

South Coast Nursing Homes Limited

Abundant Grace Nursing Home

Inspection report

Abundant Grace House
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Abundant Grace provides nursing and personal care for up to 67 people with a range of complex health care needs which included people living with Parkinson's disease, diabetes and dementia. At the time of the inspection there were 64 people living at the home. The home is modern and purpose built over two floors, the first floor is for people living with dementia. People had access to a number of lounges, an activities room, dining areas and landscaped gardens. People had their own bedrooms with en-suites.

People's experience of using this service and what we found

People we spoke to said they felt safe living at the home. One person said, "I feel this is such a good place, I cannot sing their praises high enough, staff looked after me, staff thought about us as a family." People's medicines were managed and administered safely. Infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. There were enough staff to support people safely while staff had been recruited in line with the provider's policy.

Risks to people's health, safety and welfare were identified and supported. People's needs had been assessed and updated when these changed. People were supported by trained staff who linked with external professionals to ensure that people's health needs were met. People were supported to eat and drink sufficient amounts to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were given kind and compassionate support by staff who knew them well. One person said, "What impressed me the most was the friendship between staff and patients they treat us like we're their family. We've gotten to know each other very well and I can't thank them enough for the care that they've given me." People's views and opinions were sought. Staff were dignified and respectful with people.

People were supported in a personalised way that was responsive to their needs. People's communication needs had been assessed and staff were supporting these. People felt confident that any issues or complaints would be dealt with to their satisfaction. Planning for people's end of life support was thorough and compassionate.

The registered manager encouraged feedback from people, staff and professionals involved in people's care. Staff worked closely with health professionals and external agencies to promote good outcomes for people. People spoke positively about the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (Published 30 April 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Abundant Grace Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by two inspectors on the first day. One inspector attended the second day of the inspection.

Service and service type

Abundant Grace Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abundant Grace Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with ten people who were using the service about their experience of the care provided and three family members. We spoke to nine staff members including the Registered Manager, Clinical Lead, two registered nurses, head housekeeper, chef, activities coordinator and two healthcare assistants. We reviewed a range of records. This included eight people's care records and medication records. We looked at two staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were effective in safeguarding people from abuse.
- Staff we spoke to had received training in safeguarding. They were aware of their responsibilities under safeguarding, were able to describe how they would recognise signs of abuse and knew how to report any concerns that they had about people's safety.
- Records showed that the provider had consistently made the local authority aware of safeguarding incidents in line with their safeguarding policies to ensure people were protected from potential abuse.
- People we spoke to said they felt at ease with staff who ensured they remained as safe and protected as possible. One person said, "The best thing about living here are the staff, they make me feel happy and safe."

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed well for people's safety. For example, risks to people who needed support to maintain skin integrity were well managed and monitored. One person required support to regularly reposition whilst in bed to maintain good skin integrity. Records showed this was completed as per the person's assessed needs.
- People required support to manage other risks such as mobility, continence and nutrition. For example, many people had risks associated with their mobility and needed support to move around. There was detailed guidance for staff in how to support people in the way they preferred and to keep them safe. One person said, "The staff here make me feel safe, I used to fall a lot, but I don't now."
- Risks associated with the safety of the environment were identified and managed. Regular checks and auditing had been completed to identify what maintenance work was needed. Personal Emergency Evacuation Plans (PEEP) were in place and provided details about people's individual support needs and how these should be met in an emergency.

Staffing and recruitment

- There were enough staff in place to ensure people remained safe and met their needs.
- People who required additional staff to mobilise or to eat at mealtimes were supported safely and patiently.
- People and relatives told us that staff were responsive when they had used their call bells in bed to request support. One person said, "I have my bell, they come when I press it, it's quite impressive really."
- Staff schedules were consistent and reflected the levels that had been assessed by management to keep people safe and meet their needs. One staff member said, "The staffing levels are good, if someone goes sick, we go to teamwork and get an agency to help us. Agency staff usually work with permanent staff to get to know the residents well."

- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People needed support with medicines. There were safe systems in place to ensure that medicines were administered safely.
- Staff had received training in administration of medicines and had regular checks to ensure they remained competent. The provider had policies and procedures regarding the handling and administration of medicines.
- Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately.
- We observed medicines being administered carefully and sensitively. People were given their medicines in the way they preferred. One person said, "My meds I do myself, the nurse brings them to me, and I take them, no problems there. I had some changes over the times, and I was involved, they don't do anything without checking with me first."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One person said, "It's spotless here, always has been, the cleaners work hard."
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance

Learning lessons when things go wrong

- The management ensured that lessons were learnt if things went wrong. The registered manager regularly reviewed accidents and incidents and ensured that preventative measures had been taken in response to any emerging trends. For example, the provider had identified an increase in falls at the home and were able to identify trends and patterns of falls that led to improved responses by staff and targeted training to improve staff support.
- When incidents had occurred, staff had responded in an appropriate and timely manner to maintain people's safety. Incident forms had been completed correctly and escalated appropriately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before they came to live at Abundant Grace and had been regularly reviewed to reflect any changes in support. Staff delivered care in line with standards and good practice. One person said, "Before I moved in (the registered manager) completed a health questionnaire and asked me all sorts of questions about my likes and dislikes, food, time I go to bed, that sort of thing."
- People's needs were assessed using evidence-based guidance to achieve good outcomes. For example, people who were at risk of malnutrition had risk assessments in place. The provider had implemented the Malnutrition Universal Screening Tool (MUST). The MUST tool enables providers to monitor people's risk of malnutrition.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these.

Staff support: induction, training, skills and experience

- Staff completed induction and received training in order to undertake their role.
- Staff had completed training in areas such as moving and handling, catheter care, safeguarding, diabetes and falls awareness. One staff member said, "The help me keep my skills up to date, I wanted wound training which they are arranging for me."
- People and their relatives told us they felt that staff were skilled and well trained. One person said, "I usually have two staff I have a special machine to help me a Sara Steady (equipment that allows carers to support people to transfer). Staff are well trained with it. I feel safe with them."
- Staff felt supported in their role and received regular supervision.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. People were given choices of what they wished to eat and were provided alternatives if they requested this. We observed lunch being provided. People choose whether to eat with others in the dining area or in their rooms and staff supported them with this.
- People and their family members were very complimentary about the quality of food provided. One relative said, "The food is delicious, we have had meals with (person) before, you just need to look at him to see he enjoys the food. If he's not keen on one option, there is always another for him."
- People's nutrition and hydration needs had been assessed and care plans had been completed for staff to support these. When people had been assessed as requiring specialist support, appropriate referrals and assessments had been completed to speech and language therapists (SaLT).

