

Regency Healthcare Limited

# Abbeycroft Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an inspection of Abbeycroft Residential Care Home on 19 and 22 October 2018. The first day was unannounced.

Abbeycroft Residential 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 is registered to provide accommodation and personal care for up to 33 people. There were 24 people accommodated at the time of the inspection. The home is a purpose-built property set in its own grounds, in a semi-rural position close to a local bus route to Burnley and Rawtenstall.

At the previous inspection on 26 and 27 May 2016 the service was rated good overall. During that inspection we found that the service needed to invest more time into the stimulation of people using the service by utilising their newly appointed activities coordinator to ensure a range of activities were offered to people. During this inspection, the activities coordinator was on leave. We saw some evidence of activities but according to people living at the home it was very minimal.

The service was managed by a registered manager. 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 2008 and associated Regulations about how the service is run.

We found five breaches of regulation in respect of safeguarding, responding to complaints, the recruitment of new staff, staff training and good governance. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe. Safeguarding adults' procedures were in place but we witnessed people experiencing verbal abuse on inspection from other people living at the home. We did not feel that staff knew how to safeguard people from abuse.

A safe recruitment process had not always been followed. Where people had been internally promoted there was no evidence to show how the provider had made the judgement people were skilled and knowledgeable to fulfil the position.

Some staff had completed mandatory training but this was not always consistent. One staff member new to care had not received any formal supervisions and had not completed all her necessary training.

We found staffing levels were low at the time of the inspection and people's needs were not always met in a timely manner. The layout of the home meant that people on the first and second floor rooms were isolated, with a minimal staff presence.

Staff we observed were friendly and we observed examples of people being supported with effective moving and handling techniques.

We found that although a gas safety certificate had been issued, a warning notice for gas safety had been issued in May. The parts had not been replaced as advised on the warning notice. However, this has now been rectified and a new boiler was installed.

The environment needed renovating to make it homely. Plans were in place to make rooms more personalised.

People expressed dissatisfaction with the meals at the home. Meals were not served in a timely manner and people felt there was a lack of choice.

We found there were systems in place to manage people's medicines and medicines were managed safely. People had access to a GP and other health care professionals when they needed them

People were assessed and had individual care plans, which were reviewed on a monthly basis. Risk assessments were in place and these linked into the care plans.

The service was working within the principles of the Mental Capacity Act 2005 and appropriate applications were being met. However, Capacity assessment were not always decision specific.

There were mixed views on the management of the home and some people felt that their views were not taken into account.

There was a system in place to record accidents and incidents and we saw an analysis had been carried out in order to identify any patterns and trends. However, although there was a complaints process in place, this was not being followed and we found little evidence of lessons learned or action taken. Although some audits were in place they were not sufficiently robust to identify the issues found on inspection

The registered manager and staff were observed to have good relationships with people living in the home. Staff felt well supported and that the registered manager was managing the service well. They felt she had visible presence and was approachable.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

There were not always sufficient staff to meet people's care and support needs.

The provider had not always operated an effective recruitment procedure

Staff we observed during inspection did not take appropriate action when people were being verbally abused by other people living in the home.

Arrangements were in place to manage people's medicines.

The home was clean, although the environment was not safe and tidy and there were no cleaning schedules in place.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Assessments of people's capacity to make decisions about their care and treatment were undertaken in line with the Mental Capacity Act 2005. However, they were not always decision specific and need to be contained in the care plans to ensure regularly reviewed.

People were supported to have a sufficient amount to eat and drink. However, people were not happy with the quality of the meals.

Whilst staff were supported in their roles, they were not always provided with relevant training.

People had access to appropriate healthcare services.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

Some staff knew people well and displayed kindness and compassion when providing care. However people did not always feel they were treated with respect.

We saw positive interactions from staff utilising warmth and humour in conversations.

### **Is the service responsive?**

The service was not consistently responsive.

Although there was a complaints policy in place, people told us they did not know how to complain. We found that complaints were not managed as effectively as they could be.

Some people told us they did not feel listened to and were not involved in their care.

People told us activities were limited and that they were bored at the home.

People's care plans were regularly reviewed on a monthly basis.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

Audits were taking place, although they were not robust enough to identify the issues found on inspection.

