

Mrs Rosemarie Nash

Abba Care Home

Inspection report

Wesley Old Hall
Old Clough
Bacup
Lancashire
OL13 8RA

Tel: 01706879042

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

About the service

Abba Care Home is a residential care home that at the time of inspection was providing accommodation and personal care to five people with mental health needs. The service can support up to six people. Accommodation is provided in six single bedrooms over two floors. The home is located in a rural area near Bacup in Lancashire.

The service was a large home, bigger than most domestic style properties. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People told us they were well cared for and felt safe in the home. However, we found the service had not always followed safe practices in the recruitment of some staff members. We have made a recommendation about this in the 'safe' section of this report.

Although people received their medicines as prescribed, some aspects of medicines administration and storage were not always safe. We have made a recommendation about this in the 'safe' section of this report.

The interior of the home was clean and free from malodour. There was an outside area that incorporated a section with animals that people said they could safely access and enjoy.

The provider had a system to ensure staff documented any accidents or incidents which had taken place and there was learning from these incidents.

Staff had completed safeguarding training and knew the correct action to take to protect people from the risk of abuse.

Staff told us they felt well supported and received regular supervision during which they were able to discuss their professional development. 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. The provider had systems to assess and monitor people's health and nutritional needs.

People told us staff treated them with dignity and were respectful. Our observations supported these views. Staff encouraged people to be as independent as possible. People felt listened to and confident to raise any issues. We saw that where concerns had been raised, the registered manager had acted to resolve the matters.

Care plans contained information on people's health and communication needs as well as their family background, religious needs and social interests. Activities were available for people to participate in if they wished. People and a relative were particularly complimentary around this aspect of the service

The registered manager had systems to assess and monitor the quality of the service. However, some of these did not incorporate documented input by the provider and a schedule of 'provider-led' checks is to be implemented.

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 26 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Abba 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.

Inspection team

The inspection was carried out by one 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

Abba Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

The first day of this inspection was unannounced.

What we did before the inspection

Before our inspection, we reviewed all the information we held about the service. We checked for feedback we received from members of the public and local authorities.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and a relative. We completed checks of the premises and observed staff interacting with people in communal areas of the service. We spoke with a total of three members of staff. These were the registered manager, senior carer, and a member of the care staff. We also spoke with the provider. On the second day we spoke with a relative and provided feedback to the registered manager and provider about the inspection findings.

We reviewed a range of records relating to the way the service was run. This included three people's care and medicines records, three staff recruitment files, minutes from meetings, audits and checks completed in the service and a sample of policies and procedures.

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 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.

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

Using medicines safely

- Medicines were not always managed safely. On the morning of the inspection we identified a person who had missed their doses of medicine. Additionally, staff had signed that they had administered the medicines when they were still in storage. Additionally, some aspects of medicines storage were not secure meaning they could be accessed by people.
- These issues were immediately brought to the attention of the registered manager who took action including completing an investigation. It was explained that prior to the inspection there had been an accident in the home. Staff had been busy ensuring people were safe and had omitted to follow the home's policy and safe practices around the administration and storage of medicines.
- Staff were not completing regular competency assessments to try to prevent missed doses and adhere to guidelines and policies. The registered manager said that a regime of checking would be introduced.

Although we found no evidence that people had been harmed as a result of these issues, we recommend that the provider reviews practices in relation to medicines management to incorporate best practice.

- Staff took a person-centred approach to medicines administration, taking account of people's routine while maintaining safety. One person was encouraged and supported appropriately to administer their own medicines.

Staffing and recruitment

- Safe recruitment procedures were not always followed. We found gaps in two of three staff members' employment histories and checks with previous employers in health and social care had not always been made. All other checks such as those into identity and criminal records had been made and there was no evidence that anyone had been harmed as a result of the omissions.
- After the inspection, the registered manager provided a report about the further enquiries they had made to ensure all employees were safe to work with vulnerable people.

We recommend that the provider thoroughly reviews its recruitment processes to ensure they are compliant with legislation and best practice.

- There were enough staff employed and we noted a good staff presence during the inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. People told us they felt safe in the home. Comments made to us included, "I feel safe living here and I feel safe with all the staff" and, "Of course I feel safe. It's the safest, cleanest house and there is a lovely atmosphere to it."
- Staff had completed safeguarding training. The registered manager and staff members we spoke with told us they would report any concerns they had about suspected abuse and were clear about how to escalate concerns to agencies outside of the home. A staff member said, "I wouldn't hesitate to elevate any concerns around suspected abuse and know I would be supported with this by the owner and manager."

