

MACC Care Limited

Abbey Rose Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

This was an unannounced inspection, which took place on 06 and 08 December 2016. Our last inspection of this service took place on 15 December 2015 the service was rated as requiring improvements overall, with no breaches of legal requirements.

Abbey Rose is a privately owned care home situated in a residential area of Birmingham. Nursing care is provided for up to 38 older people who live at the home. There were 34 people living there at the time of our inspection.

There was a registered manager in post at the time of 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 and associated Regulations about how the service is run.

Visitors were welcomed in the home, so that people could maintain relationships with people that were important to them. Social activities were provided for people who wished to take part, although these activities were limited to week days only and not everyone felt the activities were suitable for them.

People received a safe service, because the provider had procedures in place to reduce the risks of harm to people. Staff were trained to help keep people safe and knew the procedures for ensuring people did not suffer abuse or harm.

People received their medicines as prescribed and were cared for in an environment that was well maintained to ensure they were safe.

People were supported by sufficient numbers of staff that were suitably recruited, trained, supervised, supported and monitored to ensure they cared for people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People had a choice of meals and were supported to eat and drink enough to maintain their health and well-being. Staff knew how to support people that may be at risk of not eating or drinking sufficient to maintain their health. People had access to health care professionals when they were unwell, so their health care needs were met.

People and their relatives were happy with the care they received and felt that staff were caring and compassionate towards them. People's privacy and dignity was maintained and staff encouraged people to be as independent as possible.

People and their relatives were involved in planning and agreeing their care needs, so they knew what care was being provided. Where people had concerns about their care, there were effective procedures in place to handle these concerns. People were confident that any concerns they raised would be acted on and resolved to their satisfaction.

People received a service that was well managed, by a stable management team and there were systems in place to ensure the care people received was monitored. People knew who the registered manager was and felt that she was open and visible in the home. This gave people confidence in the service. People had the opportunity to comment on the quality of the service they received.

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.

People received a safe service because, procedures were in place to help keep people safe and staff knew the procedures.

Risks to people were assessed and managed appropriately and there were sufficient staff that were suitably recruited to provide care and support to people.

People received their medication as prescribed and there were procedures in place to support staff to administer people's medicines safely.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff that were trained and knew people's needs. Staff received effective support, training, supervision and development to enable them to care for people well.

People had control over what they ate and drank and staff supported them to maintain a healthy diet, lifestyle and health.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Is the service caring?

Good ●

The service was caring.

People had good relationships with staff, and their individuality, independence, privacy and dignity were respected and promoted.

People made decisions about their care with support and guidance from staff and were supported to maintain contact with relatives and significant people in their lives.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning and agreeing their care and received care that met their individual needs. People had the opportunity to take part in social activities. However, activities on the weekends were limited and the activities provided were not suitable for everyone.

People were confident that their concerns would be listened to and acted upon.

Is the service well-led?

The service was well led

People received a service that was monitored to ensure it was of good quality. People and staff had opportunity to comment on the quality of the service and the management was open and visible within the service.

Good ●

Abbey Rose Nursing Home

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 checked 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 06 and 08 December 2016 and was unannounced on the first day; we informed the provider that we would be visiting on the second day. The inspection was undertaken by two inspectors on the first day and one inspector on the second day.

Whilst planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. We also reviewed any complaints and concerns received from people that used the service and their relatives. We contacted the local authority and the clinical commissioning group that purchased the care on behalf of people. We also reviewed reports that the local authority send us on a regular basis.

During our inspection we spoke with five people that lived at the home, six relatives, the registered manager, a registered nurse, two care staff and the acting activities coordinator. We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of three people. This included medication administration records (MAR). Other records looked at included safety records, analysis of incidents, accidents and questionnaires and the provider's system for ensuring medicines were handled safely. We also looked at compliments, complaints and safeguarding records. We looked at audits completed by the registered manager and the recruitment records of two new staff.

Is the service safe?