Relatives, some people at the home and staff had good relationships with the registered manager and found her to be supportive and approachable.

**Requires Improvement** ●

# Abbeycroft Residential Care 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.

We carried out a comprehensive inspection of Abbeycroft Residential Care Home on 19 and 22 October 2018.

The first day was unannounced. The inspection was carried out by two adult care inspectors and an expert by experience on the first day and one adult care inspector and an inspection manager on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for older people.

Prior to the inspection the provider completed a Provider Information Return. (PIR) This is information that we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

In preparation for our visit, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with five staff, five people living in the home, two relatives, the registered manager, the compliance manager and one of the directors of Abbeycroft Residential Care Home. We looked at a sample of records including five people's care plans and other associated documentation,

seven staff recruitment files, staff rotas, training and supervision records, minutes from meetings, medicines administration records, policies and procedures, service certificates and quality assurance records.

# Is the service safe?

## Our findings

Everyone we spoke to told us they felt safe. One person living at the home said, 'I've always felt safe,' and another person commented, "Nobody can bully me, I stand up for myself, I feel safe." People generally told us they knew how to raise a concern and would speak with their families, or the registered manager.

We found there was a safeguarding adults' policy and procedure in place. Safeguarding training was mandatory for all staff working in the service. However, staff training records we looked at showed that three staff members had not undertaken any safeguarding training and three staff had not completed a refresher course within the 12 to 14 months stipulated by the provider. We were assured by the manager that arrangements would be made for staff to complete this training.

During the inspection we observed two residents being abusive towards another resident in the presence of staff. The staff in the room did not respond or address the issue and we raised this with management as a concern. Subsequently, the deputy manager addressed the situation, but upon leaving the room, the abuse continued. We raised this with the manager immediately who was aware of the poor relationship between the people involved. We were concerned to note that strategies had not been put in place to safeguard this individual.

The outcome of a recent safeguarding action plan dated 24th September 2018, in relation to the training and supervision of certain staff following a safeguarding incident had not been fully implemented. Although the training areas had been addressed, the frequency of the monitoring through supervision was not taking place as specified. This meant the provider had not paid due regard to ensuring staff remained competent and safe to work with vulnerable people.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most staff understood their role in safeguarding people from harm. Whilst some staff were aware of the process to follow, in practice other staff were not following or had not taken sufficiently robust action to protect people. Staff were generally able to describe the different types of abuse and actions they would take if they became aware of any incidents and were confident the registered manager would act on their concerns.

Staff spoken with were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. The registered manager had made appropriate safeguarding referrals and was aware of her responsibility to report issues to the local authority and the Care Quality Commission.

We looked at how the provider managed the recruitment and deployment of staff. We reviewed eight members of staff files and found all staff had completed an application form and in seven out of eight files gaps in employment had been checked. The provider had requested that enhanced disclosure and barring checks (DBS) were undertaken when people applied for employment and evidence of this was included in



staff files. References were also gained from previous employers and/or character references. However, concerns in relation to the suitability of one staff member had not been fully risk assessed and this was raised with the registered manager.

We also saw, when being given a promotion, staff were not routinely asked to apply for the role; therefore, there was no evidence to show how the provider had made the judgement staff were skilled and knowledgeable to fulfil the position. This meant the provider had not taken all necessary steps to ensure people were suitable to work with vulnerable people and were of good character; they had not followed their own policies and procedures in relation to recruitment.

The provider had failed to establish and operate an effective recruitment procedure. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Processes were in place to help maintain a safe environment for people who used the service, staff and visitors. There were certificates available to show that all necessary work had been undertaken, for example, electrical installations and portable appliance testing (PAT). All moving and handling equipment in place, such as hoists, had been serviced at regular intervals to ensure they remained safe to use. We saw the provider undertook regular safety checks of the environment including fire alarm, fire extinguishers and emergency lighting.

A warning notice for gas safety had been issued by a gas engineer in respect to the boiler in May 2018. Although a safety certificate had been issued, the relevant parts had not been replaced as advised. The registered manager and the compliance manager were unaware of this matter. We noted the assistant manager had signed the warning notice at the time but the information had not been communicated to the registered manager. We were concerned that repairs had not taken place in a timely manner and people had been exposed to potential risks to their health and safety. We received written confirmation following the inspection that the repairs had been carried out.

