

Cumbria County Council

The Abbey

Inspection report

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Kendal
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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Inadequate ●

Summary of findings

Overall summary

We carried out this unannounced focused inspection on 27 May 2016 to check if improvements had been made following our comprehensive inspection in January 2016. During the inspection in January we found breaches of Regulation 12 Safe care and treatment and of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For these breaches we issued two Warning Notices. A Warning Notice tells a registered provider or a registered manager that they are not complying with a regulation. We undertook this focused inspection to check that the registered provider had complied with the requirements of these Warning Notices.

This report only covers our findings in relation to those requirements. You can read the full report from our last comprehensive inspection, by selecting the 'all reports' link for (The Abbey) on our website at www.cqc.org.uk.

At the comprehensive inspection in January 2016 we also found breaches of Regulation 17 Good governance, Regulation 9 Person-centred care and Regulation 11 Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the comprehensive inspection the provider wrote to us to say what actions they would complete in order to meet the legal requirements in relation to these breaches. They sent us an action plan setting out what they would do to improve the service to meet the requirements in relation to the breaches and identified a date by when this would be completed. We will conduct a further inspection at a later date to check those actions.

During this inspection we found that the registered provider had met the requirements of the warning notices in relation to the previous concerns we found in January 2016.

The Abbey is registered to provide accommodation and care for up to 30 older people. On the day of the inspection there were 16 people living at The Abbey. The home is situated in the centre of the village of Staveley near to the town of Kendal. There is a passenger lift to assist residents to access the first floor of the home and there are adapted bathrooms and toilets close to all the areas used by residents. There are four separate units each with bedrooms, lounges and dining areas.

There was a registered manager in post at the time of the inspection. 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.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special Measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.

- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's

At this inspection we found not all of the individual fire evacuations plans were accurate in describing the level of support people required should they need to be evacuated in an emergency. Evacuation training recommended by the fire service had not been completed by all of the night staff. Immediate actions were taken at the time of the inspection to remedy this.

Care planning, assessments and the management of falls risks had improved by introducing more detailed monitoring and evidencing of actions taken to prevent further falls.

We saw that records relating to the management of specific individual risks were now more effective in identifying actions taken to ensure meet people's needs were being met. Care plans were much clearer in providing guidance to care staff in how to manage those risks.

There were sufficient numbers of suitably trained staff to meet people's needs and promote people's safety. Staff numbers on each shift had increased in ratio to the number of people being cared for. People's individual needs had been taken into account when identifying the number of staff required on each shift.

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.

This inspection focussed only on the breaches found in this domain during the last comprehensive inspection.

Action had been taken to improve the safety of the service since the last inspection.

Evacuation plans for people were not always accurate but were updated immediately.

There was sufficient staff to meet people's needs safely.

Risks identified were managed more safely.

Requires Improvement 

Is the service effective?

The service was not always effective.

This inspection focussed on the requirements of the warning notice for a breach of Regulation 18 Staffing. We did not look at the whole of the elements in this domain and could not improve the rating for Effective from inadequate. We will check this whole domain during our next planned comprehensive inspection.

Specific recommended training for night time evacuation in the event of a fire had not been completed at the time of the inspection but action was taken immediately.

Staff had completed refresher training in other key areas since the last inspection.

Inadequate 

The Abbey

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. We undertook an unannounced focused inspection of The Abbey on 27 May 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 5 and 22 January 2016 had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service effective. This is because the service was not meeting some legal requirements.

At the inspection in January we found breaches of Regulation 12 Safe care and treatment, Regulation 18 Staffing, Regulation 17 Good governance, Regulation 9 Person centred care and Regulation 11 Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because the registered provider was not complying with those regulations we issued two Warning Notices and three Requirement Notices.

We undertook this focused inspection to check that the registered provider had complied with the requirements of the Warning Notices. The inspection was carried out by two adult social care inspectors.

The inspection was undertaken by two adult social care inspectors. During our inspection we spoke with the registered manager, the operations manager, four members of care staff, a housekeeper and people who used the service. We observed how care staff supported people who used the service and looked at the care records for six people. We looked at the overall training record for all staff. We also looked at records of quality monitoring.