Adapting service, design, decoration to meet people's needs

- People's rooms were arranged over two floors with the upper floor resident to people who were living with dementia.
- The service was homely and had been adapted and designed to meet people's needs. For example, people with mobility needs were supported with appropriate flooring and grab rails to support them. The premises included a lift for people to access the service safely and level areas to ensure those who needed mobility support were able to move freely.
- Rooms and communal areas were spacious and well decorated. There were quiet areas around the home for people to relax as well as a garden for people to use. One person said, "My room is ok, cosy and has what I need." Another person said, "I love my room, they say I have the best view in the house, I haven't checked but I think I probably do. I can open the doors and go into the garden, this little area is all mine."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received appropriate support to maintain good health. They were supported to attend regular health appointments, including any specialist appointments. One person said, "The nurses know what they are doing and any problems they are straight on the phone to my doctor." Another person said, "One person said, "I've been under the weather before they were very observant, and they called a doctor I rang my bell and they came very quickly."
- Staff continued to work effectively with each other and in partnership with professionals to meet people's needs. Records showed that appropriate and timely referrals were made to specialists such as Tissue Viability Nurses and speech and language therapists (SaLT). One staff member said, "We have clinical meetings and talk about residents individually, the communication between nurses are good, care staff update us well too."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments had been completed where it was felt that people might lack capacity to make a specific decision. Where the person was assessed as not having capacity, best interest decisions had been taken.
- Staff had been trained in the application of the mental capacity act and demonstrated an understanding of the important issues around capacity and choice.
- Staff understood the importance of gaining consent from people and what actions to take if consent was not given. One person said, "They're a nice lot we talk and joke they asked my permission to help me, but I never mind they're very respectful in everything they do. They wouldn't do anything without asking first."
- The registered manager had good oversight on any DoLS applications and had ensured that any conditions on people's authorisations were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and were well supported. People looked happy and comfortable with staff.
- We observed positive and caring interactions. Staff responded warmly and showed a good understanding of people's needs. People were overwhelmingly complimentary about how caring staff were. One person said, "I have never had a problem with the staff, they are kind, they care, they want to know you and make you feel important." Another person said, "They are exceptionally good always ready for a joke. I couldn't find any better I've made some superb friends in the staff and some of the others that live here."
- People told us that staff were kind and considerate when supporting them with their care needs. One person said, "Over the months things have changed for me, there isn't much I can do for myself because I have a lot of weakness in my right side and can't use my hand at all. Staff respect this and when they help me with things like washing and dressing, they are really mindful of my weaknesses."
- Staff sought accessible ways to communicate with people to reduce barriers and ensure that their protected characteristics under the Equality Act were met. One person said, "The staff are very good, all very nice. I can do more or less what I want, I went to a Christening the other day, they helped me get ready and look my best. My faith is important to me, I usually attend the church services here."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, where appropriate, were supported to be involved in decisions about their care and given support to express their views. One person said, "Staff are very nice, they help me as needed. I don't mind male or female staff, they asked me at first, but I know them all now."
- People's care plans contained background information about their personal history and their routines. This allowed staff to gain an understanding of people and engage in meaningful interactions with them. One person said, "They go through some specific things with me checking that I'm happy with the care that I receive and if I want to make any changes."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. One person said, "They are most definitely respectful without fail they are always smiling always up for a joke this includes the night staff as well as the day staff. They are amazing around the clock every single one of them has been friendly." One family member said, "(The person) is 100% treated with dignity and respect, there has never been occasion when he has been exposed, I can't think of any occasion I have not felt confident they were not doing their best."
- Staff were considerate when delivering personal care and ensured that privacy was maintained. One

person said, "Staff respect me, they check I am happy, they give me privacy which is important. They always knock before coming in, never barge through the doors." Another person said, "They make sure they cover me with a towel when they're helping me with personal care, they make sure what they do is in private. I do what I can for myself, they don't overstep the mark, as long as I am safe and don't fall."

- People's independence was promoted by staff. Staff were aware of people's needs and took action to promote independence. One person said, "They treat me well, they make sure I am happy with what they are doing and will change how they do it if I'm not happy. I can't do much for myself, but they make sure I have options which is good for my independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported in a personalised way that was responsive to their needs.
- People's care plans recorded information about people's individual physical, social and emotional needs, as well as their preferences for support. These were reviewed regularly by staff and any changes were updated.
- People received personalised care that met their needs and preferences. One person said, "I choose what I want, like the times I need help, I press my buzzer and they come quickly." Another person said, "They arranged for delivery of my papers, I like The Times daily apart from Sundays I like The Observer. It's little things like that they found out before I moved in, small things make a difference and it was nice not to have to ask."
- People had social stimulation care plans in place that detailed what activities were personal to them and how staff could support them with these. These detailed activities they wished to undertake, who they wished to be with and whether they preferred group activities or individual occupation. One person said, "There are plenty of activities, I enjoy all of that. I like to colour." Another person said, "I've made friends and the staff are very nice, they are like friends too."
- Relatives told us how staff had supported their loved ones to remain in touch with them during the COVID 19 pandemic that included regular phone calls and video calls. One person said, "I have the telephone here with big buttons so I can call my family. They help me stay in contact with my family sometimes and we video call."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples communication needs had been assessed and staff were supporting these.
- Staff sometimes used different methods of communication to provide people with the information they needed and to encourage and support their participation. Staff demonstrated a good understanding of people's diverse communication needs. For example, one person was being supported to communicate their feelings and preferences through PECS cards (Picture Exchange Communication System) which is a way for people to communicate without relying on speech using pictures, symbols, words or photographs.

