

Abbeywood (Tottington) Limited

Abbeywood Tottington Limited

Inspection report

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Date of inspection visit:
25 February 2021
01 March 2021
02 March 2021
03 March 2021

Date of publication:
22 April 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Abbeywood Residential Care Home is a large extended detached property which provides accommodation for up to 40 older people who require support with personal care. Accommodation is provided over several floors, accessible by two passenger lifts. The home is situated on a main road close to the centre of Tottington. There is easy access to local amenities and shops as well as public transport. At the time of the inspection there were 29 people living at the home.

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

Concerns had been raised with CQC about the safe care and treatment of people living at Abbeywood. Managers were assisting the local authority with their investigations.

Management systems were not sufficiently robust ensuring regulation notifications were forwarded to CQC when required. Nor had they identified the shortfalls found at this inspection. Records in relation to staff rotas and training had not been accurately maintained to reflect current arrangements.

Servicing and maintenance checks were not up to date. The fire risk assessment had not been updated to reflect changes to the property and evacuation procedures needed to be expanded upon.

Areas of risk were assessed and planned for. However, we found information in the care plans and risk assessments did not always provide sufficient detail or accurately reflect people's current and changing needs. People's records did show additional advice and support had been sought from health professionals where people's needs had changed.

Recruitment checks were not sufficiently robust. Criminal records checks had not been received prior to commencing work, a risk assessment had not been undertaken where a disclosure had been made and gaps in employment had not been explored.

The management of people's prescribed medicines, including controlled drugs, were being managed safely. We have made a recommendation about records to confirm the application of prescribed topical creams, which should be signed by those staff completing the task.

Good infection control procedures were in place with additional checks and cleaning due to COVID-19. The service was also involved in the testing and vaccination programme and appropriate personal protective equipment (PPE) was available and worn by staff. Monitoring records were completed where people had been supported to isolate.

People told us they were happy living at home, liked the staff and said they were well cared for. People had enjoyed being able to maintain contact with family members and have visits using the new 'lodge'. People's relatives were also happy with the care and support their family member received. Communication was said

to be good and relatives felt their views were listened to.

Staff said they felt supported in their role, there was good teamwork and people's changing needs were communicated. Opportunities for learning and development were also provided.

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

Rating at last inspection: The last rating for this service was Good (published 10 March 2018).

Why we inspected

We received concerns in relation to risk management where people had sustained injury, locked bedroom doors and delays in seeking medical advice and support. As a result, we undertook a focused inspection to review the key questions of safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe 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.

Enforcement

We have identified breaches in relation to health and safety checks, recruitment procedures, record keeping and systems to evidence clear management and oversight of the service 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Abbeywood Tottington Limited

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 Care Act 2014.

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

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has previous experience of using or caring for someone who uses this type of care service.

Service and service type

Abbeywood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. Due to COVID-19 we gave a short period notice of the inspection so appropriate arrangements could be made.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, senior manager, deputy managers and care staff.

We reviewed a range of records. This included three people's care records, three staff recruitment files, the medication system, accidents and incidents and maintenance checks. We looked at the environment and the use of sensor equipment as well as infection control procedures.

After the inspection

We spoke with the relatives of six people who used the service to seek their views about the service. We spoke with a further two staff members. We continued to seek clarification from the provider to validate evidence found in relation to health and safety and staffing arrangements. We reviewed a variety of records relating to the management of the service, quality assurance records, health and safety, staff training and care and support records.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Concerns had been raised about the safe care and treatment of people living at Abbeywood. Managers were assisting the local authority with their investigations.
- Concerns raised about locked bedroom doors was explored. We saw bedrooms doors locks could be overridden from the inside of the room. Some of the people we spoke with said they had a key to their own room. This was recorded on their file. Only one person spent most of the time in their room, they were seen to come and go freely.
- Internal systems were in place for the reporting and recording of any accidents and incidents. Reports were reviewed monthly by the senior manager summarising events and any actions taken. Not all events had been reported to CQC, where required.
- Records showed training in adult protection had been completed by all staff over the last year. Staff spoken with said they were able to raise concerns with managers and were confident these would be responded to.
- People we spoke with told us, "They [staff] are always there to help out," and, "I can tell [managers] anything, they are good people."
- People's relatives felt their family members were safe and well cared for. Managers were described as 'visible and very approachable'. We were told, "100% safe. [Relative] is now happy and settled and we can relax," and, "My [relative] was not coping and neglecting themselves. We are happy that staff are about 24 hours to keep [them] safe."

Assessing risk, safety monitoring and management

- Servicing and maintenance checks were not up to date and actions required to keep the building and equipment safe had not been addressed.
- Servicing of the passenger lifts had been arranged. This was to include a Lifting Operations and Lifting Equipment Regulations check, which we were told had not previously been undertaken.
- Immediate actions were required following the 5year electrical circuit check, completed in 2016. Confirmation of all work completed was not provided.
- A fire risk assessment had been completed in 2015. This had not been updated to include the addition of the new visiting 'lodge'. Personal emergency evacuation plans did not make clear how people were to be evacuated safely in the event of an emergency.
- Areas of risk, for example falls or poor nutrition, were assessed and planned for. However, we found information in the care plans and risk assessments did not always provide enough detail or accurately reflect people's current and changing needs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A formal legionella risk assessment was completed in 2017. Internal monitoring and reviews had been completed by the provider. Water temperature records showed hot water outlets were maintained.