We checked the arrangements in place for the maintenance of the premises. During our tour of the building we found a hot water tap in one bedroom was not working and wardrobes were not secured. These issues were addressed on the second day of the inspection. We saw the lounge area was cluttered with items such as several walking frames, seated weighing scales, unused pressure relieving cushions and a sling. We noted that the fabric underneath one chair was ripped and hanging down and another chair at the dining table was broken. We also found store rooms on the second floor had been left unlocked, one containing planks of wood with nails in. This issue was raised with the registered manager who addressed the matters immediately.

People spoken with were satisfied with the level of cleanliness in the home, for instance, one person told us "they come in every day for my commode. The toilets and bathrooms are clean". However not all areas seen during the inspection had a satisfactory standard of hygiene. We found there was an odour of urine throughout the home particularly in the lounge. We discussed this with the director and he confirmed that they were in the process of sourcing new flooring. Infection control cleaning rotas needed to be clearer. These are important to demonstrate when areas of the home have been cleaned. The registered manager assured us cleaning schedules and records would be updated and implemented. We will check the effectiveness of the cleaning schedules at our next inspection.

Staff were provided with protective clothing such as aprons and gloves and we saw these in use during the inspection. Staff hand washing facilities, such as gel dispensers were in use around the building. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of

infection. There were contractual arrangements for the safe disposal of waste and we noted there was an infection prevention and control policy and procedure.

There were mixed reviews from people when we asked if there was enough staff on duty to ensure they received care when they required it. People told us, "Well I've never been refused yet" and another person said, "No, never. Far too many people here for the amount of staff. Not enough people to serve and get food ready". From our observations staffing levels were low and people were left without supervision for long periods of time. We witnessed residents being verbally abusive to others when staff were not around. Staff did not have 'time to care' and were task focussed when in the lounge, entering only to assist when a person required assistance to move. The layout of the home compounded the issue of low staffing levels as people on the second floor rooms were isolated, with a very minimal staff presence.

We looked at the staffing rotas and raised our concerns with the registered manager. Staff spoken with told us that at peak times such as afternoons and teatimes it was difficult to meet people's needs in a timely manner. The registered manager acknowledged that she had previously raised issues around staffing levels with the directors. Further discussions took place with the director and he explained that he would look into the matter.

During our inspection, we heard call bells in use. One person with complex needs and communication difficulties was in an isolated room on the second floor and was reliant on pressing their call bell to summon staff assistance. We found this call bell was unplugged. We were aware of a recent safeguarding alert concerning another individual which had been raised when a call bell had been unplugged. Whilst this incident had been investigated and had resulted in disciplinary action against staff, we were concerned robust action had not been taken to prevent a reoccurrence. We also found a faulty call bell in another person's room. We expressed concerns about our findings to the registered manager, who assured us appropriate checks would be put in place.

We considered how the provider managed risks to people's health and safety. We looked at four people's care files and saw that individual risks had been assessed in relation to nutrition, falls and restricted mobility. We saw evidence that the risk assessments had been reviewed on a monthly basis.

Service level risks such as fire safety had been assessed, recorded and reviewed.

Arrangements were also in place if an emergency evacuation of the home was required. All people had personal emergency evacuation plans (PEEPs) which recorded information about their mobility and responsiveness in the event of a fire alarm.

We looked at records kept in relation to accidents and incidents that had occurred at the service, including falls. The registered manager informed us she checked and investigated all accident and incident records to make sure that any responses were effective and to see if any changes could be made to prevent incidents happening again. We found that all accidents, including falls, were recorded and then analysed at the end of each month. This helped to spot trends and themes so appropriate action could be taken.

People were satisfied with the way their medicines were managed. For example, one person told us, "Oh yes of course I get my medicines on time." We looked at how the service managed medication. We saw that controlled drugs were being stored for someone who no longer needed them. We raised this with the registered manager and following on from the inspection we were informed that these had been destroyed.

We looked at the arrangements for the safe storage of medicines. Medicines were stored in designated locked medicines room and only people who had been trained in administering medicines had access to

these. Two people were prescribed thickeners to be added to their drinks to assist them with their swallowing. We found that the thickeners were not stored appropriately in the medicines room and were left out on a kitchen trolley. We raised this with the registered manager who immediately rectified this and reassured us they would be kept locked away.

