Abbey Park House

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Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We inspected this home on 21 and 22 October 2015. This was an unannounced Inspection. The home was registered to provide personal care and accommodation for up to 25 older people. At the time of our inspection 19 people were living at the home.

The registered manager was present during 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.

We found that whilst there were systems in place to monitor and improve the quality of the service provided, these were not always effective in ensuring the home was consistently well led and compliant with regulations.

Summary of findings

Audits and analysis of incidents, feedback from people and outcomes from reviews had not been undertaken or were ineffective and had not been used to identify developments and improvements that were needed.

Assessments of people's capacity to make decisions and determination of their best interests had not always been undertaken for some aspects of people's care. Staff we spoke with had limited or no knowledge about their responsibilities to promote people's rights in relation to Deprivation of Liberty Safeguards (DoLS) and had not received any training. Some necessary applications to apply for Deprivation of Liberty Safeguards (DoLS) to protect the rights of people had not been submitted to the local supervisory body for authorisation.

We found the provider was in breach of two Regulations. You can see what action we told the provider to take at the back of the full version of the report.

People we spoke with told us that they felt safe living at the home and relatives we spoke with confirmed this. We found that staff knew how to recognise when people might be at risk of harm and were aware of the registered provider's procedures for reporting any concerns. People and their relatives told us that there were enough staff available to meet people's individual needs safely.

People were supported by staff who had received training and had been supported to obtain qualifications. This ensured that the care provided was safe and followed best practice guidelines. Recruitment checks were in place to ensure new staff were suitable to work with people who needed support.

People usually received their medicines as prescribed; however, the management of medication was not always safe and improvements were needed. There were the potential for errors noted in respect of some medication administration where medicines were not needed routinely or were not in a monitored dosage system.

People's needs had been assessed and person-centred care plans were available to inform staff how to support people in the way they preferred. Measures had been put into place to ensure risks were managed appropriately.

People's nutritional and dietary needs had been assessed and people were supported to eat and drink sufficient amounts to maintain good health. People were supported to have access to a wide range of health care professionals.

People told us, or indicated that they were happy living at the home. We saw that staff treated people with respect and communicated well with people. People told us they wanted to go out more in their local communities. Some people were not offered the choice of social activities.

There was a complaints procedure in place and this was displayed in different formats to support people's preferred way of communicating. People told us they knew who to speak to if they had any concerns. Relatives told us they knew how to raise any complaints and were confident that they would be addressed.

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?

Good

The service was safe.

Staff in the home knew how to recognise and report abuse.

There were established systems in place to assess and plan for risks that people might experience or present.

Staffing levels were consistent and there were enough staff to meet people's individual needs.

Medicines were not always safely managed.

Is the service effective?

Requires improvement

The service was not always effective.

Assessments of people's capacity to make decisions and determination of their best interests had not always been undertaken for some aspects of people's care. Necessary applications to the local supervisory body for Deprivations of Liberty Safeguards had not been made, failing to protect people's rights.

Staff had the knowledge and skills they required to meet the needs of the people they supported. Staff told us they felt supported and received supervision.

People were supported and encouraged to have enough to eat and drink and maintain good health.

Is the service caring?

Good

The service was caring.

Staff had positive and caring relationships with people using the service and promoted compassion, dignity and respect.

People were not routinely involved in planning how their care needs were to be met in line with their own wishes and preferences.

Is the service responsive?

Requires improvement

The service was not always responsive.

People were not involved in planning their care and not involved in reviews. People had not been actively supported to pursue their interests and hobbies within their home and the local communities.

People were supported to maintain relationships which were important to them and promoted their social interaction.

People and their relatives were aware of how to make complaints and share their experiences.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

Quality assurance systems were in place but some records and audits required for the effective running of the home were not completed or in some instances had failed to identify issues. Views and opinions of people who used the service had not been sought and utilised to help inform developments and improvements in the home.

People, relatives and professionals told us the management team were approachable.

