Country Court Care Homes Limited

Abbey Grange Nursing Home

Inspection report

Cammell Road
Firth Park
Sheffield
South Yorkshire
S5 6UU

Tel: 01142560046
Website: www.countrycourtcare.com

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Abbey Grange is a care home which is registered to provide accommodation and personal care for up to 74 older people who may have nursing needs may be living with dementia. The home is purpose built and was registered in 2013. On the day of our inspection there were 68 people living in the home.

This inspection took place on 14 August 2017 and was unannounced. This meant no-one was aware we were inspecting the service on that day.

There was a registered manager in post. 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 15 August 2016 we asked the registered provider to take action to make improvements with medicines and staffing levels. At this inspection we found this action had been completed.

There were sufficient numbers of staff that were suitably trained to keep people safe and meet their needs.

People's medicines were managed in a safe way.

Discussions with people living at the home, their relatives and health professionals told us people's human rights were upheld and they were safe. Improvements were required with the system in place to manage people's money held by the service in a safe way.

Improvements were also required with the information obtained about staff during their recruitment to evidence they were fit and proper persons to be employed.

People living at the home, their relatives and health professionals told us the staff were caring and supportive.

There was a programme of training in place to provide staff with the skills and knowledge they needed to do their jobs. Staff understood their roles and what was expected of them. Staff said they were happy in their work and wanted the best for people who used the service.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service ensured the service complied with the Mental Capacity Act.

Relatives told us they were contacted when their family member was ill and that they were kept updated

about their family member.

People's personal preferences and interests were recorded in care plans and support was being provided in accordance with people's wishes.

People told us social activities were on offer to enhance their wellbeing and improve their quality of life. At the time of this inspection there were two vacancies for activity staff that were being recruited to.

People living at the home, their relatives and staff were confident in reporting concerns to the registered manager and registered provider and felt they would be listened to.

People living at the home, their relatives and staff were able to share their views about the service.

There were systems in place to assess and monitor the quality of service provided, so improvements continued to be made.

We found two breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in Regulation 17: Good governance and Regulation 19: Fit and proper persons employed.

You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

There were sufficient staff on duty so that people's health and welfare needs were met, but improvements were required with the information obtained for new staff to show they were fit to work with vulnerable people.

Staff had been trained in how to keep people safe and protect their human rights, but improvements were required with the management of people's money held by the service.

Risks to people, including the management of medicines and the environment were managed so that people were safe.

Is the service effective?

Good

The service was effective.

People received effective care and support because training, supervision and appraisal was monitored to ensure staff had relevant skills and knowledge to support the people they cared for.

Where people lacked capacity the requirements of the Mental Capacity Act 2005 were adhered to, so that decisions were made in a lawful way that protected people.

People were supported to eat and drink and maintain a balanced diet.

People had access to health and social care professionals to make sure they received effective care and treatment.

Is the service caring?

Good

The service was caring.

We saw that staff respected people's privacy and dignity and knew people's preferences well.

Staff were caring in their approach and interactions with people.

They assisted people with patience and offered prompting and encouragement where required.

Is the service responsive?

Good

The service was responsive.

People had individual plans of care that were reviewed regularly.

People were supported to socialise and take part in things that interested them.

People and relatives told us they felt confident to raise any concerns with staff and managers.

Is the service well-led?

Good

The service was well led.

The service worked well with other agencies and services to make sure people received their care in a joined up way.

There was a quality assurance system in place which identified and acted upon areas for improvement and highlighted good practice.

Feedback was sought by way of meetings and satisfaction surveys sent to people living at the home and their relatives. This showed people had the opportunity to share their experiences of the service to enable ongoing improvement.

Abbey Grange 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 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 14 August 2017 and was unannounced. This meant no-one was aware we would be visiting the service on that day.

The inspection team consisted of two adult social care inspectors, an expert by experience and an adult social care inspector who was shadowing as part of their induction to the role. 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 by experience had experience in caring for older people and people living with dementia.

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 also reviewed information sent to us, for example, notifications from the service and the local authority contract monitoring report.

Prior to the inspection we contacted other stakeholders who had involvement with the service. We received feedback from a speech and language therapist, two GP's, a Clinical Commissioning Group, Healthwatch, a Tissue Viability Nurse and the contracting team from the local authority. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

In order to understand what peoples experience was of living in the home we carried out a Short Observational Framework for Inspection (SOFI) in the home. SOFI is a way of observing care to help us

determine the experience of people who could not talk with us.