Medicine administration records (MARS) contained a photograph of the persons so they could be identified, any known allergies and details of the GP. We observed staff administered medicines safely, by checking each person's medicines with their individual records before administering them. The staff spoken with told us they had completed medicines management training, competency assessments and records seen confirmed this. We also saw evidence of medication audits taking place.

The provider operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medicines by placing tablets in separate compartments according to the time of day. As part of the inspection, we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medicines records were well presented and organised and staff had access to policies and procedures. We found directions were clear and there was written guidance for staff on the administration of medicines prescribed "as necessary."

## Is the service effective?

### Our findings

We received mixed views about whether people felt staff had the right level of skills and knowledge to provide them with effective care and support. One person told us, 'No, biggest part of them, no.' Another person told us "They seem to know what to do. I trust them completely." One relative we spoke with was very positive about the service, saying, 'The girls (Staff) are amazing, they support me as well. I am pleased with how my relative is cared for.'

The Mental Capacity Act (MCA) 2005 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 with appropriate legal authority. 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. We found staff had an awareness of the MCA and could give examples where they routinely asked for consent before providing care to people. We also observed staff asking for consent when administering medicines. People's capacity to consent to their care and treatment was assessed and sought where possible and we saw evidence of best interest decisions. However, some of the capacity assessments and best interest's decisions lacked detail. We also found people's care plans did not contain information about restrictions as part of their DoLS. We were told that people had agreed for their bedroom doors to be left open when they were lying in bed, but found no evidence of this request in their care plans. The registered manager agreed to address this matter and record people's choices. People we spoke with told us they were able to make some choices about their support, such as when to go to bed and when to get up.

We looked at how the provider trained and supported their staff. The training policy and procedure in place within the service stated that staff were to complete mandatory training (training the provider had deemed necessary) every 12 to 14 months. Training records we looked at showed that most staff had completed mandatory training courses on topics such as moving and handling, fire safety, health and safety, food hygiene, infection control and dementia. However, only two staff had completed mandatory training in dignity and respect and six staff had not done training in pressure care, with two overdue. In addition to this, the provider had deemed some courses as desirable for the roles of staff members. We saw continence training had not been completed by anyone and palliative care had only been completed by two staff. Two staff had completed training on care planning in 2017 and one person had completed training in person centred care.

We also looked at supervision and appraisal records. Staff spoken with told us they discussed topics such as DoLS and MCA and the registered manager discussed any issues and concerns. According to the provider's policies and procedures staff were to have at least six supervisions a year, or more if required and were to

sign a supervision agreement. However, records we looked at showed none of the staff had signed a supervision agreement. One member of staff had a supervision on 23 July 2018 which showed a minimum of a further four supervisions should have been held. However, there had been no further supervisions with this staff. One staff member who had commenced employment in July 2018 had not had any supervisions and one member of staff who commenced employment in January 2018 had received two supervisions. None of the supervisions followed the guidance in the supervision policy and procedure.

Staff we spoke with were all relatively new to the service. They explained that other than the moving and handling, all the training was online training. One person was completely new to care and had not completed all the mandatory training or received any formal supervisions. They did state that they were struggling with completing the online training at home and sought help from their colleagues and the registered manager. They had also not completed the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. The provider failed to ensure staff had adequate training and supervision.

This is a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. However, people spoken with were not overly complimentary about the food provided. One person told us, "They (meals) are right enough, mainly chips," and another person commented, "Absolute trash. Many a time I can't eat the food so I eat what I can eat, Weetabix, porridge, tins of soup of my own." Another person said, "They're edible, we get different things."

We observed the lunchtime arrangements on the first day of the inspection. The menu on Day 1 was steak pudding, chips, peas and gravy or homemade chicken and vegetable soup and sandwiches. People had a choice of tuna, egg mayonnaise, corned beef, ham or cheese. For dessert people had strawberry blancmange.

We did not feel it was a pleasurable experience for people. The tables were not set with cutlery or napkins and people were not offered condiments. There was only one staff member serving meals over the three floors, so people experienced delays in receiving lunch. We were told that the cook did not plate up the lunches as there was no kitchen assistant. This meant that one care staff was responsible for serving lunch and another was responsible for the drinks trolley, this left care staff very stretched. The portions looked adequate and we observed staff encouraging people to eat and try alternatives. The kitchen had received a 5 star food hygiene rating from the environmental health. This meant that the hygiene standards were very good and fully complied with the law. We also met with the cook who was fully aware of people's dietary requirements.