Requires improvement 

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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 21 and 22 October 2015 and was unannounced. The visits were undertaken by one inspector and an expert by experience on the first day and the inspector on the second. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we looked at the information we had about this provider. We also spoke with service commissioners (who purchase care and support from this service on behalf of people who live in this home) to obtain their views.

Before the inspection, we asked the provider to complete 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.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider.

All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with six of the people who were receiving support and/or care. We spoke with four relatives of people living at the home and spoke at length with four care staff, the chef, two senior care staff and the registered manager.

We spent time observing day to day life and the support people were offered. We looked at records including five people's care plans and medication administration records. We sampled three staff files including their recruitment process. We sampled records about training plans, resident and staff meetings, and looked at the registered providers quality assurance and audit records to see how the service monitored the quality of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

Good

Is the service safe?

Our findings

People told us that they did feel safe living in the home. A person we spoke with told us, "I feel very safe living here." Other people looked relaxed in the company of the staff and their environment. A relative we spoke with told us, "[name of relative] is definitely safe living here, [name of relative] is well looked after."

People told us if they did not feel safe they would tell staff members. One person we spoke with told us, "If I did not feel safe, I would tell the manager, who is very good." A relative we spoke with told us, "If I had any concerns I would go straight to [name of registered manager] and I know it would get sorted out straight away."

We spoke with seven members of staff; all had received safeguarding training and were able to identify the types of abuse people receiving care and support were at risk from. Staff understood their responsibility to report concerns and told us they would report to a senior member of staff. They were confident their concerns would be responded to appropriately. In addition the registered provider had a whistle-blowing policy and had set up a confidential telephone number for staff to raise concerns outside of the immediate staff group. Staff we spoke with told us they were aware of the number and could describe how to raise concerns confidently. Staff knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe.

Potential risks to people who used the service had been assessed and action had been planned and taken to keep people safe, whilst still promoting people's freedom, choice and independence. One person we spoke with told us, "I'm currently applying to move into my own accommodation, the manager is helping me with this." A relative we spoke with told us, "We take [name of relative] out as a family quite frequently and when we pick [name of relative] up, they have the correct medication ready for us to take." Staff were aware of risk management plans and ensured they were applied. For example during the inspection we observed transfers and moving and handling techniques being completed in a safe way. Staff told us that they were aware of the need to report anything they identified that might affect people's safety and that they had access to information and guidance about risks.

Staff could consistently describe plans to respond to different types of emergencies. Staff we spoke with told us they were aware of the importance of reporting and recording accidents and incidents. Records we saw supported this; accident and incident records were clearly recorded and outcomes for people were detailed.

There were sufficient numbers of staff on duty to meet the individual needs of people using the service. A person we spoke with told us, "There are enough staff around." A relative we spoke with told us, "Whenever I visit, there always seems plenty of staff, they are very attentive." Staff we spoke with told us that staffing levels were good and that there were enough staff to support people on every shift.

We saw staff were visible in the communal areas and we observed people being responded to in a timely manner. The registered manager told us that they do not use a specific staffing level assessment tool to establish their current staffing levels. The numbers of staff on duty were based on the specific needs of the people who used the service. Staff rotas showed that staffing levels had been consistent over the four weeks prior to our visit.

A member of staff who had recently been recruited told us, "I had to provide references and complete a check with the Disclosure and Barring Service (formerly Criminal Records Bureau) before I could start work." The recruitment records we saw confirmed this and demonstrated that there was a process in place to ensure that staff recruited were suitable to work in a care home.

During the inspection visit, we saw a member of staff preparing and administering medication to people; this was undertaken safely and in a dignified and sensitive way. One person told us, "I am given my medication regularly and on time, staff also make sure that I have taken them." People were encouraged to assist in their own administration which promoted their independence.

We looked at the systems for managing medicines and found systems were not always effective in ensuring that medicines had been administered as prescribed. We identified that there were errors made when some medicines were not needed routinely or were not administered from monitored dosage systems. Medicine protocols were not in place for medicines that were prescribed for "use as needed" (PRN); this meant some medicines could be at risk of being administered

Good

Is the service safe?

incorrectly. We found discrepancies in the recording of the medicines, in one instance one prescribed tablet had been administered but the dose had not been recorded. In another instance one person had been prescribed medicines that were administered by a health care professional. Whilst the medicines had been administered correctly we found discrepancies in the calculations of stock.

