

Bupa Care Homes (CFHCare) Limited

Abbotsleigh Mews Care Home

Inspection report

Old Farm Road East
Sidcup
Kent
DA15 8AY

Tel: 02083089590

Date of inspection visit:
13 November 2020

Date of publication:
16 December 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Abbotsleigh Mews Care Home is a care home providing personal and nursing care to 106 people aged 65 and over at the time of the inspection. The service can support up to 120 people. The care home accommodates 120 people across four separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

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

People were exposed to the risk of catching and spreading infection as the cleanliness and hygiene of the home was not maintained. Staff did not always follow good hygiene and infection control procedures. The systems in place for assessing the quality of the service relating to infection prevention and control were not effective.

The service worked in partnership with the local authority and other relevant agencies to deliver the service.

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 inspection of the service was Good (published 24 October 2019).

Why we inspected

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We undertook this targeted inspection to follow up on specific concerns which we had received about the outbreak of coronavirus at the service. A decision was made for us to inspect and examine this risk.

We inspected and found there was a concern with infection prevent and control in the home, so we widened the scope of the inspection to become a focused inspection which included the key question well-led.

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 coronavirus and other infection outbreaks effectively.

Enforcement

We have found evidence that the provider needs to make improvements. Please see safe and well-led sections of this full report. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have identified breaches in relation to infection control and prevention and quality monitoring at this inspection.

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 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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Abbotsleigh Mews Care Home

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

This inspection was carried out by one inspector.

Service and service type

Abbotsleigh Mews care home 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.

Notice of the inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had about the provider including notifications. We did not ask the provider to complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with the manager, the clinical lead and the staff members in charge of each of the four units on the day of our visit. The registered manager was off work on the day, but we spoke to them over the phone. We walked around each unit to check their cleanliness, staff practices and how staff supported people.

After the inspection

After our inspection we asked for records relating to the management of the service to be sent to us. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about infection prevention and control. We will assess all the key question at the next comprehensive inspection of the service.

Preventing and controlling infection

- People were put at risk of catching and spreading infections because the provider had not ensured the cleanliness and hygiene of the home promoted people's safety.
- We noticed that there was no housekeeper in two of the four houses. Doors and door handles were dirty. You could see finger marks and prints on doors and railings. The floors were dirty and sticky. There were used toilet papers and paper towels on the floor in the toilets. The office and lounges were also dirty. We looked into people's rooms from the corridors and it was obvious they hadn't been cleaned in one of the houses. There was strong smell of urine along the corridor in one of the houses.
- We asked staff why the home hadn't been cleaned, they told us they usually had two housekeepers daily. One housekeeper was off isolating, and the second housekeeper had been advised to isolate on the day of our inspection due to presenting a symptom of covid-19.
- We saw people walking around touching surfaces that hadn't been cleaned. Care staff explained they had difficulty encouraging people to stay in their rooms but due to people's cognitive impairments it was hard to accomplish this. This made the risk of spreading infection higher and the need to enhance the standard of cleanliness in this home.
- We saw two care staff supporting people to eat at lunchtime without wearing hand gloves. We saw them wipe people's mouths without having appropriate personal protective equipment, such as gloves on. We asked why they were not wearing gloves and they said it was because they were feeding people. The team leader immediately asked the staff to wear gloves.
- There were no hand sanitising stations on the corridors in Macmillan, Blythe and Calvin units. We saw care staff entering people's rooms to put away clean laundry. They did not have gloves on, they did not wash their hands after leaving each room and did not have hand sanitisers on them to at least sanitise their hands to reduce the risk of cross contamination. Six out of the eight care staff we asked if they had the hand sanitising gels on them didn't have any.

These were serious infection risks people were exposed to and this had impacted on their safety and well-being. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of our inspection only visitors whose relatives were on end of life could visit the home. Full personal protective equipment (PPE) were available at the entrance of the home for them to use before entering. Temperature check was conducted for visitors and staff entering the home. Visitors were asked to

complete a form so they could be contacted if needed.

- Staff had weekly covid-19 tests and people were tested monthly. Any staff member showing symptoms of coronavirus was asked to isolate.
- Staff including housekeepers, laundry staff, care staff and kitchen staff did not move around from one unit to the other. They worked in a designated unit.
- The provider had booked a block of agency staff on a regular rota basis at the service to minimise the risk of agency staff moving from one service to the other.

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.

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

- The registered manager and provider had not ensured people were protected from the risk of catching and spreading infection. The cleanliness and hygiene of the home was not always maintained to ensure people's safety and well-being.
- We found provision had not been made to ensure adequate and effective cover for housekeepers in the event that the regular housekeepers were unavailable. On the day of our inspection there was no housekeeper working in two of the four houses. They were off work, but arrangements had not been made to cover their shifts as of 12:45pm to ensure the cleanliness of the service was maintained.
- The manager on duty was not aware of the absence of the housekeepers until we drew their attention to it. This raised questions about the level of management support staff received and the lack of management oversight of the day-to-day running of the service. Following our inspection, the registered manager told us, they were now looking at finding a domestic agency to supply staff to cover emergency absence and shortfalls.
- We were concerned about people's emotional and physical well-being. In Calvin's unit we saw people were left in dark rooms. Their curtains had not been drawn and there was no light coming through apart from the lights in the corridor. One person still had their breakfast on the table. They were in bed and had not attempted to eat it at all.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- The systems for assessing the quality of the service were not effective in identifying gaps in all areas of the service.
- Whilst infection control audits took place bi-weekly, we found that these audits had not picked up on the infection control risk we found. There was no contingency plan in place to cover for emergency absence of housekeepers to ensure the cleanliness and hygiene level of the home was always maintained. There were no hand sanitising stations strategically located to promote regular hand hygiene. Daily infection control audit did not take place by the manager to identify any infection control risk especially with the pandemic

and the vulnerability of people.

- The registered manager had not ensured staff practices protected people from the risk of infections by ensuring they understood and followed appropriate guidance on the use of PPE. One staff member told us they did not wear gloves because they were feeding someone. This task was categorised as personal care and required close contact so full PPE should have been worn.
- There had not been analysis done as to why the outbreak of the infection, particularly in one unit had occurred, so that lessons could be learnt, and appropriate actions taken to reduce further risks around the home. The manager we met on the day of our inspection told us they were working on it.

This was a further breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager told us had not conducted a satisfaction survey in 2020 due to the pandemic. They told us people and their relatives were kept up to date with what was happening at the service.
- The service worked closely with the local authority and other relevant agencies to improve the service.

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;

- The registered manager and other managers understood their roles and responsibilities. They understood their duty to be open and honest when things go wrong. They notified CQC of notifiable incidents as required.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The systems for assessing the quality of the service were not effective in identifying gaps in all areas of the service