Staff ensured that people had drinks and that these were topped up when required. The food did not look hot, there was no visible steam and people did not appear happy. We asked about access to appropriate snacks throughout the day, again we received mixed feedback. One person told us, "The bananas are all black here," we observed that there were bananas in the store cupboard and they were turning black. Another person commented, "They're always fetching things," whereas another told us, "The food is bad. We usually get a couple of slices of toast for supper. The other night we got nothing. Nothing at all. You don't have residents and not give them anything for supper."

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. We also saw evidence of food and fluid

charts in place.

People living in the home confirmed they had access to health professionals, such as the GP, optician and the district nursing team whenever necessary. For example, one person told us, "Oh yeah, straightaway." Further to this, we noted an optician had been arranged to visit an individual during the inspection. In non-emergency situations staff sought advice via Tele medicines. This system enabled staff and people to contact and talk to medical professionals using an iPad.

During our tour of the building we observed the décor was in need of improvement and we were told by the registered manager that there were plans for ongoing refurbishment. Although we saw some evidence of dementia signage within the home and observed people using dementia friendly coloured crockery, the registered manager explained that this was an area they were currently developing.

## Is the service caring?

### Our findings

Most people told us the staff treated them with respect and kindness and were happy with the support they received. One person told us, "Yes they're all kind" and another said, "They've been lovely." However other people did not feel the staff were kind or that they were treated with respect, for instance one person told us, "They do what gaffers have told them to do." Another person said, "They F and blind at us. They said, be careful what you say." Prior to the inspection we were aware of a recent safeguarding involving the inappropriate conduct of two staff members, one of whom was recently dismissed from the service. The registered manager had taken appropriate action and had reassured people following this safeguarding incident.

Relatives we spoke with gave us positive feedback about the service. One person said, "They've been very good to my family member." Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome.

We noted staff respected people's privacy and dignity in their social interactions. People told us they could spend time alone in their room if they wished. Staff were seen to knock on people's doors before entering. We looked at a sample of care records and found staff wrote about people's needs and care in a respectful manner. We saw evidence of person centred "This is Me" documentation detailing people's individual needs.

There were policies and procedures for staff about caring for people in a dignified way and all staff were bound by contractual arrangements to respect people's confidentiality. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

We observed the home had a friendly and welcoming atmosphere. Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I love this care home. Everyone is so friendly and welcoming.

During interactions we overheard staff calling people "sweetie" and "darling," rather than addressing them by name. One staff member explained to an individual who asked for assistance that he was "too heavy" and she needed to wait for the hoist. This terminology is disrespectful to people living in the home.

We observed some good interactions and saw humour and appropriate touch being used in conversations. One staff member explained everything that was happening to a person who was using the hoist and enquired about his comfort. During lunchtime staff encouraged people with their meals and offered a lighter alternative for a person that really wasn't wanting to eat.

Although people appeared comfortable in the company of staff, interactions with people tended to be task focussed, either assisting people with care or transfers due to the limited staffing levels.

Staff we spoke with were new to the home and some lacked knowledge about people's needs and

preferences. They felt they would benefit from additional information about people. All staff spoke of how they would ensure dignity and privacy and how they supported people in an individual way. Where knowledge was lacking around the Equality Act, staff were confident that they could approach the registered manager for support.

We received mixed messages again when we asked people if they felt listened to. People told us, "Yeah sometimes, they do and sometimes they don't." Another person commented "Not one iota. They over shout me," and someone else told us "Yeah they do." Another person told us, "They don't take in anything that you are saying." In terms actions being taken, again this was divided with one person saying, "Nobody will alter anything here."

We discussed these concerns with the registered manager and the lack of involvement of residents' views. We were told a recent residents' coffee morning had been arranged but this was poorly attended. Some people we spoke with did not feel involved in decision making about their care and support and they were not aware of advocacy services. If they had been, they were unaware. However, we did see some evidence of people being involved in their care plans and the registered manager discussed plans to speak with people on a 1-1 basis. Although two people currently had advocates involved, we identified an additional individual during inspection who would benefit from the services of an advocate. This information was passed on to the registered manager and we were reassured that a referral would be made.

