

Karelink Limited

Abbeymere Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires improvement



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?

Requires improvement



Overall summary

The inspection was unannounced and took place on 2 and 3 December 2015.

Abbeymere care centre is registered to provide accommodation for 18 older people who may have Dementia, mental health conditions, physical disabilities or sensory impairments. At the time of the inspection there were 14 people living at the home.

The home had 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. However, the registered manager was not present on the day of our inspection and so we completed the inspection with one of the directors of the home.

People told us they were provided with care that was safe. Staff were aware of how to raise concerns and whistle blow.

We saw that accidents and incidents were analysed to minimise the risk of accidents re-occurring.

Summary of findings

We saw that there were sufficient numbers of staff on duty and that unplanned absences were covered in a safe way.

People were given their medication in a safe way. However, systems were not in place to ensure that people had access to all of their 'as required' medication.

Staff had the training and skills needed to meet people's needs.

We saw that people's capacity to make decisions had been made in line with the Mental Capacity Act 2005. Applications to deprive people of their liberty had been made appropriately.

We saw that people were given a choice of meals and drinks were available at all times.

People were supported to access healthcare services to maintain their health and wellbeing.

We saw that staff had a caring and friendly approach and supported people to maintain their independence.

Staff knew how people wished to be cared for and adhered to their wishes.

We saw that people were supported to maintain their religious or spiritual observances.

People told us they knew how to make complaints. Complaints made were investigated by management.

Systems for ensuring quality at the home were not effective. Audits had not been completed consistently. Medication audits did not identify errors in the recording of medication quantities.

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 were kept safe by staff who knew how to raise concerns and manage risks.

There were sufficient amounts of staff on duty and unplanned absences were covered safely.

Medication was administered safely. However, people did not always have access to all of their prescribed 'as required' medications.

Requires improvement



Is the service effective?

The service was effective.

Staff had the training and skills required to meet people's needs.

Staff acted in line with the Mental Capacity Act 2005 and applications to deprive people of their liberty were made appropriately.

People were supported to access healthcare support to maintain their health and wellbeing.

Good



Is the service caring?

The service was caring.

Staff had a kind and caring approach with people.

People told us they felt able to express their views.

People were supported by staff to maintain their independence.

Good



Is the service responsive?

The service was responsive.

People told us staff knew how to care for them in the way that they preferred.

Activities were provided in a way to support people of all abilities to take part.

People knew how to make complaints and these were investigated by the management when made.

Good



Is the service well-led?

The service was not always well led.

Systems in place to monitor the quality of the service were not consistently completed.

There was an open culture within the service and staff felt able to raise concerns.

Requires improvement



Summary of findings

Systems to gather feedback from people were not consistently used.	
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Abbeymere Care Centre

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 was planned to check 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 2 December 2015 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the home including notifications of incidents that the provider sent to

us. Notifications are reports that the provider is required to send to us to inform us of incidents that occur at the home. We also spoke with the local authority to obtain their views on the care provided at the home.

We spoke with three people who used the service, three relatives, two members of staff, the company director and a visiting health professional. As some people were unable to tell us their views about the care provided to them we used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand people's experiences of the home.

We looked at a range of documents. This included four care plans, medication records for five people, one staff file, complaints records, accident and incidents and quality assurance audits.

Is the service safe?

Our findings

People told us they get their medication on time. One person said, “I get my tablets on time”. We observed staff supporting people to take their medication and saw this was given safely and as prescribed by the doctor. We looked at medication records for five people. We saw that for one person who was prescribed pain relief, this medication was not available. We asked staff where this medication was and staff told us that as the person rarely asks for pain relief, this was not ordered for them. This meant that if the person was in pain and required pain relief, this would not be available for them in a timely manner.

We had received information prior to the inspection to suggest that there was not always enough staff on duty to meet people’s needs. Relatives and staff we spoke with confirmed this. One relative told us, “At times there are not enough staff, you don’t always see someone in the lounge with people”. One member of staff said, “No, there isn’t enough staff, people don’t get one to one time as there isn’t enough staff”. We spoke with the director about the staffing levels. He told us that they were aware of historical shortages of staff and were currently recruiting four new members of staff to address this. The director also told us that current unplanned absences were covered using agency staff. One relative we spoke with confirmed that staffing levels were being improved. The relative told us, “I don’t feel there is enough staff, this is improving with the new owners though”. A staff member we spoke with said, “There is enough staff now”. We saw that there were sufficient numbers of staff on duty and people were responded to in a timely manner. One person told us, “If I want anything, I ring [my call bell] and you don’t have to wait that long”. We saw that an unplanned absence was covered promptly with agency staff and that prior to starting work, the agency worker was given an induction into the home by a senior member of staff.