Our findings

All the people living at the home and their relatives we spoke with felt the service they received was safe. One person told us they felt safe and happy living at the home. Another person said, "Yes, I do feel safe [staff] have a kind way about them..." A relative said, "Safe, oh yes, no doubt about that." Another relative told us, "Safe, oh yes the carers in this place are brilliant, nothing is too much trouble for them." Everyone spoken with said they would speak with the registered manager or any member of staff if they had any concerns about their safety. This meant people had no concerns about their safety and felt they could speak with staff if they thought they had concerns.

There were procedures in place to help staff keep people safe from abuse and harm. All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. Staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. Staff knew the provider's procedures for reporting concerns and were clear about what action they would take if there were concerns about people's safety. For example, a member of staff told us, "Any concern is to be reported to the manager and if no response go further to the directors. If they take no action I would go outside, to CQC, the police and social services." Another member of staff said they would use the whistleblowing procedure if they needed to ensure people were protected from harm. The whistleblowing provider allows staff to report concerns about poor practice to the provider in confidence.

Some people were aware of the risks associated with their care and said they were involved as much as they could. One person told us, "My care has changed a bit. I used to be able to walk to the toilet, now I get breathless, so now I use the commode." All staff spoken with and records looked at showed that risk assessments and risk management plans were in place to support staff to manage risks to people's care.

Staff knew the procedures for handling emergencies, such as fire and medical emergencies. A member of staff told us that they all received fire safety training and that fire drills took place on a regular basis. We saw, and staff told us, that equipment used for people's care was serviced regularly and the environment was maintained to ensure people's safety. We saw that the environment was clean, warm and well maintained.

People were supported by sufficient numbers of staff to ensure they were cared for safely. Everyone spoken with said and we saw that there were enough staff to meet people's needs. One person told us, "I think there is enough of them [staff] yes." A relative told us, "Yes, enough staff, I am here every day, except Sundays, and always about the same number [of staff] on." People also felt the staff team were consistent. One person said, "You mainly see the same [staff], night staff are sometimes different, but I sleep all night, so it's not a problem." We saw there were enough staff to support people safely and all staff spoken with said there were enough staff available.

Staff spoken with and records looked at showed that all the recruitment checks required by law were undertaken before staff started working. Staff said they received an induction into their role, in line with the care certificate, which is a framework for good practice. An induction is the initial training received by staff when they commence work, so that they are clear about how to offer care and support to people. Staff told

us that Disclosure and Barring Service checks (DBS) were carried out before they started work. These are checks that are undertaken to ensure that staff do not have any relevant criminal offences that would prevent them from providing care and support to people that use services.

People said they received their medicines as prescribed and we saw that people received their medicines safely during our inspection. One person told us, "They bring my tablets in a little cup, always the same time. I know what they are for, I always check them and I have never missed having any." A relative said, "Yes, I have seen her have her medication..." Another relative said, "He [person using the service] gets his tablets regularly." Medication administration records (MAR) that we looked at showed no gaps in medication recording which indicated that people received their medication as prescribed. Procedures were in place to ensure medicines were ordered, received stored and administered safely. A nurse that we spoke with told us, "The lead nurse is very strict with the medication procedures, she always checks that we have done it correctly."

Is the service effective?

Our findings

People told us they thought the staff were trained and had the knowledge to care for them effectively. One person told us, "Oh they are good, very good." A relative said, "Yes, they [staff] know what she needs. They are skilled, I would say so." Another relative told us, "I would say they are knowledgeable."

All staff spoken with were knowledgeable about people's needs. All staff said they received the necessary training, supervision, performance development and attended team meetings to support them to do their job. A member of staff told us, "Everybody needs to know their job role and know they are supported. I feel supported. If I'm concerned I can speak to the lead nurse. The registered manager is very supportive. We are given guidance by the manager and lead nurse to do our job."