During our inspection we spoke with five people who used the service, nine of their relatives, the registered manager, 12 members of staff, including three nurses, six care staff and three ancillary staff. We also spoke with a healthcare professional who visited the service during the day.

We looked at three care plans, four staff files and records associated with the monitoring of the service; for example, staff duty rosters, incident records and records used for auditing the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 15 August 2016 we asked the registered provider to take action to make improvements with medicines and staffing levels. The registered provider submitted an action plan describing the action they would take to make improvements. On this inspection we checked and found that those improvements had been made.

There was a mixed response from people living at the home and their relatives about staffing levels. Three people and one relative felt that sometimes there were not enough staff. One relative said, "No, there are not enough to have someone permanently in the lounge." In contrast another relative said, "You can always find someone if you need something. There is always someone around." No-one told us that their impression of low staffing levels had directly impacted on the care that was received.

Most people told us they felt there was a good response when they pressed their buzzer for assistance. Comments included, "They [staff] are pretty good. You might have to wait five minutes if they are busy," "Usually the staff are around. Generally they're really very good at coming" and "In the night they are short staffed but it doesn't cause any problems for me."

Everyone told us they were supported by staff they knew with little use of agency staff. One relative said, "I see the same faces most of the time, there isn't much staff turnover."

A health professional said, "They (the registered and deputy manager) have worked together for a long time in the home and this is unusual not to see movement of staff in nursing homes."

We observed during the inspection that staff were available to meet people's needs, that staff were visible in communal rooms and that call alarms were not ringing for significant periods of time.

Since the last inspection a staffing tool had been introduced to identify the safe number of staffing hours required by the service. The staff rotas checked confirmed those hours were met.

This meant actions identified in the registered provider's action plan had been met.

We checked that the recruitment of staff was safe.

We inspected the registered provider's recruitment policy and found it did not include reference to all information required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two staff files checked did not include all the information and documents required to demonstrate fit and proper persons were employed, including a full employment history together with a satisfactory written explanation of any gaps in employment and satisfactory information about any physical or mental health conditions which are relevant to the person's capability, after reasonable adjustments are made, to properly perform tasks which are intrinsic to their employment or appointment for the purposes of the regulated activity.

This meant there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

Everyone who was given medication that we spoke with were happy that this was given in a timely manner. One person said, "I get the right medicines. They have my inhaler on the trolley."

A doctor who shared their experience of working with the home told us staff used very tiny amounts of antipsychotic or sedative medication and that in the rare cases this had been prescribed on an as and when basis (usually under the guidance of the rapid access dementia team or Community Mental Health Team review) staff always tried behavioural interventions first.

We found that the registered provider had medication policies and procedures in place to provide information and guidance to staff when they administered people's medicines.

Qualified nurses and senior care staff undertook all aspects of the home's medicines management and administration. These staff were responsible for obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of people's medicines.

We saw medicines at the home were stored in medicine trolleys on each unit. When the trolleys were not in use they were kept securely in the medical rooms, in the temperature controlled refrigerator or the locked metal controlled drugs (CD) cabinet. The refrigerator temperature was checked daily and records seen showed it was working within normal limits.

There was a photograph and details of each person who was receiving medicines which included any allergies and their Medication Administration Record (MAR).

Qualified nurses were responsible for administering medicines to people who were receiving nursing care and senior care staff were responsible for administering medicines to people receiving residential care. Staff told us they had completed training in the safe administration of medicines and had their competency assessed.

We observed a qualified nurse and a senior care staff administering medicines. We saw they locked medicine trolleys between each administration. Staff took time and showed patience and empathy with people they were administering medicines to. Staff signed medication administration records once the medicine administration outcome had been determined.

On a recent visit to the service the contract and commissioning team shared that they had received a complaint about poor pain management. Their findings did not support this as the person had medicines in place for pain relief that was managed and they had refused further medicines for pain that were prescribed on an as and when basis.

This meant actions identified in the registered provider's action plan had been met.

People spoken with told us they felt safe living at Abbey Grange.