People and their relatives told us they felt the service was safe. One person said, “Oh yes, I definitely feel safe.” One relative we spoke with gave us an example of a time staff had acted quickly and appropriately to keep their relative safe.

People told us they felt comfortable to raise any concerns or worries that they had. One person told us, “I would go to a carer if I had a problem”. Another person said, “Staff are very good, they are always there if you need them”.

Staff understood their responsibilities for reporting concerns and could explain the actions they would take if they witnessed or suspected abuse. One member of staff told us, “If I had a concern, I would raise it with my senior and they will call the appropriate people. If my concern was about the manager, I would go to Care Quality Commission (CQC)”. Staff told us and we saw that they had received training in how to protect people from abuse or harm. We saw information displayed on how to raise concerns. This was provided in an easy-read format to ensure everyone was able to access the information.

Staff we spoke with knew how to manage risks to keep people safe. One member of staff told us, “It’s about establishing your surroundings and constantly risk assessing the environment to keep it safe for them [people living at the home] and you”. We observed that staff were able to identify risks to people and put actions into place to minimise this. We saw that staff supported people who were at risk of not getting enough to eat to drink sufficient amounts to reduce the risks. We saw records that included information on risks for each person living at the home. We saw that these were reviewed monthly and where risks had changed, the records were updated and staff were aware of the updates. Staff told us they were kept up to date on changes to people’s risk assessments during handover meetings between staff at the start of a shift. One member of staff told us, “The handover book informs you of any changes and staff will also inform you”. We looked at the handover record and could see that staff were informed when people’s needs changed.

We saw an incident on the first day where the fire alarm had been set off by workmen completing repairs on the building. We observed that staff responded calmly and appropriately to the alarm and kept people living at the home informed and reassured throughout.

We saw that accidents and incidents were recorded and analysed to reduce risks to people. We saw that for people who were at risk of falls, staff completed a falls log so that any trends could be identified.

There were effective recruitment systems in place. Staff told us that before they were allowed to start work at the

Is the service safe?

home, they were required to provide two references and complete a check with the Disclosure and Barring Service

(DBS). The DBS check shows if a prospective staff member had a criminal record or had been barred from working with adults. Records we saw for a recently recruited member of staff confirmed these checks had taken place.

Is the service effective?

Our findings

We saw that staff had the skills and knowledge required to meet people's needs. One person living at the home told us, "I'm being well looked after". A relative said, "The staff are skilled, they always do what they need to". We spoke with staff who told us they had received training that supported them to meet people's care needs. Staff told us they were provided with an induction to introduce them to people and the role of care assistant before starting work. One member of staff told us, "I shadowed for two shifts and someone took me around and showed me what to do". We saw a new member of staff receiving an induction to the home. We saw the new staff member shadowing more experienced staff and were introduced to the care needs of people living at the home. Staff told us they received training to support them in their role and we saw the staff training matrix that confirmed training had been provided. We spoke with the manager at the home who said that training needs were identified through staff supervision. Staff confirmed that they had received a supervision with the manager to discuss their training needs and any concerns. One staff member told us, "I have had a one to one with the new owner". Staff we spoke with told us they felt supported by the director. One staff member said, "I do feel supported".

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. We checked whether the service was working within the principles of the MCA. People living at the home told us that staff get their consent before supporting them with tasks and we saw staff do this. One person told us, "Staff always ask if it is ok before doing things for me". We spoke with staff who told us they had received training in MCA and could give an explanation of this. One member of staff said, "I ask before doing anything for people, you can't just do things for them". We saw that mental capacity assessments had been completed.

When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can

only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us they had also received training in DoLS. One staff member was able to provide examples of actions that would be classed as depriving people of their liberty. The manager told us that applications had recently been made to deprive some people at the home of their liberty. Staff were aware of these applications and could tell us the reasons these were required and how this would impact their work.

People told us they were happy with the meals at the home. One person told us, "The food is very good". Another person said, "I'm quite happy with the food." We spoke with relatives and asked for their opinions on the food. One relative told us, "The meals seem to be fine". Staff told us they ensured meals were nutritional by ensuring fresh food was prepared each day. We saw that people were given a choice of meals for lunch. Staff had pictures of meals that were on offer to help people decide what meal they would like. We saw that one person didn't want the food they had previously chosen once lunchtime arrived. Staff responded to the person in a reassuring way and offered an alternative meal. We saw that people had access to drinks throughout the day and were able to use the kitchen to prepare their own drinks if able. One person living at the service told us, "They are very good with the drinks".

