

Heritage Manor Limited

Abberton Manor Nursing Home

Inspection report

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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



Overall summary

We inspected on 02 January 2015. Abberton Manor provides accommodation and personal care for up to 26 older people who require 24 hour support and care. Some people using the service were living with dementia. There were 24 people using the service when we visited.

There was a registered manager in post at the time of 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 2008 and associated Regulations about how the service is run.

At the last inspection on 8 August 2014, we asked the provider to take action to make improvements to ensure

Summary of findings

people's needs were met, that appropriate records were kept and that there were quality assurance processes in place to identify issues in the service. The provider gave us an action plan and this action has been completed.

Medications were stored safely, but people did not always receive their medications when they needed them, as an error in staff practice had led to one person not receiving a prescribed medicines for five days.

People had their needs met as there were enough suitably qualified, trained and supported staff available to meet people's needs. Staff were knowledgeable about the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Interactions between staff and people were caring, and staff knew people well. People were treated with dignity and respect and were given the opportunity to participate in care planning and feedback on the service.

People were supported to receive care centred around their individual needs as care plans contained individualised information about them. Staff responded to people's needs in a timely manner and people were supported to enjoy their day by being engaged in activities and hobbies which they enjoyed.

People told us they felt listened to and as if their opinions mattered, and that they were supported to and knew how to make complaints about the service.

The management of the service ensured people received safe and effective care because they had in place a robust quality assurance process that identified issues in service provision. The management of the service promoted a positive and open culture with care staff and was visible to care staff and people using the service.

Summary of findings

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.

People did not always receive medicines when they needed them.

There were enough staff to meet people's needs.

Appropriate arrangements were in place to minimise the risk of people coming to harm.

Requires Improvement



Is the service effective?

The service was effective.

The service adhered to the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff had the knowledge, skills and support to carry out their role.

People were supported to eat and drink sufficient amounts.

Good



Is the service caring?

The service was caring.

The relationships between staff and people using the service were caring. People and their representatives were involved in making decisions about their care.

Good



Is the service responsive?

The service was responsive.

Staff had access to sufficient information about people in order to deliver personalised care which met people's needs.

People were given the opportunity to feed back on the service and their views were acted on.

Good



Is the service well-led?

The service was well-led.

The management of the service had a clear vision for the future of the service, and promoted an open, transparent and fair culture.

Quality assurance processes were robust enough to identify shortfalls in service provision, and these shortfalls were acted on.

Good



Abberton Manor 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 02 January 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with six people who were able to verbally express their views and the relatives of three people. 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 spoke with two health and social care professionals about their views of the care provided.

We spoke with three members of care staff, the manager and deputy manager of the service. We looked at the care records for seven people using the service. We looked at records relating to the management of the service, staff recruitment and training records, and systems in place for monitoring the quality of the service.

Is the service safe?

Our findings

At our previous inspection on 8 August 2014 we identified that the service needed to make improvements to ensure people were protected from risk. Action had been taken to address these issues and there were risk assessments in place for each person. Care planning took into account identified risks and how these could be minimised. We observed staff practice which demonstrated they had an awareness of the risks to people, and were proactive in reducing these risks. A relative of one person said, "They ensure that my [relative] does everything they can to keep themselves safe." Staff were aware of what contingency plans were in place for emergency situations such as fire or power cuts, and knew what action to take to protect people from potential harm.

We looked at the way the service managed people's medicines. Two people told us they had their medicines when they needed them. One said "I always get medicines when I need them, if I need pain relief they get it straight away." Another said "I always get the medications I need." A relative commented "They're prompt with handing out the medications. I do check and they always give my [relative] the medicine the doctor prescribed, so that's good."

Medicines were stored safely, however, staff practice had led to one person not receiving a prescribed medicine for a seven day period. The person did not have capacity to request the medicine themselves, so staff were responsible for ensuring that the person had the medicines they required. The person had not come to harm as a result of not having their medicines, but there was the potential risk that they could have come to harm if we had not identified during our inspection that the person had not been receiving their medicines. The deputy manager confirmed that the mistake had been made, and that this was as a result of staff error. They took immediate action to ensure the person had their medicines, and took advice from the person's GP as we requested. The deputy manager told us an audit of medicines was carried out once every two months, however, this was not effective as the system had not identified the error. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because people did not receive their medications as prescribed and this placed their health at risk.