Assessing risk, safety monitoring and management

- The provider had established systems to protect people from avoidable harm. Staff completed assessments to identify risks to people's health and safety such as their risk of self-neglect or risk of choking. The registered manager regularly reviewed risk assessments to ensure they were up to date and reflective of people's current needs.
- The registered manager completed an emergency evacuation plan for each person on their admission to the home. These informed staff of the level of support people would need in the event of a fire or other emergency evacuation of the building.
- The registered manager completed checks to help ensure the safety of equipment used. Staff supported people to use equipment such as kitchen appliances safely whilst encouraging their independence.

Preventing and controlling infection

- People were protected against the risk of infection. The registered manager had systems in place to ensure all areas of the home were clean. We noted the home was clean and tidy.
- We noted, on appropriate occasions, staff wore personal protection equipment (PPE). We noted staff wore PPE when serving food. Staff said they wore PPE when providing personal care.
- Staff ensured the kitchen was clean and fridges and freezers were well stocked; food was 'in date'. Records showed staff had been trained in food hygiene.

Learning lessons when things go wrong

- There were processes in place to help ensure lessons were learned from incidents, accidents or safeguarding concerns. We looked at records of a recent incident with a person whilst on holiday. The records around this were thorough and an appropriate referral to professionals had been made in relation to concerns over the person's condition. Additionally, staff and the registered manager had reflected on whether anything could have been done differently to prevent the issue.
- We were told staff meetings and supervision sessions were used to share any lessons learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had systems in place to ensure people received care which met their individual needs. The registered manager completed an assessment of people's needs before they entered the home. This assessment was used to develop care plans and risk assessments. These were regularly reviewed.
- The registered manager told us that staff referred to an abbreviated care plan that had been prepared for everyone in the home. This included a typed summary of each person's needs, essential risk assessments and daily notes of the care and support that had been provided. The staff member we spoke with said that the shortened file assisted when supporting people and staff could always refer to the full file if there was a need to refer to a detailed document such as a medical report.
- The registered manager and staff member we spoke with had a good understanding of people's needs.

Staff support: induction, training, skills and experience

- Staff received the appropriate level of training. The registered manager kept a record of the training completed by staff. The training included practical emergency first aid, infection control and safe food handling.
- New staff had completed an appropriate induction to the service. If the staff member was new to care, they participated in the Care Certificate. This is a recognised programme of quality training and supervision that covers essential elements of the provision of social care.
- Staff received regular supervisions and would receive an annual appraisal. Some staff had completed or were working towards additional external additional qualifications in health and social care.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to maintain a healthy and balanced diet. People told us the quality of food in the home was good and they had the opportunity to choose what they wanted to eat. Our observations of a meal time showed staff were patient and, where appropriate, supported people to eat and drink. Snacks and drinks were offered to people throughout the day. One person said, "The food is nice and there is always plenty." A relative said, "My relative loves the food and eats well. When I visit they always make me feel so welcome and feed me too and it's always really nice food."
- The registered manager had assessed people's nutritional needs and, when necessary, could record the amount people had to eat and drink. We noted guidance from health professionals was followed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with healthcare professionals to ensure people's healthcare needs were met effectively and

consistently. Staff documented any advice received from professionals in people's care records. One person said, "If I have ever not been well, they phone the doctor for me."

- We noted one person's condition had deteriorated. The service contacted health and social care professionals around this and had supported the person to follow healthcare guidance.
- Records showed the service worked with a range of external professionals to maintain and promote people's health and wellbeing.