No-one spoke of incidents between people living at the home and staff or between people that particularly concerned them and felt that the staff handled interactions well. Comments included, "I haven't seen any, they manage very well to calm them down" and "I have seen some residents arguing. The staff calm them down properly."

We found safeguarding vulnerable adults and whistleblowing policies and procedures in place, including access for staff to South Yorkshire's local joint working protocols to ensure consistency in line with multi agency working. Staff told us and records seen confirmed staff had received safeguarding vulnerable adults and whistleblowing training. Whistleblowing is one way in which a worker can report suspected wrong doing at work, by telling their manager or someone they trust about their concerns. This meant staff were aware of how to report any unsafe practice.

Staff were able to tell us how they would respond to allegations or incidents of abuse. Staff spoken with were confident the registered manager would take any concerns seriously and report them to relevant bodies. They also knew the external authorities they could report this to, should they feel action was not taken by the organisation or if they felt uncomfortable raising concerns within the service.

The registered manager was aware they must report any safeguarding concerns to the Care Quality Commission (CQC) and the local authority in line with written procedures to uphold people's safety.

The service had a money and valuables (residents) policy and procedure in place that explained how people's money would be managed if left with the home for safekeeping. We found the systems operated did not always follow the policy and procedure in place for providing receipts when financial transactions took place. In addition, some money did not tally with records held and had been verified by a second member of staff. At feedback the registered manager told us the concerns had already been discussed with them and they acknowledged the current system was not sufficient to safeguard people and they were now going to take the responsibility for people's finances.

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

We checked and found systems in place to manage risks to individuals and the service were managed so that people were protected from harm.

When we spoke with health professionals, comments included, "I have been particularly impressed by the fastidious pressure area care in some very challenging people with end stage dementia and with the focus of care being on maintaining a quality of life and dignity in dementia," "To be honest we don't visit Abbey Grange very often and I feel this is a positive reflection on the care. However, they are always forward images (of wounds) for remote advice" and "Openness and transparency to discuss potential safeguarding issues such as pressure sores and falls enables risks to be reduced. I have not found any issues which have required further formal investigation."

In people's care records there were individual risk assessments in place for people in relation to their support and care. Risk assessments were designed to ensure that any identified risks were minimised, whilst still allowing independence, to ensure people's safety.

Staff we spoke with were aware of both people and personal risks that may be presented and the need to report any concerns immediately to a senior staff member concerning any areas of care or the environment.

We observed appropriate moving and handling interactions when care staff were assisting people to move.

The registered provider had systems in place to report and act on accidents and incidents. This meant the registered manager was able to monitor that appropriate action had been taken in response to any accidents and incidents.

Service records, environment checks and care home audits were provided to demonstrate the care home building was maintained to a safe standard for people who used the service, staff and visitors. A fire risk assessment was in place, together with all associated checks for fire maintenance. Whilst staff received fire training and drills the registered manager did not have an overview to confirm all staff had received two fire drills in accordance with the fire safety policy.

Good

Is the service effective?

Our findings

We checked and found people received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

Everyone we spoke with responded positively about the level of training the staff received and how that impacted on their quality of life. Comments included, "Yes, they [staff] are very responsive and can answer or will find someone with the right level of knowledge," "Yes, they [staff] are trained enough, they know what they're doing" and "There is regular training going on."

A health professional we received information from told us Abbey Grange had actively taken part in a training programme they had supported of a National Health Service England initiative React to Red aimed at increasing pressure ulcer awareness.

Staff we spoke with felt well trained, safe, supported and confident working at the service. They told us they were provided with an induction programme and received supervision. Comments included, "We get support. I'm quite new, but I've had all the training and I get supervision," "New staff have a buddy and shadow other staff and are then observed to check they are competent" and "I'm up to date with all my training. I've just done it all. I get regular supervision."

Nursing staff had records to confirm their nursing registration status and the registered manager monitored when their annual registration was due for renewal. This meant the service knew that nurses were fit to practice.

The provider information return identified staff attended an induction that covered all mandatory training and that following induction were supported by a mentor and supported to complete the Care Certificate. The aim of the care certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

The registered manager was able to provide training statistics that showed the current situation in regard to staff training. This confirmed staff were receiving training relevant to their role.