All the people and relatives we spoke with told us there were enough staff available to support them. One person said, "Oh yes there is enough staff." Another person commented, "There's enough of them around to help out." One other person told us, "They have the time to be there to help me which is nice." This supported our observations which demonstrated that there were enough suitably qualified and trained staff available to meet people's needs. Staffing levels were regularly reviewed where the needs of people changed and taking into account the views of staff and people using the service. A relative said, "There is always staff around to help, you never have to wait." Another relative commented, "Staff are always available."

The service had in place robust recruitment procedures to ensure that people were cared for by staff who had the appropriate background, skills and knowledge for the role. All the people and relatives we spoke with were complimentary about the staff. One person said, "They're just perfect people." Another person told us, "They're definitely the right people for the job." A relative commented, "The carers here are born carers, they were meant to do this job."

Staff we spoke with were clear on how to identify abuse and the process for reporting safeguarding concerns. Staff told us how they kept people safe from harm. All the people we spoke with told us they felt safe living in the home and relatives told us they had no concerns about their relative's safety. One person said, "This is my home and I feel very safe in it." Another person commented, "This is the safest place for me to be." Staff were clear on their responsibilities with regard to protecting people from abuse and what they would do if they had a safeguarding concern about someone using the service. A person's relative commented, "I'm not concerned about [relative's] safety, whenever I visit it always seems very safe." Records confirmed that thorough investigations were carried out where concerns were raised, and plans put into place to reduce the potential risk to people in future.

Staff knew how to report incidents and accidents, and these were monitored and analysed by the management to identify any patterns such as risk areas or times of the day when incidents occurred. The management of the service also had in place a thorough system for the investigation of safeguarding and whistleblowing concerns, and plans were

Is the service safe?

put in place to address these concerns. This helped to ensure that people were protected as much as possible from the potential risk of repeat accidents and avoidable harm.

We observed staff using equipment, and checking to ensure equipment was free from hazards and flaws before use. The premises was well maintained and all hazards

were identified through the quality assurance process and put right. A relative told us, “The home is in a good state of repair, everything is maintained and kept safe.” The manager told us of plans in place to make other areas of the garden accessible and safe for people with poor mobility, which demonstrated their commitment to ensuring the safety of the environment.

Is the service effective?

Our findings

People were cared for by staff that were effectively trained and supported in their roles. All the people we spoke with told us that they thought the staff had the appropriate training for their job. One person said, “The staff are really skilled in what they do.” A health professional told us that they felt staff were well trained and demonstrated skill in their roles. The manager was able to demonstrate that the staff team were up to date with all of their mandatory training. In addition, staff were assessed by the manager regularly to ensure their competence. Staff told us the quality of the training they received was good and that they were supported to undertake further qualifications to improve their knowledge. This demonstrated that the management of the service was promoting best practice. Staff practice we observed supported that they were suitably trained to carry out their role. A relative told us, “The staff are highly skilled, and are clearly well trained.”

Staff had regular and effective supervision and appraisal, and felt supported by the management of the service. Records also confirmed that staff members had regular supervision sessions with the manager and had an appraisal once per year. Appraisals and supervisions were used to set development goals and drive staff improvement. Staff had the option to attend regular staff meetings with the manager, which they found useful and were used to update them on changes to people’s needs, the service and as an opportunity for them to feedback their views. One person commented “[Staff] always know what to do, they are really helpful.”

Care staff had completed training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). All staff members were able to tell us the principles of the MCA and DoLS and how they applied this within their care role. Observations confirmed that the staff were acting in accordance with the principles of MCA, as they obtained people’s consent before carrying out tasks. For example, we observed staff members asking people’s permission before supporting them to protect their dignity by rearranging their clothing. The management of the service was aware

of recent changes to legislation with regard to DoLS and had made the appropriate referrals for people using the service. This meant that people were protected from the risks of having their liberty unlawfully restricted.