Adapting service, design, decoration to meet people's needs

- People told us they were happy with the environment and the ability they had to personalise their bedrooms. One person said, "My room is how I want it. I have Sky TV for the football and it's pretty much how I want it." A relative said, "My relative's room is fabulous. They can do what they want with it and has all their pictures and possessions how they want them."
- The provider had given consideration to adaptations that could be used to help a people find their way around the home and in the home's grounds.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had systems to protect the rights of people who may lack capacity to make particular decisions. At the time of inspection, the service had not submitted DoLS applications to the local authority. We considered records and were satisfied with this approach. The registered manager said they would continue to review the position on a regular basis or if people's condition changed.
- The registered manager and staff members had a good understanding of the principles of the MCA and gave us examples of how they gained consent from people before they provided any care. Staff supported people in the least restrictive way possible. The service had policies and procedures to underpin this approach.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well and respected each person's individuality. People told us they valued the support they received. Comments people made about staff included, "They are nice people" and, "I think they are super kind people." We observed positive and respectful relationships between staff, the registered manager and people in the home.
- The provider had a policy for staff to follow regarding how to treat people equally, taking into account their differing and diverse needs. Staff received training which covered equality and diversity and the importance of valuing people's individual backgrounds, cultures and life experiences. One person said, "We go to church together on Sundays and we are like a big happy family."
- The registered manager and staff described to us in detail people's likes and dislikes. They knew people well.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make choices about their daily life and the care they received. People told us they were aware of their care plans which provided staff with information about how they wished to be supported. They told us they had also been involved in reviewing the care they received.
- When necessary, the registered manager sought external professional help to support decision-making for people, including the use of advocacy services. People can use advocacy services when they do not have friends or relatives to support them or want help from someone other than staff, friends or family members to understand their rights and express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity. One person said, "The staff are nice. If I am in my room they will knock before coming in. They often have the time to sit and chat if I want to."
- Staff promoted people's independence as far as possible. One person said, "I can suit myself here. I am allowed to live pretty much how I want to."
- The registered manager ensured care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager ensured care plans were person centred, up to date and reviewed regularly. They were well written and contained information about people's daily routines and specific care and support needs. Staff we spoke with knew people's needs and preferences and were responsive to their changing needs.
- People were supported by staff to participate in activities which were meaningful to them. People were overwhelmingly positive about the support and encouragement they received around this. One person said, "There is enough for me to do. I am supported when I go out as I can't see very well these days. We go for walks, drives and meals out. I'm happy as I can be here."
- People enjoyed regular holidays and short breaks together with staff. We saw photographs from a recent trip to the Lake District and noted that everyone appeared to be enjoying themselves and that there was lots of laughter and good spirits. A relative said, "A Relative we spoke with told us, "My relative enjoyed the recent holiday. They are very active and I think they really enjoy the things they do."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. The registered manager gave us examples of how information could be provided to people in different formats to enable them to engage with staff and other professionals.

Improving care quality in response to complaints or concerns

- People knew how to complain. People told us if they had any concerns they would speak to staff directly. They complemented the registered manager as being able to sort out most minor issues alleviating the need to raise a formal complaint.
- People who used the service were given a copy of the provider's complaints policy when they started using the service. This contained clear information about how to raise any concerns and how they would be managed. The service had not received a formal complaint since the last inspection in 2017.

End of life care and support

- The service had an end of life care and support policy. At the time of the inspection, no one was receiving end of life support.
- The registered manager said that in the event people required end of life support, the service would work with them, their relatives and health care professionals to ensure people's needs and wishes were met. They said that although end of life considerations were part of training that all staff received, specialist training would be provided if required.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 staff members were committed to providing high-quality care which reflected the preferences of people living in the home.
- Although the registered manager was experienced, they had only recently been registered with CQC. They had developed a clear vision and strategy for the service and people said that they had settled in well into the new managerial role. The provider said, "I am pleased with the way the service is developing and continuing to provide good quality care. I will encourage and support the registered manager to continue the improvements and deal with the medicines and recruitment issues seen at this inspection."
- We observed interaction between the registered manager, provider and staff and noted that it was positive, respectful of each others position and centred around doing the best for people they supported.

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 provider and registered manager told us they were always honest with people if things went wrong and made the necessary referrals to the local authority safeguarding team. There was a policy to inform staff of the action to take if something went wrong with a person's care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood the primary aim of the service was to deliver the best possible care and support to people. Where appropriate, the registered manager completed regulatory notifications to CQC so that oversight could be provided on any issues.
- There was management consideration in the service but there was limited documented oversight by the provider. We noted the provider's involvement in some areas such as recruitment but there was an absence of a regime of provider checks in other areas such as the environment and the registered manager's responsibilities. The provider and registered manager agreed that a schedule of provider led checks would be implemented.
- Staff understood their roles and responsibilities. The provider had policies and procedures to support staff in their work. There was an on-call system that provided support to people and staff.

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

- The provider had systems that engaged and involved people, relatives and staff. There was a schedule of quarterly meetings where we noted that there was opportunity to raise any sort of issue or what had been working well in the home. Improvement were implemented as a result of this feedback. Staff also told us they could contribute to the way the service was run in informal meetings and discussions. A relative said, "Communication is very good. They will phone me when they need to and I'm kept up to date with things."
- The registered manager also used face to face meetings, surveys and daily interaction to gain feedback from people about the service. People confirmed their views about the running of the home were sought by the registered and provider and their views listened to. One person commented, "They do appreciate our opinions."

Continuous learning and improving care

- The registered manager assessed, monitored and improved the quality of the service provided. They completed audits of the environment, care plans and the administration of medicines. However, the quality assurance systems had not identified the issues documented earlier in the 'safe' section of this report and there was no documented input in this area from the provider. The registered manager and provider provided a report about this and how a regime of 'spot-checks' and competency checks would be implemented.

Working in partnership with others

- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed. Staff were proactive in contacting community-based health professionals to seek advice and guidance about how best to meet people's needs.