Staff told us they received regular supervision and were given opportunities to discuss any concerns and share information; they said the registered manager was always approachable. Supervision describes planned and recorded sessions between a staff member and their manager. It is an opportunity for staff to discuss their performance, training, well-being and raise any concerns they may have. We were able to confirm from the supervision schedule and inspecting staff files that staff did receive supervision.

Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually annually. These are important in order to ensure staff are adequately supported in their roles. Staff told us they received an annual appraisal.

We saw that where concerns had been raised about staff competence this was addressed by extending staff probationary periods, further training and having an action plan with goals for staff to achieve so their practice improved.

We checked and found that systems and processes were in place to verify people consented to care and treatment in line with legislation and guidance.

Everyone we spoke with said that the staff asked for consent and explained what they were doing. Every person we asked said that having their door closed or open was their choice, not the staffs. One person said, "They [staff] explain carefully so you know what is happening." People told us that if their condition allowed it they could make small decisions about the shape of their day. One person said, "I more or less choose things for myself."

When we spoke with relatives, the majority said they either had a Lasting Power of Attorney (LPA) or knew who had. One relative said, "Yes, I have got a LPA and the home has got a copy." A LPA is a legal document that lets someone appoint one or more people to help them make decisions or to make decisions on their behalf. This gives the person more control over what happens to them if they have an accident or an illness and can't make their own decisions because they lack mental capacity.

One doctor told us they were impressed by the staff's advocacy of people and desire to provide truly personalised care. They said, "There are people who have aspects of challenging behaviour, which the staff have responded to and encouraged my involvement to ensure that the person's plan is Mental Capacity Act compliant."

We saw that where people were able they could make small decisions for themselves as those who were mobile could choose to be in their rooms or in the communal areas.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with had a good understanding of the MCA and DoLS processes and how it impacted on them in their different roles. Comments included, "You don't assume someone's not got capacity unless they have a test to say otherwise. Then decisions are made in their best interests. If they have capacity they're allowed to take informed risks. DoLS restricts people's liberty if they've not got capacity" and "If people are assessed as having no capacity then they have a best interest meeting and DoLS are put in place if necessary."

We found that mental capacity assessments were taking place where people lacked capacity. Where decisions were being made in people's best interests this was carried out in accordance with the principles of the MCA.

We observed staff consistently gaining people's consent before they supported them.

We checked and found people were supported to maintain a balanced diet.

Everyone we spoke with made positive comments about the cooking and the quantity of the meals. Comments included, "The food is good. I can't grumble. There is enough to eat and the choices are good," "The food is quite good now. There is plenty to eat and there is a good choice. The chef is doing a good job. It's well cooked, enough choice and you can always have an alternative."

A relative said, "They look lovely. I could eat them myself. [Relative] does not leave anything on the plate." This was confirmed with our observations; the food looked appetising and was served in good portions. People appeared to be enjoying their meal as most were eating with enthusiasm and many cleared their plates.

Everyone we spoke with said that there were snacks and drinks available between mealtimes. One person said, "Yes, if you want them, there is fruit if you want."

Most people felt that they were weighed regularly and that the staff monitored this. One person said, "They weigh me once a month."

At lunch time we found the dining rooms were clean, bright and reasonably welcoming with background music. Tables had tablecloths and place settings with napkins. Some of the tables had condiments. People were told about the choices available, although they had made their choice the day before. If neither of the two hot meals appealed they were offered a choice of sandwiches. There were no drinks offered at the start of the meal. The registered manager served hot drinks after over half of the diners had been served their main course. Staff showed a good level of knowledge about people, knowing where people chose to sit, providing some people with an apron to protect their clothes and putting a guard on one person's plate, to assist them to eat their meal independently. We saw where people needed assistance they were helped by staff that sat and spoke with them. No-one was rushed to eat their meal and everyone was encouraged to finish their meal.

We found people's dietary needs were assessed with reviews carried out on a regular basis. We saw a malnutrition universal screening tool (MUST) was in place for people who were at risk of malnutrition. MUST is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition. Records confirmed that people were weighed each month or more frequently if there were any concerns about their health or food intake.

One speech and language therapist told us "With regards to dysphagia (swallowing problems) management, staff are highly knowledgeable. Some of the staff members have recently attended our dysphagia links training to provide them with further awareness/consolidation as to how best manage these people and to act as a link to facilitate other staff. They are aware of signs, symptoms and how to make appropriate referrals. They are aware of the national descriptors (which helps when we implement recommendations) and they always contact us if there have been any changes. They provide appropriate consistencies of both food and drink."

