

Abbeyfield North Northumberland Extra Care Society Limited

Abbeyfield House - Alnwick

Inspection report

South Road
Alnwick
Northumberland
NE66 2NZ

Tel: 01665604876

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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

Abbeyfield House – Alnwick is a residential care home providing accommodation and personal care for up to 25 people, some of whom are living with a dementia related condition. At the time of our inspection there were 24 people living at the home.

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

Medicines were not always managed safely. Records for 'as and when required' medicines were not always in place. Other aspects of medicines were managed safely. Improvements had been made in the management of topical medicines.

People and their relatives were subject to restrictions on visiting which is contrary to current government guidance. There was no consultation with people about visiting restrictions.

Quality assurance checks were taking place, lessons had been learnt in a number of areas. However, checks had failed to identify issues relating to medicine records.

There had been a history of non-compliance with the regulations. The provider had been in breach of the regulations at 7 of their 8 inspections since 2015.

People were safe from the risk of abuse. Risks to people were assessed and regularly reviewed when people's needs changed. The building was well maintained, and health and safety risks were assessed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a positive and happy culture. People felt they received good quality care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 July 22). This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made and the provider was no longer in breach of regulations in relation to topical medicines, duty of candour and risk assessments. However, at this

inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that safeguarding procedures were reviewed. At this inspection we found that improvements were still required.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbeyfield House - Alnwick on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to visiting restrictions and medicines record management.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Abbeyfield House - Alnwick

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

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

Service and service type

Abbeyfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbeyfield House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We contacted the local authority commissioning team for their feedback about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who lived at Abbeyfield House and 6 relatives about their experience of the care provided. We observed interactions between staff and people in communal areas. We spoke with 5 members of staff including the registered manager, deputy manager, senior carers and care staff. We reviewed a range of records. This included 3 people's care records and 8 people's medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Using medicines safely; Learning lessons when things go wrong; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure accurate records relating to topical medicines were maintained and the timely review of people's risk assessments was carried out, was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made that the provider was no longer in breach of regulation 17 in relation to topical medicines and risk assessments, however the provider remains in breach of regulation 17.

- Medicines were not always managed safely. Improvements had been made in the way topical medicine use was recorded. However, 'as and when required' medicines were not always recorded correctly.
- Records for 7 people's 'as and when required' medicines were missing. Medicines audits had failed to identify the shortfalls we found during the inspection.

Although we found no evidence that people had been harmed by this omission, the failure to maintain appropriate and complete records of medicines was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people were assessed. Appropriate, person-centred mitigation was put in place to keep people safe. Health and safety assessments had been carried out for the building.
- Accidents and incidents were recorded and investigated appropriately. Lessons had been learnt from incidents and these were shared with staff on a regular basis.

Preventing and controlling infection

- Visiting restrictions were in place requiring visitors to book appointments and take COVID tests before visiting people. There is no longer a legal requirement for visiting restrictions outside of outbreaks of infectious diseases.
- People and their relatives were not consulted on the continued restrictions on visiting. One relative said, "I don't like to visit my (relatives) inside the home, because I don't like doing a lateral flow test. I only see them for a visit in the garden."
- The management team failed to follow the provider's Visitors Policy which required adherence to current government visiting guidance. This puts people at risk of social isolation and is contrary to human rights requirements around access to a family life.

The failure to ensure people are able to receive visitors in line with current government guidance was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider reviewed their safeguarding procedures to ensure the correct agencies involved. The provider had made improvements.

- People were safeguarded from the risk of abuse. Safeguarding incidents were reported to the relevant authorities.
- Staff had received training in safeguarding and whistleblowing.
- One person said, "Yes, I feel safe here, the staff look after me." Another person said, "Just having the staff round helps me feel safe."

Staffing and recruitment

- There were enough appropriately trained staff to care for people safely. Staff were recruited safely, with all necessary pre-employment checks completed in line with best practice guidance.
- There was an ongoing recruitment process to ensure staffing vacancies were filled as quickly as possible. Existing staff worked overtime to cover any short notice shortfalls in staffing.
- Some people felt that there were not enough staff available all the time. One person said, "Sometimes [staff] aren't very quick. It depends on how many staff are on duty; afternoons are the worst." However, another person commented, "Yes, if I need some help, I press the buzzer here and staff come straight away."
- Not all staff were up to date with training around dementia, safeguarding and learning disabilities. The provider had recently changed to a new training system which the registered manager said would improve training compliance.

We recommend the provider reviews the training process to ensure all staff have up to date training in required areas.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Best interest decisions were made in line with guidance. Records showed people were involved in making decisions about their care. We observed staff asking for people's consent before providing care.

Is the service well-led?

Our findings

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

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

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

At our last inspection an effective system to maintain records was not in place, which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made in relation to topical medicines and the duty of candour, but the provider remained in breach of regulation 17.

- The quality monitoring systems had not identified all the of the issues we found during the inspection relating to 'as and when required' medicine records and staff training. Care plan reviews were being carried out but some opportunities to make improvements had been missed by the management team.
- The provider did not always follow their own policies in relation to visiting. This meant people and their relatives were not receiving care as expected.
- There had been a history of non-compliance with the regulations. The provider had been in breach of the regulations at seven of the eight inspections since 2015.

The failure to ensure accurate records were in place and compliance with the regulations was an ongoing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not ensured they were displaying their current CQC performance rating either at the service in line with legal requirements.

The failure to ensure their CQC performance rating was displayed was a breach of Regulation 20A (Requirement to display performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- New monitoring processes had been introduced for topical medicines, bedroom tidiness and cleanliness which had been effective. Analysis of the audits shows improvements over time in these areas.

- There had been no incidents since the last inspection that required the duty of candour to be applied. The registered manager was able to explain what action would be taken if an incident did occur.

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

- The culture of the service was positive. People felt they were well cared for, and there was a happy atmosphere in the service.
- One person said, "I think it must be well managed, because I feel well looked after." A relative said, "I cannot speak more highly of it, really. [Person] went into a couple of homes for short-term care and this one is by far the best."

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

- Residents meetings were taking place regularly. One person said, "[Meetings are] once every month. We discuss all sorts of issues, food, for instance." Another person added, "Things do change as a result [of the meetings]."
- People and their relatives had not been consulted about the continued restrictions on visiting the service.

Working in partnership with others

- Staff worked effectively with other healthcare professionals. People were referred to specialist services such as the falls team or behaviour team in a timely manner.
- The registered manager was working to make improvements following a recent visit from the local authority.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1)(2)(a)(b)(c)(e)(f) Records relating to 'as and when required' medicines were not always accurately maintained. Visiting restrictions were imposed on people and their relatives, contrary to current government guidance. There had been a history of non-compliance with the regulations.

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments Regulation 20A (1)(3)(7)(b) The service was not displaying the most recent rating in line with best practice guidance.

The enforcement action we took:

We issued a fixed penalty notice which the provider paid.