Feedback received by the home highlighted the caring approach adopted by staff. We saw several cards complimenting the staff team. For instance, one person had written, "Thank you for looking after mum so beautifully in her final days," and another thank you card had stated, 'thank you for looking after mum in her final weeks.' Recent feedback submitted to the carehome.co.uk website, from one relative stated, "The carers are carers and really do care for the residents. My brother has come more alive since he went there. He now takes an interest in life, which he didn't before, so I would give a big 'thank you' to the whole team at Abbeycroft."



## Is the service responsive?

### Our findings

We looked at what activities and stimulation were in place. No one we spoke with could tell us about the provision of activities in the home. One person told us, there was "Nothing, bored to death. I would like to visit all places I've been, work etc" Another person commented, "Nowt only sit here. I can't think of anything else."

The service had an activities co-ordinator in place, although they were on annual leave during our inspection. On the first day of our visit, we did not see any activities being undertaken in the morning and there were long periods of time when no staff entered the lounge area. In the afternoon we observed a lively game of bingo was held for those sitting in the ground floor lounge. We looked at the activities co-ordinators file and found the last recorded entry was 24 September 2018. Records for some days showed good involvement in activities such as a local children's nursery visiting and a church service. However, there were days when interaction and activities were minimal. For example, on 14 September 2018 only one person was involved in light exercises and no other activities took place in the day.

This was highlighted during the previous inspection. We recommend the provider considers activities to ensure all the people who use the service, including those living with dementia, are stimulated on a daily basis to prevent boredom.

We looked at how the service managed complaints. Most of the people living at the service that we spoke knew how to raise an issue. One person had previously raised a complaint around the food but nothing had changed so was unsatisfied with the outcome. No one believed they had access to the complaints policy or procedure, all responded negatively and one person said "I've no idea."

We looked at how complaints were responded to and saw that the service had received 5 complaints over the past year, but no outcome letters were sent out to the complainants. We saw that one person was happy with the follow up to one complaint regarding a fall and action had been taken by implementing a checking regime. However, we found no evidence of the investigations, conclusions reached, lessons learned or implemented actions. We were informed that although there was a current complaints policy in place, the service would be moving to another system. The current policy stated that a named person would manage the complaint and a response would be received in writing by the home. The service therefore was not following their own policies and procedures.

This is breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us that they were not involved in their assessments or care plans. If they had been, they were unaware. This was not a person-centred approach and meant people had limited opportunities to have control and influence over their care provision. However, we did see evidence of family involvement in some of the records we viewed, where people had lacked capacity. We looked at the arrangements in place to plan and deliver people's care. We found each person had an individual care plan,

which was split into sections according to people's needs, such as communication mental health and cognition, personal hygiene, elimination and nutrition. Each care plan section was reviewed monthly.

Care plans were personalised and risk assessments tied in with the care plans. We also saw evidence of dependency assessments and falls risk assessments in place. We reviewed bed rail consents, DNACPR documentation, food and fluid charts and saw that waterlow (skin integrity) risk assessments were also in place. We saw that where people had displayed behaviours that challenged others and the service, appropriate referrals to mental health had been made and antecedent behavioural charts and checks were documented appropriately.

We looked at how the service assessed people's needs prior to moving into the home and saw evidence of pre-admission assessments. One person had recently moved into the home and the information we reviewed regarding that individual was very basic, lacking details of personal choices and how the person may wish to be assisted. There was no temporary care plan in place which meant there was limited instructions for staff in how to support this individual who had significant needs. This meant there was the potential for unsafe and inconsistent care. However, this was addressed promptly during inspection.

Although no one was receiving end of care at the time of inspection, the registered manager was able to describe examples of good practice. She explained how she had liaised closely with district nurses and had developed a good working relationship. We did not see any evidence of end of life planning in the care plans that we looked at but we did ask people at the home if they had been consulted about their end of life wishes. The people we spoke with said that they hadn't and one person said they just "had to rely on staff." We recommend that end of life planning needs to be addressed as part of the holistic needs of the individuals, to ensure that their wishes are being met.