Gaps and errors in medication admin records had not been identified in the homes internal medicine audits. Improvements to reduce some of the risks of errors were actioned by the registered manager before we left the service.

One person had secure and locked medication storage in their room and also had keys to their room. The person had been assessed to ensure that they were confident and able to manage their own medication, which promoted people's independence. Staff told us they had received training to administer medication. The registered manager told us that competency assessments had been conducted to ensure staff were able to administer medicines safely.

Requires improvement

Is the service effective?

Our findings

We spent time talking with people about how the skills and abilities of staff ensured that their care and support needs were met. A person living at the home told us, "I think that staff look after me well, I think they know what they are doing when they care for me." A relative we spoke with told us, "Staff at the home know what they are doing, they are fantastic." A new member of staff told us "I did some shadowing where I observed [more experienced staff] and had the opportunity to read people's care plans before I was left on my own."

Staff rotas we saw demonstrated that the registered manager had ensured there was a mix of skills and abilities amongst the staff on each shift. Staff we spoke with told us that there was a variety of training and qualifications offered to them and they spoke positively about the quality and content of the training. There was no evidence of any competency assessments carried out after training had taken place. The registered manager told us that medication administration competency was checked and that there were plans to introduce care observations to check staff competency in practice. All the staff we spoke with told us they had received regular supervision and felt well supported.

We saw and staff told us that they received handovers from senior staff before they started each shift in the home and said communication was good within the team. Staff told us that the handovers ensured that they were kept up to date with how to meet peoples' specific care needs.

Staff we spoke with had limited or no knowledge about their responsibilities to promote people's rights in relation to the Deprivation of Liberty Safeguards (DoLS) and had not received any training. Although we saw that staff did seek consent from people before attending to their daily needs, staffs understanding of people's legal rights was not understood. Records and discussions with the registered manager identified that some necessary applications to the local supervisory body for authority to apply a restriction had not been done, failing to protect the rights of people.

One person's care plan showed that consent had been given by their family in relation to a decision about the person's care, support and treatment, which may have an impact on their liberty and rights. Care records for people who lack the mental capacity to make decisions did not show evidence of consent or decisions being made in their best interest in line with legislation.

We saw that the home had a secure locked front door which was operated by a key code. We noted one person went out independently but had to ask staff to open the door and was required to complete a form before leaving. We discussed this with the registered manager and they had plans to review this with people.

These issues regarding the need for consent were a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 11.

The provider stated in the provider information return (PIR) that they provided nutritious meals and we found this to be the case. People told us they had access to a wide range of different food and drinks. One person we spoke with told us, "Our meals are very tasty." A relative we spoke with told us, "Plenty to eat and drink, it always smells lovely."

People told us that they were receiving food appropriate to needs and reflected their wishes. A person living at the home told us, "They [the staff] know I enjoy sausages, so they make them for me." People's dietary needs and preferences due to religious or cultural needs were met. A person living at the home told us, "I am offered certain foods quite often." A relative we spoke with told us, "[name of relative] is offered choices of food in respect of their religious observances."

We observed lunch being served both in the dining room and within the communal lounges. In the communal lounge areas we noted interactions between people and staff were positive and people were laughing and relaxed; people seemed to enjoy their meals and had enough time to eat at their own pace. We saw staff sitting and supporting people with their meals in a dignified and sensitive manner. We found that there was less interaction between people and staff in the dining room, the atmosphere was more subdued. The registered manager told us they had plans to decorate the dining room and to display menus, communication boards and pictures.

We observed one person asking for alternative food from what was on the menu, this was responded to promptly. Where people had support needs in respect of their

Requires improvement

Is the service effective?

nutrition and/or swallowing risk assessments, care plans were in place. All of the staff we spoke with had a good knowledge of individual people's dietary and hydration needs.