People told us they were supported to access healthcare support to promote their health and well-being. One person told us, "If I need it, staff get the doctor out straightaway". Another person said, "I saw the nurse yesterday". A relative we spoke with said, "We can't fault them, they always look after [relative] and get the GP out if needed, they let us know about it". We spoke with a health professional who told us that staff were knowledgeable about people's health conditions and always followed instructions given to them. We saw staff respond to a person who had a health issue arise. Staff acted promptly to get the doctor to visit and informed the person's relative of the actions they had taken. Staff told us and records showed that people had routine health checks with the dentist and optician.

Is the service caring?

Our findings

People told us that the staff were kind and caring towards them. One person told us, “The Staff are alright, very kind”. A relative we spoke with said, “They speak to [relative] every time they see them. They make [relative] feel worthy, like they are one of the family”. Another relative told us, “The staff are very caring”. Staff spoken to talked about people in a caring way. One member of staff told us, “I think that this could be my mum or dad. I want them to be respected”.

We spent time in communal areas and saw that staff had a friendly approach with people. We saw staff took time to speak with everyone in the room. We saw that one person living at the home became very distressed and anxious. Staff took practical action to reassure the person; holding their hand and talking to them to relieve their distress. Staff knew people well and showed this by their interactions with people. Staff called people by their preferred names and referred to people’s life histories when having conversations.

People told us they had been recently consulted about their care and were able to express their views in residents meetings. One person told us, “I have been to meetings about the home” and “Staff always ask what I like and what I don’t like”. Relatives also told us they had been invited to a meeting to discuss the home. One relative told us, “We had a meeting recently, we got given a timeline of what the owners are going to be doing at the home and got chance to have our say”. A record of the meeting was available for people to read through if they wished. Relatives spoken with told us they were kept informed about their relatives

care. One relative said, “They always greet me when I come in and let me know what [relative] has been up to”. Another relative told us, “Staff call if there are any problems, they keep me informed”.

We saw that people were encouraged to remain independent. We saw people preparing drinks for themselves and people moved freely around the home. Staff were able to give examples of how they support people to maintain their independence including encouraging people to do parts of their personal care for themselves where they are able. One member of staff told us, “I will encourage people to do what they can themselves”.

People we spoke with felt that their privacy and dignity was promoted. One person told us, “I get privacy if I want it, I can go to my room”. Another person said, “I have never asked for any privacy but they would do it”. We saw one person go to their bedroom alone. Staff told us that this person likes to spend time alone during the afternoon and so they gave them their privacy. When one member of staff went to see this person, we saw another staff member ask them not to disturb the person as they were having their time alone. This showed that staff respected the person’s privacy and actively supported them to have this.

Staff we spoke with could demonstrate how they ensure they promote people’s dignity. Staff gave examples including, closing doors and curtains when supporting people with personal care and ensuring information held about people is kept confidential.

Information about local advocacy services were made available for people if required. The director told us about a person they had supported to see an advocate recently.

Is the service responsive?

Our findings

People we spoke with and their relatives told us they had previously not been involved in the planning or reviews of their care. One person living at the home said, “I have never seen my care plan”. A relative spoken with told us, “I had no input into the care and have never been to a review”.

Records we saw did not include evidence that people had been involved in the review of their care. However, we saw that the director had recognised the need for people to be involved in the planning and review of their care and had begun to involve people. One relative we spoke with had recently been asked to complete a form about their family member. The relative told us, “They gave me a form to fill in about [relatives] likes and dislikes, we didn’t do this when [relative] first came here”. We spoke with the director who told us that for a person who had recently moved into the home, a meeting had been arranged with the person’s relatives to find out more about them. This meant that the director had identified that people had not previously been involved in planning for their care and had started to put systems in place to address this.

People we spoke with felt staff knew how they like their care to be delivered. One person we spoke with told us about the way they like staff to support them and said that staff ensure this is always done the way they like. A relative told us, “The staff know [relative] very much so”. Staff we spoke with were knowledgeable about people’s care needs. Staff were able to give detailed explanations about people’s needs as well as their life history and likes and dislikes. We saw that people had ‘Life before you knew me’ documents in place that gave personalised information about people’s childhood, adult life and family life.