Prior to the inspection the local contract and commissioning team had visited the home to investigate a complaint they had received about poor end of life care. They found people who could not communicate or predominately stayed in their rooms were at risk of not receiving the recommended daily fluid intake. They told us they had shared this concern with the registered manager. We found the registered manager had addressed this with staff in staff meetings and in individual supervisions, so that this risk was minimised.

We checked and found that people living at the home were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

Everyone we spoke with felt that there was good access to other health care professionals. One person said, "The dentist and other people come in, they [staff] arrange it."

Relatives we spoke with felt they were kept informed about their relative's health care and other daily changes. One relative said, "There is good access. We are kept informed. They [staff] are straight on the phone."

Comments from health professionals included, "I also find that they have a really good relationship with the GP's and often seek a pragmatic approach to swallowing difficulties, particularly in those people at the end of life and when decisions have to be made in people's best interests" and "I've no worries at all about the home. The staff always come with us to see people, which is really good. We have good communication."

We saw that floors and walls were clean and the corridors brightly lit, but that the decoration in corridors could be improved to provide more stimulation for people as there were no pictures in the dementia unit and only black and white photographs of Sheffield downstairs.

Good

Is the service caring?

Our findings

We found staff respected people living at the home and their privacy and dignity and supported them to express their views and be involved in making decisions about their care, treatment and support.

When we asked people if they were happy living at Abbey Grange and what was good about it they said, "Yes, the carers are alright. I can't argue with anything," "The atmosphere, the place and how it's kept clean, it's good" and "Absolutely, the best one I've been in."

Everyone we spoke with was happy with the quality of the care given by the care staff and the manner of their interactions. One person said, "They are kind and caring it goes without saying." A relative said, "We love the way the staff relate to [relative]. They are lovely."

Everyone told us they felt staff took time to listen and would try to act on concerns. One person said, "They [staff] do things for you if they are asked, I am satisfied."

Everyone we spoke with felt they were treated with respect and dignity and that care was taken over their privacy. One person said, "Yes, my privacy and dignity are respected. They [staff] close the curtains and doors."

When we asked relatives if they were happy with the care their relative received at Abbey Grange they said, "Very happy, it's a good home," "They should pass with flying colours. They are wonderful" and "Very happy, the staff are lovely."

Health professionals we contacted were all positive about the caring nature of staff. One health professional specifically commented, "I find [the registered and deputy manager] very caring. They know all the patients well, and function well as a team."

During the inspection the interactions we saw between members of staff, people living at the home or visitors were all professional, at the same time as being warm, friendly and caring. People and relatives were comfortable in their interactions with staff. We saw staff knew the best ways to communicate with people. The atmosphere in the home was lively and friendly.

When we spoke with staff about their work they said, "I love this job. The residents are like extended family. I would be happy for my family to live here," "It's not a place where you come to work. Everything revolves around the residents. They have a say in everything we do. I would be happy for my family to live here. Residents enjoy mixing with staff" and "This is a good home. I like the residents, staff and the company. I would be happy for a loved one to live here."

We saw people were all wearing appropriate, clean clothing, which demonstrated people were being treated with respect and dignity.

We saw that people's bedrooms looked clean and had personal touches in them.

We did not see or hear staff discussing any personal information openly or compromising privacy and we saw staff treated people with respect. Staff were able to describe how they maintained people's privacy and dignity and how important this was for people.

Good

Is the service responsive?

Our findings

We checked and found people received personalised care that was responsive to their needs.

Most of the relatives said they had made preliminary visits to the home. Comments included, "We came and looked around. It was better than those nearer to us" and "We visited, it suited [relative's] needs and we liked what we saw."

When we asked what was good about Abbey Grange relatives said, "They give excellent nursing care," "The care that people get," "It is friendly, clean, it's lovely, they [staff] can't do enough for you," "It is wonderful care I can't fault it. It is very safe and effective" and "The place and the people, no smell, the place is excellent."

Everyone felt that as far as possible they were supported in being as independent as possible. One person said, "They only interfere and help if I ask them to."