People living at the home had a range of health conditions. People were supported to stay healthy and had access support and advice from healthcare professionals when this was required. A person told us, "The optician and the chiropodist visit every six weeks." We saw on the day of the inspection that a dentist visited to see people. A relative we spoke with told us, "[name of relative] has all their health needs met perfectly and I'm always told if the doctor is needed, communication is very good."

Good

Is the service caring?

Our findings

We were told by people and their relatives that staff were kind, caring and helpful. One person told us, “Staff are kind and friendly.” A relative we spoke with told us, “Staff are lovely and kind, the home has a lovely caring and homely feeling.” Another relative told us, “Staff just understand [name of relative].”

People we spoke with told us their relatives were welcomed to visit at any time. A person we spoke with told us, “My family can come at any time.” A relative supported this and their comments included, “There are no issues about times I visit, in fact staff are very understanding. Due to my work commitments I visit at all different times and there is never an issue.”

We observed positive and respectful interactions between people and staff. Some people were able to talk to staff and explain what they wanted and how they were feeling. Other people needed staff to interpret and understand the person’s own communication style. We saw that staff responded to people’s needs in a timely and dignified manner. We observed examples of staff acting in caring and thoughtful ways. A relative we spoke with told us, “Staff go above and beyond to support people, we have seen a significant increase in [name of relative] well-being, living here has had a positive impact on their life.” Staff we spoke with had a good appreciation of people’s human rights and promoted dignity and respect. One member of staff told us, “People here have the right to be treated as an individual, and we have to respect that it’s their home.”

We observed that staff actively engaged with people and communicated in an effective and sensitive manner. We did note that staff on occasions did not use people preferred names but said “Good girl” or “Good boy.” Whilst we did not see anyone distressed by this, some people living at the home may find this failed to treat them with respect. People told us they were able to choose what they wanted to do. A person living at the home told us, “I like to go out in the garden in the nice weather.” During the inspection we observed transfers and moving and handling techniques being completed in a dignified manner as people were not rushed by the staff supporting them. Staff communicated well with people, explaining what they were doing and reassuring the person during the transfer in a kind way. Staff helped people to understand how and why people were supported in the way they were.

A person we spoke with told us, “When I was very unwell the staff looked after me well and were very caring.” We saw staff acknowledged people when walking through communal areas and did sit and talk to people

One relative we spoke with told us, “Staff are fantastic here, they are kind, caring and understanding.” All of the relatives we spoke with were pleased with the support and care their relative received and praised the staff.

Requires improvement

Is the service responsive?

Our findings

People told us they were not sure that they had been involved in the planning of their care. One person told us "I am able to make my own decisions about what I want to do; I take my own medication and often walk to my place of worship." People told us they were able to get up and go to bed when they wanted. Staff we spoke with were able to describe people's religious observances and how this affected their choices.

People who used the service told us they were happy with the quality of the care provided. The registered manager told us that they had plans to decorate certain areas of the home and that people would be offered the choice of being involved with the choice of décor.

Care plans we saw included people's personal history, individual preferences and interests. They reflected people's care and support needs and contained a lot of personal details. We saw these had not been reviewed in a meaningful way or in consultation with people and others that matter to them. Relatives we spoke with told us that they had not been asked to contribute towards helping to determine care plans and had not participated in care reviews with their relatives. Staff we spoke with were not always able to describe people's life histories, things that were of importance to individual people throughout their lives. At times people had care that was not personalised to them for example we observed that all of the people were drinking from plastic beakers which not all would be assessed as needing. This did not give people individual choice and the plastic beakers in use were not age appropriate.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. Staff were responsible for organising and supporting people to participate in activities. Whilst staff did provide group activities, they were not meaningful, at times not age appropriate and were not activities that people had expresses an interest in. People living at the home told us there was not enough to do. One person told us, "I like it here but I am bored, there is nothing to do." Another person told us the television is always on and no-one watches it." We saw that some people were not offered the choice of participating in any social activities. One person told us, "I would love to go and see the new library at Birmingham and visit the new rail station." People living at home were not supported to stay in touch with their local communities and were at risk of social isolation.