Before the inspection we reviewed the information we held about the service. This included the registered provider's action plan, the action plan for previous requirement notices and information shared by the local authority quality manager and commissioners. We also looked at the information we held from notifications sent to us about incidents affecting the service and people living there.

Is the service safe?

Our findings

People living at The Abbey that we spoke with told us they felt safe and did not have any concerns about the care they received. One person said "There are enough staff, they are really good to us". Care staff we spoke with also told us staffing levels were better since our visit in January.

At the last inspection we looked at the logistics of the building and the fire evacuation support needs of individual people. We found that the needs of some people had changed since their initial assessment. Since the inspection in January the home had been visited by a fire officer and recommendations were made in relation to the training of staff working at night to be able to manage an evacuation of people from one protected zone to another. We found that this particular training had not been completed. The registered manager took immediate action and arranged that the training was completed by all night staff.

We also found that the emergency evacuation plans for two people did not accurately reflect their support needs. The registered manager had the plans reviewed for all 16 people living in the home and provided us with the information to confirm that these would continue to be reviewed more regularly. This meant people would receive the right level of support from staff should they ever need to be moved in an emergency.

The provider had sent us regular information since the last inspection to demonstrate more adequate staffing levels were in place. We looked at the staffing rotas for the two weeks prior to the inspection and for the week of the inspection. We found that staffing levels through the day had been consistent in the numbers of staff on duty for each shift. We were told by the registered manager and operations manager that work was ongoing in developing a suitable dependency tool. This tool would assist them in calculating appropriate staffing levels based on people's individual needs. We saw that a risk assessment was in place to identify why and when the numbers of staff on duty may vary. This meant that more staff could be used on shift depending on the needs of the people using the service as and when required.

We saw on the rotas that where there was not sufficient core care staff available these gaps had been appropriately covered utilising the bank staff and staff from some of the providers other care homes. This also meant that the right skill mix of staff could be adjusted if necessary to ensure there were sufficient senior members of care staff available on each shift. Since our last inspection in January the core number of staff on night duty had increased from two to three. We saw this was still the case even though the number of people living in the home had reduced. This meant that there were sufficient numbers of care staff on duty to adequately meet the needs of the people living in the home.

At the last inspection in January we found that where risks had been identified for specific needs such as weight loss, falling and behaviours that might challenge the service the records providing guidance on how to manage those risks were not detailed enough to ensure people were protected from the risk. At this inspection we found that records for risk management had been improved and we could see clear directives for staff to follow in what actions to take in reducing the risk. We also saw improvements in the quality monitoring of care records where shortfalls had been identified and actions noted on how to improve the

records.

At this inspection we did not inspect all of the aspects relating to this domain. We found that the requirements of the warning notices for the two regulations that were in breach had been met. We have improved the rating for Safe from inadequate to requires improvement based on the fact the home is now compliant with Regulations 12 Safe care and treatment and with Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will check the elements of the whole domain of Safe during our next planned comprehensive inspection.

Is the service effective?

Our findings

At the last inspection in January we found that staff had completed induction training when they commenced working at the home but some of those staff had not received regular updates on important aspects of their work such as first aid and moving and handling. We saw that not all the training of staff was up to date and that only one member of the team of staff who worked nights had up to date training in first aid. We also noted that the majority of the staff team had not received any training about the Mental Capacity Act 2005 (MCA) or on the Deprivation of Liberty Safeguards (DoLS).

Following the last inspection the provider had sent us regular information about the programme of staff training that had been implemented. Staff we spoke with told us they had attended a variety of training recently. We saw from the training records that staff had completed refresher training in first aid, moving and handling and other subjects. This meant that staff had the skills and refreshed knowledge to carry out safe care and treatment. We saw that all the night staff had completed training in first aid. This meant that should an accident or incident occur during the night the staff would have sufficient skills to deal with the situation.

We saw that the training programme also showed planned training events on different days and at different times to enable all staff to access the event. This training planned also included the MCA and DoLS. We saw that quality monitoring systems took into account mandatory training requirements of all the staff.

At this inspection we did not inspect all of the aspects relating to this domain. We found that the requirements of the warning notices had been met for the breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We could not improve the rating for Effective from inadequate because the breach of Regulation 11 Consent to care and treatment found in the last inspection was not considered in this inspection. We will check the elements of the whole domain of Effective during our next planned comprehensive inspection.