Staffing and recruitment

- Recruitment checks were not sufficiently robust.
- We were told there had been recent changes in the staff team. Further recruitment had taken place. We reviewed the personnel files for three new staff. We found gaps in employment had not been explored, criminal records checks had not been received prior to commencing work and a risk assessment had not been undertaken where a disclosure had been made.

We found no evidence that people had been harmed however, robust systems were not in place when recruiting new staff. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff spoken with felt there were enough staff available to support people. We were told, "Everything is fine" and "There are always three staff on at night and this is manageable."
- One person told us, "There is enough staff. Sometimes it can differ, it depends what is going on in the day."
- The relatives of four people also felt there were enough staff, whilst others said more recently there had been shortages. We were told, "Staff seemed to be quite constant, but I think I have seen a few new ones lately" and "Lots of familiar staff faces and not a high turnover of staff, always seemed plenty of them about but always busy."

Using medicines safely

- The management of people's prescribed medicines, including controlled drugs, were being managed safely.
- Only those staff trained to do so, administered medication. Observations were completed by the senior manager to check staff practice was safe.
- Guidance for the use of covert medication, taken with food and fluids, needed to be expanded upon to make sure they were only used with suitable products. This was to be followed up with the visiting GP.
- Whilst the application of prescribed topical creams was signed for this was not by the staff member applying them.

We recommend records accurately reflect when these medicines were applied, where and by whom.

Preventing and controlling infection

- Suitable infection control and prevention systems were in place, particularly considering COVID-19.
- The home was spacious, well maintained and provided good ventilation. The service was involved in the testing and vaccination programme. Risk assessments were completed for those deemed 'vulnerable' and a procedure was in place should people need to isolate.
- Sufficient personal protective equipment (PPE) was available. Staff were seen wearing appropriate PPE during our inspection.
- Opportunities had been provided for people to speak with relatives during the pandemic through zoom meetings, window visits and more recently the visiting lodge, which provided a comfortable safe space to meet. One person told us, "I have been in the lodge (visiting pod) to see my family. There is a bit of glass

between us, but it was good."

- Relatives we spoke with also told us, "They have built an amazing hut which you can book a slot and sit opposite your family member all be it with a screen but better than through a window," and, "I have made appointments and seen my [family member] in the pod and it's all handled really well and very safely. I have had zoom calls and chatted by phone a lot."

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

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

- Statutory notifications required by law had not always been submitted to CQC. The registered manager acknowledged this had been an oversight and provided reassurances this would be addressed.
- Audits systems were in place to review areas of the service. However, these were not sufficiently robust and had not identified the shortfalls found during this inspection. These included, shortfalls in recruitment checks, inaccurate records in relation staff and health and safety checks. Care records also needed reviewing and updating to accurately reflect people's current and changing needs.
- A review of records showed the senior manager took lead responsibility for carrying on and monitoring systems in place. We were told an improvement plan had not been drawn up detailing any action required and how these were to be addressed.
- A programme of training and development was provided for the team. Training records did not evidence the on-going development of managers in areas relevant to their role and responsibilities, so they kept up to date with relevant legislation and good practice guidance.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate clear management and oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Opportunities were provided for people and their relatives to comment on the service provided at Abbeywood.
- People we spoke with said, "I can tell [senior manager] and [registered manager] anything, they are good people" and "It's lovely here, the staff are nice. I am happy."
- Feedback gathered during 2020 had been evaluated and responded to. One relative said, "We have completed a questionnaire in the past and I know several of us put about a patterned carpet that was not pleasant to look at, it was changed shortly after."

- People's relatives felt staff were caring and responsive. "The kindness of the staff is marvellous; they treat residents as family and give them a lot of love and affection. They keep the residents stimulated and active" and "The staff are so kind and caring. I would recommend this home to anyone."
- Staff said managers were supportive and there was a good staff team. One staff member said changes to people's wellbeing were effectively communicated during handover. Staff meetings and supervisions were also held providing staff with the opportunity to share their views.

Working in partnership with others

- The provider worked with the local authority provider relationship team, who monitor the service.
- People's records showed that additional advice and support had been sought from health professionals where people's needs had changed.

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 12 HSCA RA Regulations 2014 Safe care and treatment Up to date health and safety checks had not been maintained so equipment and the premises were kept safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Robust systems were not in place to demonstrate clear management and oversight of the service ensuring all regulatory responsibilities were met. Records were not always accurately maintained and kept up to date.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Robust recruitment processes were not in place to ensure the suitability of those working at the home.