There was a mixed response from people when asked if they could have baths and showers when they wanted. Some people thought there was a rota, others were more positive. One person said, "I have one a week. I think I could have more if I asked."

All the relatives we spoke with felt that they were told about any changes that had occurred or were needed. One relative said, "There is good communication between us."

When we spoke with health professionals comments included, "I care for people living with dementia predominantly and the staff have successfully managed (and continue to manage) some very challenging people with great dedication and care who have struggled in other settings. People often improve considerably in the months after admission from home or after discharge from protracted stays in hospital."

Doctors who worked with the service told us when they met with families to discuss care planning families were invariably grateful for the high quality and caring nature of the care their relatives received and felt they could rely totally on the staff to keep them informed.

When we spoke with staff about the care provided to people comments included, "I would be happy for a loved one to live here. It's really good care delivered here" and "It's not a medical model we use here. It's about the person as a whole."

In our discussions with people living at the home, only a minority of people felt that they were actively involved in their daily care. The majority of people did not know about their care plan and were not involved in reviewing it. In contrast the majority of relatives we spoke with told us they were involved in their relative's care plan. One relative said, "Yes, we reviewed it about a month ago."

Each person had a care plan. All but one care plan we looked at reflected people's current care and support needs and their preferences and wishes. We saw people's preferences about how their care was delivered had been discussed with them and their advocates. Care plans gave details about the assistance people required to promote and maintain such things as personal care, nutrition, sleep, mental and physical health. Each care plan was individualised and it was easy to build up a pen picture of the person by reading through their plan of care. For one person we saw their care plan did not reflect the diet we had seen them eat. Staff told us the person was no longer on the specific diet and confirmed the care plan needed updating. This information was shared with the registered manager so they could monitor that this had taken place.

The contract and commissioning team from the local authority had also recently visited and found that one person had a specialist mouth care regime, but there was no mention of what this was in the care plan and there were many days when no mouth care was recorded as taken place.

Staff told us care plans were reviewed each month and we saw a record of this.

At the time of this inspection both activity co-ordinator posts were vacant. The registered manager told us they were actively recruiting to those posts. However, we saw staff trying to involve people in group activities.

People living at the home told us they could choose whether to join in activities or not. One person said, "I keep to myself mainly. We have activities which are organised but it's not my taste."

People living at the home told us they would be assisted to go outside if they asked. One person said, "You can sit out in the gardens. Sometimes they take you out if the weather is good." Another person said, "We do have trips. We went to Cleethorpes last month."

The majority of relatives were positive about the level and quality of the activities that had been available both on an individual basis and in groups. One relative said, "They did bingo, went to the centre, ball games, the activity lady has left now."

We saw in the entrance area that information available for everyone included information about activities that included a mini bus taking people living with dementia to groups in the community.

We discussed with the registered manager about reviewing a better way of meeting people's needs in terms of television and music. This was because there was both the television on and music playing in the orangery. This made it difficult to hear one or the other and could be distracting, affect confusion and concentration for people and lead to agitation because of the conflicting noise.

We checked and found the service listened and learnt from people's experiences, concerns and complaints.

People and their relatives told us they were able to talk to the staff about any concerns they had. They said they were confident staff would listen to their concerns and help them to resolve them. One person said, "They [staff] are easy to talk to, yes, they are."

Only one relative we spoke with knew the formal complaints procedure but nobody felt that this was an issue as they did not want to make one. One relative said, "No, I never have, I would just talk to the staff."

In our discussions with people living at the home and their relatives they were positive about how staff and management would respond to issues being raised outside of formal meetings. One person said, "They

[staff] would listen and change things, no doubt about it."

The complaints policy/procedure was on display in the home. The policy included the details of relevant organisations such as the local authority should people wish to raise concerns directly to them and included timescales for responses.

The provider information return recorded that in the last 12 months the service had received nine complaints and 31 compliments. We checked the record of complaints. This showed complaints had been investigated and the complainant had received a written response detailing the outcome of the complaint.

Compliments that had been received were displayed in the home. A sample comment included, "Thank you to you all for how much my [relative] was looked after. Abbey Grange is brilliant."

Good

Is the service well-led?