We saw that the provider adopted a planned approach to staff training. A member of staff told us, "I have had loads of training. For example medication, safeguarding, dementia training in the past, manual handling, risk assessment, and I have done national vocational training level two and three. Some staff said they were doing the care certificate training on line. This is a framework for good practice for the induction of staff and sets out what they should know. Staff felt the training they received was sufficient to enable them to provide a good standard of care and meet the needs of the people currently living at the home."

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. We saw that mental capacity assessments were in place for the people that may have limited capacity to make major decisions about their care.

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. The application procedures for this in care homes and hospitals are 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 were being met. We saw that the registered manager had made the necessary applications for people that were considered to be deprived of their liberty. The registered manager said she had received verbal authorisation for three people and authorisation had been received for one person. At the time of our inspection the registered manager said she was not aware of the need to inform us once formal authorisation had been granted to deprive a person of their liberty as legally required. When we checked the records we saw that formal authorisation for the one person had not been received, so the provider would not be able to monitor if the conditions of the authorisation was being adhered to. The registered manager said she would request the formal authorisation documents from the managing authority and would notify us once these were received.

People told us they had enough to eat and drink and had a choice in what they ate and drank. One person told us, "There is always a jug of water and they come around offering hot drinks. It's good, hot food I am a

bit funny about my food and I don't eat a lot, but I have put on weight since I came here."

Although we didn't see a menu in the home to remind people about what was available, one person told us, "Every morning I get a choice from the menu." A relative told us, "The meals look nice and if she doesn't want what they offer, she can have something else. It's well-presented..." Another relative said, "I do see the meals, they are hot and there is a choice." One person told us appropriate diet was provided to meet their cultural needs, if they chose to have it.

We saw that staff supported people to eat and drink where necessary and they did this in an appropriate manner. For example sitting down, so they were at the person's level and supporting people at a pace that they were comfortable with. We saw that where a person did not eat all their meal a member of staff asked them if they would like something else to eat. We saw that staff called people by their names and ensured they had condiments to add to their food if they wished. Some people ate their meal in the conservatory where the environment was quite sociable, other people ate in the lounge area, where their meals were placed on small tables. Most people in the lounge needed support with eating and drinking and staff were available to offer this support.

Before lunch was served we saw that people in the conservatory were offered wet wipes, so they could freshen up their hands before having their meal. We saw that the dining tables were laid with floral decorations, cutlery and paper napkins, creating a nice environment for people to enjoy their meals. However, we saw that the volume of the television in the downstairs lounge was loud and loud music, which did not sound age appropriate, was playing in the conservatory whilst people were eating their meal. We spoke with the registered manager about the distraction this posed for people whilst having their meal and the appropriateness of the music for people living at the home. The registered manager said she would rectify this.

Staff knew how to support people at risk of poor nutrition and dehydration. For example, they told us and records showed that people's nutritional needs were assessed and their weight was monitored. Staff said if necessary people would have fortified food and drinks and health care professional such as the GP and dietician would be involved in supporting their care.

People told us they saw the doctor and other health care professionals when needed. One person said, "The doctor visits here and the optician, the chiropodist was here two weeks ago..." Another person told us, "The doctor comes on Thursdays and the chiropodist visits every eight weeks and my optician visits. I don't see the dentist, I have got falsies." Another person told us they had seen the doctor that morning. Relatives spoken with had no concerns about the health care needs of people and some said they were kept informed about hospital appointments for their relatives. This showed that people's health care needs were met as required.

Is the service caring?

Our findings

Everyone we spoke with said the staff were caring and friendly towards them. One person told us, "Staff are kind and caring. Yes I would say they speak nicely to me. Another person said, "Caring, oh yes on the whole. "A relative told us, "The staff are always nice. She [person using the service] is a changed person since she came here. It's a pleasure to come and see her now; she was frightened and alone at home." During our inspection we saw that staff interacted with people in a kind and caring way. This showed that people were treated with kindness and had no concerns about the way staff treated them.