People were supported to maintain relationships with people that mattered to them. One person living at the home told us, "My sister visits me quite a lot." A relative we spoke with told us, "My family and I take [name of relative] out quite frequently and bring them back home whenever they feel ready. We have recently celebrated a religious observance, brings all the family together and [name of relative] is very much involved."

People and their relatives knew how to complain and were confident their concerns would be addressed. A person we spoke with told us, "If I had a complaint I would go straight to [name of manager.]"

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home and was available in different formats to meet the communication needs of people living in the home. Records identified no complaints had been received during the past twelve months. The registered manager told us there were plans in place to start recording and reviewing all minor concerns so they could identify and monitor trends and identify any improvements needed to the service.

Requires improvement

Is the service well-led?

Our findings

Our inspection visit and discussions with the registered manager identified that they were not keeping themselves up to date with changes, developments and requirements in the care sector. For example, the registered manager was unaware of responsibilities that had been introduced relating to the regulation regarding the duty of candour or the requirement that any new staff recruited had to complete the care certificate, which is a key part of the induction process for new staff.

Whilst there were systems in place to monitor the quality of the home we found some of the quality audits were not robust enough to identify and address areas of concern. Assessments of people's capacity to make decisions when there were concerns about their ability and determination of their best interests had not always been undertaken and there were no systems in place to continually review information to ensure it was current. A recent internal medication audit undertaken by the service did not identify all of the concerns we found during this inspection. There were no systems in place to monitor issues that had been raised in reviews with people and subsequently no action had been taken to resolve these issues. The fire risk assessment had not been updated and no consideration had been given to the need for personal emergency evacuation plans being available for any people living at the home. Accidents and incidents had not been analysed to identify trends and to prevent re-occurrence. We did note that some quality checks for the environment were not clearly detailed and not all data collected by the home was being used to continually drive improvement.

People living at the home told us they had not been asked to give feedback about how the service was managed. One person told us, "I do not remember being asked my opinion, or asked to attend any meetings or to fill in any satisfaction surveys." The registered manager told us that some people had completed satisfaction questionnaires but it was some time ago. Relatives we spoke with told us they were not asked for feedback and had not completed satisfaction questionnaires. The registered provider stated in their written statement of purpose that regular consultation with people and their relatives takes place every three months so that the views and experiences of people could be heard and that feedback would be used to drive improvements within the service. However during the visit the registered manager advised that no regular consultation had taken place to seek the views of people and relatives who used the service.

These issues regarding governance of the service were a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 17.

One person told us, "I know who the manager is, she is very caring and understanding, I have had a lot of support from her." Relatives spoke positively about the registered manager; they knew the manager by name and said they could approach them at all times. One relative we spoke with said, "[name of registered manager] explains things about my relative really well, they listen to me all the time." Another relative told us, "The manager here is kind and very approachable."

The culture of the service supported people and staff to speak up if they wanted to. Information about raising concerns were clearly displayed around the home which were accessible in different formats to meet people's individual communication needs. Staff we spoke with were knowledgeable about how to raise concerns and told us that the registered manager encouraged them to tell the truth and own up to any mistakes. Staff we spoke with were able to describe their roles and responsibilities and what was expected from them.

Staff told us that staff meetings were held regularly and were always well attended; however, there were no records maintained of issues or developments that had been discussed and addressed or were still outstanding and that any concerns raised or discussed at the meetings were used to ensure improvements could be made. A member of staff told us, "I enjoy working here very much and I've worked here for years. The staff team are jolly. It's a nice atmosphere and we are supported by the manager."

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

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	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The provider did not ensure that the care and treatment of service users must only be provided with the consent of the relevant person. 11 (1) The provider did not act in accordance with the provisions of the Mental Capacity Act 2005. 11 (4)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have robust systems in place to monitor the quality of the service. Regulation 17 (1) 17(2)(a) The provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service. Regulation 17(2)(b) The provider did not maintain a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. 17(2)(c)