- At the time of the inspection, no one required information around their support in a different format, but the provider was able to access braille, sign language and languages if needed.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt comfortable raising concerns and that they would be dealt with appropriately. One person said, "If I needed to, I would, I am sure things would be rectified." One relative said, "I can't think of anything I have needed to complain about, if I did I would know who to speak with, start with the carer, then onto nurse, then clinical lead and then the manager. I have email addresses of head office if I needed to go even further."
- The provider had a formal system in place for recording and responding to complaints. There was evidence of communication and feedback to those who had submitted their concerns.
- Where necessary, the registered manager had met with people and their relatives to resolve issues and look to improve support. For example, one complaint had prompted a review of continence support.

End of life care and support

- People's specific needs and preferences were considered when planning for end of life care.
- People had made advanced decisions and personal preferences for their care in terms of where they wished to be supported at the end of their lives, as well as clinical recommendations for emergency care and treatment.
- People's end of life care plans were detailed and respectful. People's spiritual and religious needs were considered. Staff were provided with resources to understand the differences between religions and what spiritual finalities were required before and after passing away.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received person centred support that achieved good outcomes. There was a positive culture at the home that was evident during the inspection. One relative said, "I looked at a lot of homes and this place was worth the extra journey. I looked at a lot of places, from the minute I walked in I knew this was right."
- The registered manager was visible in the service, approachable and took a genuine interest in the feedback from people, staff, family and other professionals.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were clear about their roles and responsibilities. Staff told us that they communicated well together, and that the management ensured they had the information they needed to provide person centred support. One staff member said, "We have clinical meetings and talk about residents individually, the communication between nurses are good, care staff update us well too."
- The manager and provider had continued to use robust quality assurance systems to maintain oversight and improve care. Regular audits monitored the quality of support people received in areas such as wound care management, medicines, falls management, activities and nutrition. For example, one audit had ensured that a person's dementia care plan was updated to include guidance for staff from a recent incident they had been involved in.
- The registered manager had ensured that regulatory requirements had been met and statutory notifications had been received by the Commission as required. These are notifications about the running of the service which we require the provider to send.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us that they felt listened to and involved. One person said, "Over the years I have attended some meetings, I can't quite recall what suggestions I've made but I found it was more of a social event than a meeting but that's not a bad thing. I'm always being asked if I am satisfied with this and that."

- Relatives told us that their views were heard, and that staff were accessible and open to their input. One relative said, "The home kept me up to date well, there was always someone to speak to, whether it was the manager, nurse or carers. (Their loved one) has a one to one so staff know him really, they system is good here, they give quick answer." Another relative said, "One relative said, "This (care plan) is reviewed quite frequently, he has had some medication changes which we discussed with the home and the doctor. They have shown me the plan quite a few times over the years, just to check it was appropriate and we made tweaks."

- Staff were happy working at the home and felt that their involvement and suggestions were valued. One staff member said, "I have made suggestions to the manager, for example I asked for dressings to be stored differently. I suggested each room has a basket in for storage and the manager did this to help organise the clinical rooms better. This saves time for the nurses so they can focus on the care."

Working in partnership with others

- The registered manager worked successfully with a wide range of stakeholders involved in people's care which included health professionals and safeguarding authorities. Staff had developed positive working relationships with a range of health and social care professionals. One professional said, "I always receive a warm welcome. Abundant Grace is a home and not a workplace for the staff."

- Staff regularly sought guidance and made specialist referrals to ensure that people received the support they needed. Partnerships had been formed with professionals within the falls prevention service, GP's and Speech and Language Therapists.