We saw compliment cards that relatives had sent to the home thanking staff for their care and kindness. One card read, "The family of [person name], would like to say thank you for all the care and attention you gave dad..." Another relative wrote, "I couldn't have wished for a better place for my mother to spend her last days. The nurses and staff treated her well with care and compassion." Another note said, "Thank you so much for all your support at mom's 80th birthday. She had a great time... Thanks for the care and kindness you show my mom every day." This showed that people received care that was consistently compassionate and kind.

Staff spoken with talked about people in a kind and caring way and knew that they had a duty of care to ensure people received dignified care. For example, a member of staff told us, "One person living with dementia was very agitated, so I played some old time music and that relaxed her. I also gave her a hand massage and that really relaxed her. People will open up and tell you what they like if you are patient with them." Another staff member said, "All the staff from what I have observed communicate with residents. If the buzzer goes we attend to it. We have a duty of care." This indicated that staff had the appropriate values to ensure they were caring towards people.

People told us and we saw that staff respected people's privacy and dignity. One person told us, "They [staff] always knock the door when they come in and close it when I am having a wash." A relative told us, "They always knock the door, even when its open and they close the door when the nurse comes in." Staff spoken with gave good examples of how they maintained people's privacy and dignity. A member of staff told us, "We always knock on people's doors. We ensure people are dressed well and covered up and we close doors and curtains when providing personal care so people are not exposed."

People told us they had a choice and made decisions about their daily routine and were supported to be independent as possible. One person said, "I am not very steady at the moment, but they do encourage me." Another person said they went to bed and got up at the time they have been used to all their life. Someone else told us, "I use my walker. They [staff] encourage me to get to the commode. I get breathless walking any further." Staff gave good examples of how they supported people to remain independent with their daily living. A member of staff said, "We encourage people to do as much for themselves and empower them to be independent. About 60% of people are able to do something for themselves. For example, encourage people to help themselves with eating and drinking, mobility if people can walk don't push them around in a wheelchair as that takes away their independence." This showed that people were encouraged to be as independent as possible.

Is the service responsive?

Our findings

We asked people what leisure activities were available for them; some people said they did what they chose to do. One person said, "I choose what to do. I like going out in the garden in the summer and I go out with my family." Other people said they didn't feel there were enough activities that suited them. One person said, "They do things downstairs, but I don't go it's too noisy. I used to make cards and do scratch art, it takes too much out of me. Now I just like to watch television." Another person said, "I am religious, on Saturday my daughter was here there was a carol service on, so we all went down." A relative said, "There are activities here, she likes her telly, maybe if there was something on that she enjoys." There was a notice board showing an invitation to the Christmas party that was planned, inviting friends and relatives to attend. We did not see many activities taking place during our visit, although we saw a member of staff throwing a soft ball to a person to encourage their movement.

There was an activity planner in the lounge area showing the activities that were on offer for the week. The activities included, quiz, musical, board games, movie day, listening to music, baking, bingo, art and craft, hand massage and one to one chats. There were no activities planned for the weekends, which indicated people did not have the opportunity for social interactions on the weekends. We discussed this with the registered manager who will review the activities in consultation with people to see if people would benefit from having the opportunity for social interactions on the weekends.

The home employed an activity coordinator to encourage and support people in pursuing leisure activities. We spoke with this member of staff who told us about the various faith celebrations that had taken place, for example, recent Diwali and Eid celebration. This member of staff also talked about how they had encouraged and supported a person that was in the army to give a talk about their experience on remembrance day. The staff member said, "I asked him and the other residents if they would look to hear about his army experience. He really enjoyed that and the other residents enjoyed it and were asking questions." This showed that some people were encouraged in doing things that were of interest to them.

People using the service and relatives spoken with said people's needs were being met. People said they were happy living at the home. One person told us, "A couple of months ago I had a panic attack I asked the carer to stay with me and she did, she made the time and I calmed down." Another person said, "The care is good, they come in and turn me and make sure I am sitting up." A relative told us, "It's brilliant here, very good indeed. They come pretty quick [in response to call bells], and they always ask if we are all right when they pass by the door."