People were supported to make choices about their food and drink, one person said “There is lots of choice, and if I don’t like the choices then I can have something else. The food is brilliant.” Staff supported people to eat independently and provided them with the appropriate equipment and support to do so. Where people needed full support from staff to eat, they were helped discreetly and at their own pace. People’s nutritional needs were assessed and their weight monitored for changes. This fed into care plans for people which clearly identified any specific support needs or dietary requirements, and documented people’s likes and dislikes. One person told us, “The food here is really good.”

Timely referrals were made to nutritional specialists where appropriate and staff were following guidance provided by nutritional specialists. One person commented, “I can eat whatever I want and it’s always cooked to perfection.” We observed people throughout the day and saw that they had access to food and drink at all times. There were a variety of foods on offer to people outside of meal times, and we observed staff reminding people of what snacks and drinks they could choose from. A relative told us “My [relative] raves about the food, it certainly looks good.”

People told us that they could have input from other health professionals if they needed. One said, “I see the dentist and chiropodist when I need to, they sort that out for me.” Another commented, “They help me to make my appointments with the GP and dentist, and they’ll take me there and back which is helpful.” A health professional came to visit someone during our inspection and they told us the manager had called them to check on one person. They said that the management always made contact with them quickly when they thought someone might be unwell. A relative told us, “The managers and nurses are really good at making sure my [relative] sees the dentist, chiropodist and gets to their hospital appointments.” People’s care records confirmed that they were supported to have contact with GPs, chiropodists, dieticians and dentists to maintain their health.

Is the service caring?

Our findings

We observed kind, caring and positive interaction between people and staff throughout our inspection. One person told us, "The staff here are just lovely, they care so deeply for me and everyone else." Another person said, "I couldn't fault them, I really enjoy their company." We observed that staff took the time to interact with people individually, and to support them to complete tasks and enjoy their day. A relative told us, "The staff are really wonderful to my [relative], the care and compassion they show is outstanding." Another relative said, "Every time I visit, my [relative] is always laughing and joking with staff, it's a family rather than a care home."

People told us staff upheld their right to privacy and dignity. One said "They respect my privacy, definitely." Staff told us about how they supported people to have their own private space which they respected. We observed that staff respected people's privacy and ensured they knocked on people's bedroom doors before entering and they offered discreet support when required. One person said "I'm entitled to my private time and they know that, they respect it and I respect them for it." People were supported to dress appropriately for the daytime and maintain good appearance which promoted their dignity. A relative commented, "My [relative] always looks well turned out when I visit, the staff respect our quiet time with my [relative] and only intrude when really necessary."

People were supported to be as independent as possible, and care plans reflected what people could and could not do independently. People told us that staff enabled them to be independent where possible. One person commented, "It's up to me what I do and don't do, I do what I can and the staff do the rest." One person told us, "I can do things for myself here, but I also know that if I don't feel up to it, it can be done for me." We observed staff encouraging one person to walk with their frame, and the staff member told us that they were trying to ensure the person retained their ability to mobilise independently for as long as possible. A relative said "The staff try to encourage [relative] to be as independent as possible and do as much for themselves as they can."

People and their relatives told us they were involved in making decisions about their care. One person said, "I'm involved in everything about me, I don't want anything hidden from me." Another person commented, "They always ask if I want to be involved, sometimes I do, sometimes I don't." The views of the person and their relatives were documented during care reviews and decisions for the future were made collectively. One person told us "They ask if I want to be told about my care plans and involved in making choices or talking about my health."

Is the service responsive?

Our findings

All the people we spoke with told us that staff knew them well and knew what they liked and disliked. One person said, “They know me very well.” Care planning included information about people’s medical history, past life, likes and dislikes, daily routines and their hobbies and interests. Staff were aware of these details about people and we observed that staff supported people to engage in meaningful activities which they were interested in. For example, one person was doing a puzzle with a member of staff and told us, “I love puzzles, keeps my mind busy.”