Our findings

We checked and found the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

Country Court Care Homes Limited is part of the registered brand Country Court Care. Under the legal entity Country Court Care Homes Limited the registered provider has nine locations, including Abbey Grange Nursing Home. At the time of this inspection the overview of ratings was that four services rated as good and five as requires improvement.

It is a requirement for all organisations regulated by the Care Quality Commission (CQC) to have a statement of purpose. This is a document which describes what the service does, where it is provided and the people who might be eligible to use the service. We saw the service had a Statement of Purpose. We shared with the registered manager to discuss this with the registered provider as the registered provider address was not that identified on the service's registration certificate.

It is a condition of the registered provider's registration that they have a registered manager in place. The service had a registered manager. The provider information return identified the registered manager held a Level 5 Qualifications and Credit Framework in Leadership and Management. The registered manager was supported by a team of staff suitable for the management of the home.

Staff were supported to attend initiatives relevant to health and social care in order to improve outcomes for people who used the service. This included React to Red (an initiative to improve pressure area care, ECHO (an initiative for clinicians to have direct access to palliative care nurses and consultants) and link workers for dignity and dysphagia.

The registered provider had a policy and procedure in place to guide staff about notifications which must be reported to the Commission, for example, any changes, deaths, incidents and safeguarding alerts. Incidents were reported as required in line with the Commission regulations.

We found the leadership and staff team were helpful and open when we asked them for information about the home. This openness of communication created a positive atmosphere and was clearly in operation in our discussions with people living at the home, their relatives, staff and other stakeholders of the service. All staff and relatives we spoke with said they would not hesitate to approach the management team for any issues large or small and they would be listened to and dealt with in a timely and effective manner. Comments included, "I find that from the outset Abbey Grange is highly professional. I am always greeted well by [the administrator] and [the registered manager] who always say hello in person and know me by name. [The registered manager] is always interested in who I have come to visit and knows about the residents on a personal level rather than simply managerial," "Yes, it's generally well-managed, nowhere is perfect," "[Registered manager] is a great guy who does a good job. His door is always open," "Yes, [registered manager] comes in every day to talk to me. He is a good manager" and "I have spoken to [registered manager]. Very approachable, but there is no need, all needs are anticipated."

Everyone we spoke with told us communication throughout the service was good and they felt able to make suggestions.

The majority of people living at the home and their relatives we spoke with said there was a good atmosphere in the home. One person said, "Fantastic compared to other places I've seen" and said they would recommend it to others. A relative said, "Yes, we definitely would recommend it. We have got our names down already."

There were monthly meetings for people living at the home, their relatives and staff.

The majority of people we spoke with told us they attended meetings. One person said, "Every month we have a say in a meeting."

Relatives were not as positive about their formal involvement in meetings as people who used the service. One relative said, "I don't go to the meetings. They are when I'm at work, but I have done surveys and questionnaires occasionally." We saw 'resident and relative meetings' were advertised in the reception area and were held monthly in the afternoon between 2pm and 3pm. Varying the times of the meetings may provide an opportunity for more relatives to attend at a time that was convenient to them.

Minutes of meetings showed this was an opportunity to share ideas and make suggestions as well as a forum to give information. The minutes could be improved by recording the names of attendees and to identify the person responsible for taking action when an action point has been agreed. In addition, that minutes circulated to staff are signed to say they have been read to provide assurance any learning points have been shared with all staff.

Everyone we spoke with felt they were kept updated about major changes in the home. One relative said, "Yes, we are kept updated about things like decorating."

The registered and regional manager carried out monthly audits including auditing care records, medicines, staffing, complaints and safeguarding. This enabled them to monitor practice and plan on-going improvements. When issues were identified a 'corrective action plan' was formulated which showed what needed to be done and who was responsible for this. We saw that feedback from these audits were included on the staff meeting agenda. This meant that any shortfalls identified could be discussed with staff and action plans put in place to address any issues.

All incidents and accidents which occurred were recorded and monitored by the registered and regional manager. This showed the service took action to make sure people received effective support and treatment to meet their needs and maintain their well-being.

People, relatives and staff were asked for their views about their care and support and these were acted on. We saw the registered provider carried out satisfaction surveys. The information was collated into a report which was on display around the home.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes in place for mitigating risks to people's finances were not effective in practice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Established recruitment procedures were insufficient to ensure information was available for each person as specified in Schedule 3 of the regulations.