Daily reports provided evidence to show people had received care and support. We noted charts were completed as necessary for people who required aspects of their care monitoring, for example, personal hygiene.

The provider had systems in place to ensure they could respond to people's changing needs. For example, we saw the staff had a handover meeting at the start and end of each shift. During the meeting, staff discussed people's well-being and any concerns they had. This ensured staff were kept informed about the care of people living in the home.

We saw evidence of how the provider was utilising technology to support people's independence and health through the use of fall sensor mats and health monitoring through Telemedicine. We discussed the Accessible Information Standard and although the registered manager was aware of this standard, this was an area that they had planned to develop.

## Is the service well-led?

### Our findings

The registered manager was relatively new to the role and some people at the service could not name her.

People told us there were no resident meetings that they could attend, "No, Not here." However, the registered manager explained that they had tried hard to engage with people but no one had attended when they had organised one a couple of months ago. This meant there were few opportunities for people and their families to provide formal feedback about the quality of the service. We were told that information was gathered using surveys to residents, visitors, staff and professionals and there was a suggestions box in the hallway, but people we spoke with seemed unaware of these. The registered manager discussed how she would look to implement 1-1 sessions with people in the future.

When we asked people about whether they were involved in decisions about the service, all the people we spoke with said no, they weren't consulted. People did not feel the service communicated effectively with them. However, one person did say that although they didn't have the opportunity to express their views, "If they had anything to say, they would ask for a word."

We checked if the monitoring systems in place in the service ensured that quality performance, risks and regulatory requirements were understood and managed. We saw a number of audits were in place within the service, such as monitoring of hospital admissions, infection prevention, falls, DoLS and MCA and safeguarding. We spoke with the compliance manager and he explained that he visited every 2-3 months to carry out checks on behalf of the registered provider.

However, although some audits were in place they were not sufficiently robust to identify the issues found on inspection. Quality audits should be an integral part of managing the service to be able to form a view about the quality and safety of the service being provided. They also ensure identification of issues and consider the improvements that need to be made. This meant the lack of robust audits had not identified issues that we found during inspection.

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

Staff and relatives spoken with made positive comments about the leadership and management of the home. For instance, one person told us, "She is very caring and approachable and I am really comfortable with her." Another staff member said "She is a good manager. She is easy to talk to and get on with. She is supportive."

All staff made reference to home being like "one big family." Another staff said, "I trust the staff. We take really good care of the residents and we like to make them happy." Where staff had worked in homes previously they had favourably compared Abbeycroft to them, saying how much better it was and how approachable and supportive the management team was.

The registered manager frequently worked alongside staff on the care rota. During our inspection we observed her administering medicines and supporting individuals to have their meals at lunchtime. The registered manager had a very visible presence around the home and interacted warmly and professionally with people, relatives and staff. She had a good overview of people's needs and circumstances.

There was a clear management structure in place and the registered manager, although new in post, felt supported by the management team. The registered manager was supported in her role by the compliance manager who visited the home every couple of weeks. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns.

Although the registered manager was relatively new to care and this was her first inspection as the registered manager, she demonstrated a positive commitment to change throughout the inspection. She discussed how she felt accepted as the manager and how she was proud of her team. She was open and transparent about the service and accepted improvements needed to be made to the service.

The registered manager felt that they had made progress and they had a good staff team and were moving in the right direction. She talked about plans for the future, refurbishing the home, introducing more dementia friendly signage and personalising people's rooms. The registered manager recognised that meaningful activities did need to be developed for people at the service and talked about organising more day trips out for people. She discussed lessons learned and explained that since the recent safeguarding it had been highlighted that staffing levels on nights needed to be increased and this had now been implemented.

She understood her responsibilities in relation to her registration with the commission. The registered manager was aware of the need to notify the commission and other agencies of any untoward incidents or events within the service. On checking our records, we found statutory notifications had been submitted to us in a timely manner.

The current rating of the home was clearly displayed in the reception area of the home and was also displayed on the providers website.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider failed to follow the safeguarding action plan in place. People were being verbally abused by others within the home during inspection and this was not being addressed by the staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The provider failed to act on complaints.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to undertake robust audits.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to establish and operate an effective recruitment procedure.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider failed to ensure all staff had adequate training and supervision.

