that they felt confident any issues they raised would be dealt with. One relative told us that they were always kept informed by staff about their family member's health and were consulted about any issues affecting their care which they felt was important to them.

Both of the relatives we spoke with told us that they felt the service was 'well led' and that they would 'definitely recommend it' as a care home. Most of the people we spoke with echoed this.

The staff told us that they felt the service was 'well led' and that they were supported by the management team. They said they all worked well as a team to provide care to people and that morale amongst the staff was good. They added that they felt listened to and were confident that they could raise concerns and that these would be acted on, although they could not give us an example of when this had happened. They were also supported to pursue recognised qualifications within Health and Social Care which showed that the provider encouraged staff to develop their skills within this sector.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The service did not protect people against the risks associated with the unsafe use and management of medication by way of appropriate arrangements for the recording, using, safe keeping and safe administration of medicines.</p>