People told us they were involved in their needs assessment and care plan. One person said, "When I first came here they went through a care plan and assessment with me and my daughter." Another person said, "They ask questions about what I like and what I don't like." A relative told us, "We are both involved in decisions; the nurses speak to us together." One person said, "Yes, me and my family are involved in what happens with my care." This meant people and their relatives were involved assessing and planning their care and treatment.

We saw that people's care plans and risk assessments were regularly reviewed and took into account their changing needs. Staff spoken with and records showed that detailed risk assessments and care plans were available for each person. The care plans and risk assessments gave staff information on how to support people's individual needs. Staff spoken with told us that they were constantly reminded about the needs of people during handover, so they knew when people's needs had changed.

We saw that people were dressed in individual styles of clothing reflecting their age, gender and the weather and people told us they chose their own clothes. This maintained people's individuality.

People maintained relationships that were important to them. People told us that friends and relatives were able to visit the home as they wished. We saw a relative had brought a dog to see a person; the person seemed very comforted by having their pet visit them. We saw many people visiting the home whilst we were there. A relative told us they were able to visit anytime. This ensured people were not isolated from their friends and family.

People were confident their complaint and concerns would be listened to and acted upon. Everyone spoken with said they would speak with the registered manager if they needed to. Two people said they had complained to the registered manager and their concerns were dealt with to their satisfaction. Another person said, "If I had a complaint I would see the boss, but never had to." A relative said, "I would go to [registered manager's name], but never had to." Other people said they had nothing to complain about. The provider had a complaints procedure. This was in an accessible format and was on display in the entrance hall for people to see. Complaints that we sampled had been investigated and responded to in line with the provider's procedure. People and their relatives told us they were asked their views about the service, some people said they received a questionnaire; others said the registered manager is always available if they needed to speak with her about anything. This meant people and their relatives had confidence in the provider's complaints procedures and felt they could have their say about the service.

Is the service well-led?

Our findings

People living at the home and their relatives that we spoke with felt they received a good quality service. People spoke highly of the registered manager and said they were able to speak with her about anything. We saw that there were systems in place to monitor the quality of the service, and quality audits were undertaken. These included medication, infection control, care records, health and safety etc. The audits we sampled were up to date. This showed that systems for assuring quality were maintained so that the provider was assured of the quality of service they provided and this meant people received a good quality service.

There was a longstanding registered manager in post and all conditions of registration were met. The registered manager kept us informed of events that they are required to inform us of. We saw and people told us that the registered manager was open and transparent in her practice.

Staff and people living at the home talked about the registered manager doing frequent walk about in the home to ensure the quality of care was maintained. A member of staff said, "The manager does walk around and check." Another member of staff said, "To my knowledge it [the home] is managed at a high level. Very well. The registered manager is firm but fair. Always walking around and checking things are right. Both the registered manager and the lead nurse walk around to make sure things are working well." Another staff member said, "I think we have a good manager. Very supportive. I worked in a lot of places before I came here and she is very good. She is always walking around and checking that residents are okay and check with staff that things are going ok. She will just ask staff about resident needs to check their understanding. She does spot checks and observes our practice." This showed that the management team ensured they had a visible presence and were able to monitor staff practice.

Staff said they got the support they needed and were able to put forward ideas for improvements in team meetings. From speaking with staff we saw that they understood and were committed to the values of the service in promoting a good standard of care for people living there. A member of staff told us, "I love it here, it's a happy home. We welcome families." Another member of staff told us that, they had to ensure they did their job well because they were monitored and had to take responsibility for any errors made.

People told us they were regularly asked for their views on the quality of the service they received. People said they completed questionnaires and that residents and relatives meetings took place, to enable them to put their views forward. We saw there was a newsletter on display in the hallway, so visitors to the home could be kept updated on events. We saw the result of the analysis of recent questionnaires and the registered manager said she would be discussing the results in the next residents meeting, so that it was accessible for everyone.