People had a set of individualised care plans. People’s needs were re-assessed regularly and this prompted reviews of people’s care planning, which took into account changes in the person’s health. We observed that the care staff delivered to these people matched what was in their care plans. Staff were able to tell us about the needs of people, which demonstrated an awareness of the content of people’s care planning documents. A relative commented “They know everything about my [relative]. They take the time to know these things.”

People told us they were encouraged to maintain relationships with the people who mattered to them, and this minimised the risk of them feeling socially isolated. One person said, “My relatives can visit anytime, and I can go out with them whenever I want.” Another person told us, “I talk to my [relative] on the phone and the staff always help me dial. They even helped me facetime once.” A relative said, “I know I can visit whenever, I can take my [relative] out without question, we are always welcome.” Another relative commented, “We get invited over for meals and events all the time, it’s nice to be involved in my [relatives] life.”

People told us they had the opportunity to voice their views about their care and suggest improvements through regular resident’s meetings. One said “Most of us go, they ask us what we like and don’t like. We tell them what we think and they put it right.” Another person commented, “When we suggest things that could be improved they do take it on board, everything we say at the meetings is kept a note of and we do see things get better.” We looked at the records of these meetings and saw that action plans were put in place to address some of the comments people made. One person told us “They do want our views.” A relative said, “It’s nice to be able to speak up about what you think and know it’ll be taken seriously. We go to most of the meetings and they’re really helpful.”

People and their relatives also had an opportunity to feedback their views via an anonymous survey. The most recent round of surveys had just started, so we were unable to review the responses. However, we were shown evidence to support that changes and improvements had been made as a result of people’s comments in the previous survey.

People and their relatives told us they knew how to make complaints and told us that they felt their views mattered to the manager. One person said, “I know what to do if I’m unhappy and who to tell, but so far so good.” Another person told us, “I know how to make a complaint, they make sure they tell you when you come to live here, but I’ve never had to make one.” We looked at the records for complaints made in the past year and saw that these were investigated thoroughly and appropriate action taken to resolve the issue. Changes to the service had been implemented as a result of complaints received. A relative said “I know how I can complain if needed, and I know I can always speak to the manager or deputy, but I’ve never had to so far.”

Is the service well-led?

Our findings

At our previous inspection on 8 August 2014 we identified that the service needed to make improvements to ensure that there were effective quality assurance processes in place which could independently identify areas for improvement. Action had been taken to fully address issues in service provision that we identified at our previous inspection, and to put in place robust quality assurance processes to ensure that issues would be identified independently in future.

The management of the service told us about the system they had in place for monitoring the quality of the service. The manager showed us records of audits which they conducted regularly to assess the quality of care people received, and these included talking to people and their relatives. We saw that where issues were identified, actions were taken to resolve these issues and these were raised during meetings with staff to promote shared learning. The manager checked that staff learned from these discussions and that this reflected in the quality of the care delivered to people.

All the people we spoke with told us they knew who the manager was and would feel comfortable talking to them if they had a problem. One person told us “The manager and deputy are always around, I know who is in charge and I know who to talk to if I’m unhappy.” Another relative said “The management are always around, always approachable and it’s clear who is in charge.” The manager

and deputy manager were visible and spent time in the communal areas, talking to people, observing and delegating duties to care staff. One person said “The manager is really approachable, always about and makes herself available whenever we need to chat.” We observed that the management demonstrated they knew people and their relatives well.

The management team were supportive of staff when we identified a mistake in medicines administration. This was discussed with staff members constructively and was discussed across the whole staff group rather than with one individual. This promoted openness and transparency within the service, and promoted shared learning across the whole staff team.

Staff attended regular meetings with the management, where they discussed changes to the service and to best practice, and were able to suggest ideas for improvements or training. Records of these meetings demonstrated that staff comments were actioned and used as a way to improve the service provided to people. Staff told us that they knew how to raise concerns and felt comfortable voicing their views to the management. They said they knew that their comments would be considered by the manager.

The management team were clear about the challenges faced by the service and their visions for the future of the service, and care staff we spoke with had a shared knowledge of these plans.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.</p>