Relatives we spoke with told us that they did not feel the activities provided to people were sufficient. One relative told us, “The activities are poor, this was bought up at the meeting and they said they would bring in more activities”. Another relative told us, They [the owners] were on about getting board games but I don’t know what else is on”. We spoke with the manager who showed us that new activities had recently been purchased and staff confirmed that if they requested items for activities, that the management would arrange this for them. Staff told us that activities

were offered to people every day and showed us examples of Christmas decorations and gifts that people had recently made. People we spoke with told us they enjoyed the activities that were available for them. We saw that activities were planned for the week and displayed on a noticeboard. We saw people take part in activities throughout the day. People appeared to enjoy these and sat laughing and joining in with the staff. Staff told us that activities were planned based on what people said they want to do. We saw one person request to make a Christmas gift instead of the planned activity. Staff accommodated this person to enable them to do the activity they chose to do. We saw that staff had adapted activities to ensure that everybody could join in. One person who was unable to use the mobile library at the home was supported to access books by staff who had arranged for audio books to be sent to them. For others who had been unable to join in with bingo due to sensory impairments, a new machine had been purchased to highlight the numbers being called.

We saw that people were supported to maintain their religious observances. We saw that people had been asked about their religious and cultural needs and for those who wished to continue practising their faith, a monthly church service had been arranged.

People told us they knew how to make a complaint. One person told us, “I would go to any of the staff if I needed to complain.” Relatives told us they were aware of how to make a complaint. One relative said, “I have never had to complain. If I did, I would put it in writing”. Another relative told us they had previously raised a complaint and that this was looked into and resolved. Staff were aware of the complaints procedure and the action to take should someone wish to complain. One member of staff told us, “If someone wanted to complain, I would report it to the manager or give them the choice to fill out the complaint form and I would hand this over [to the manager]”. We saw that three complaints had recently been made. As the complaints were recent, there was no outcomes available to show how the home had responded to the complaints. However, we discussed this with the director who could demonstrate the actions they had taken so far to investigate the complaints.

Is the service well-led?

Our findings

We saw that quality assurance audits had been carried out monthly in areas including medication. However, we saw that audits that were in place for areas such as safeguarding and suitability of premises, had not been completed since 2014. We spoke to the director about this who told us that a new audit system had recently been introduced to address this but that as the registered manager had been absent, this was yet to be completed. The director told us he would commence these audits straightaway. We looked at records kept on medication and saw that records kept on the quantities of tablets did not correspond to the amount of tablets available for two people's medication. We spoke with staff who identified that for one person, the error had occurred as medication arriving at the home had not been booked in correctly. This meant that the home did not have an accurate record on the amounts of each medication given to or available for people. We raised this with the staff on duty, who completed a check of this person's medication and amended the record. We saw that medication audits had failed to identify errors in the recording of fridge temperatures where medication is stored. We saw that this error had been continued over a number of months. This meant that systems in place for auditing were not always effective.

Relatives we spoke with had concerns about the atmosphere at the home. One relative told us, "The atmosphere hasn't been good, we are hoping that some of the issues we raised will be put in place and there will be a friendlier atmosphere". Another relative said, "I don't think there is a happy atmosphere now, staff aren't as laid back".

People told us they were happy with how the home is led. One person said, "I love it here". Staff we spoke with also spoke positively about the management. One staff member said, "I do feel supported. I can tell them if I have

any concerns and they act on them". Another staff member told us, "I do think it's well led". We saw that the director had a friendly approach with people. The director took time to speak to each person living at the home and ask how they were.

We saw that staff understood how to raise concerns. Staff we spoke with told us they were confident that any concerns they raised with management would be handled appropriately. Staff knew how to whistle blow and felt comfortable to do this if needed. We spoke with the director of the home who demonstrated that they understood their legal responsibility to notify us of incidents that affect people that live at the home. The director told us how they encourage staff to raise concerns and whistle blow. The director said, "There is information for staff on how they can whistle blow in our policies and on the noticeboard".

People and their relatives told us they had attended a meeting to provide feedback on the service. However, relatives we spoke with confirmed that this had only been on one occasion. One relative told us, "We have been to one meeting so far, we were told these would be every three months but we haven't had another". Another relative said, "The meeting we had was a one off. We had never had one before". We looked at some of the issues people told us they had raised at this meeting and could see that the director had begun taking action to address these. This included recruiting more staff and implementing more activities. We spoke with the director who told us they had held a meeting to introduce the new owners to people and their relatives and that further meetings would be planned. The director told us that suggestion forms were on display in the entrance and that he was available twenty four hours a day for people to provide feedback. The director said, "We don't want a culture where people can only say things at set times, we want feedback 24/7. We speak to people every day to see how they are or if they have any problems".