Coulson & Collins Care Home Ltd

Abafields Residential Home

Inspection report

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26 February 2021

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Abafields Residential Home is a care home providing personal and nursing care for up to 35 people, across two floors. At the time of inspection there were 28 people receiving support and living at the accommodation.

People's experience of using this service and what we found
Infection control practice was not always robust, checking in systems for visitors were not in place and needed development. In addition to this, people were not always isolated appropriately. Staffing levels had been reduced during the COVID-19 pandemic in key areas such as care, domestic, laundry and kitchen staff. When we asked the provider about this, they did not feel this was accurate, however, staff reported the same reduction in each area consistently. Local authority colleagues confirmed the provider had received funding to maintain staffing levels and following the inspection, a new home manager was recruited who reviewed dependency and increased hours accordingly. The new manager explained staff had been trained in the systems to follow when a visitor enters the home.

Staff reported they did not feel supported by the provider or feel comfortable in raising concerns openly with the nominated individual. However, staff praised internal support from the deputy manager, who was managing the service at the time of the inspection. Staff had not received regular supervisions, this was another area the newly recruited manager had begun to address, and we received evidence of scheduled supervisions following the inspection. Audits had not been carried out at provider level, meaning the provider had not carried out any quality assurance assessment of the internal practice at the home.

We have made a recommendation the provider embeds a culture of openness and transparency, using this to respond to concerns raised by staff.

Staff used PPE correctly and had a good understanding of how to don and doff at the appropriate times. Medicines were administered appropriately, and staff had a good understanding of the timely administration of medication. Staff had received online training to replace usual training courses. Health and safety checks had been carried out. The provider had implemented an electronic recording system, which promoted accurate, individualised and up to date records. Care plans and risk assessments were person centred. The providers policies and procedures were robust and referenced relevant legislation.

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

Rating at last inspection (and update)
The last rating for this service was Good (published 5 December 2019).

Why we inspected
The inspection was prompted in part due to concerns received about the providers support of the staff

team, staffing levels, resident's choice not being promoted and a lack of resources such as continence pads and cleaning products. Further concerns were raised about infection control practice, people's dietary support and the home's CCTV system infringing staff's privacy rights. A decision was made for us to inspect and examine those risks.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abafields Residential Home on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to governance and staffing at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Abafields Residential 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Abafields Residential Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave a short period notice of the inspection. This was because it is a care home service and we needed to be sure that the acting manager would be in the office to support the inspection.

Inspection activity started on 04 February and ended on 26 February. We visited the care home on 04 February.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
At the time of inspection, we were limited to how many people we could speak with, due to the people isolating in their rooms. We spoke with four residents and three relatives about their experience of the care provided. We spoke with ten staff members this included the nominated individual, newly recruited home manager, deputy manager senior care and care staff and staff working in other areas of the home. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed staff providing care where possible, to help us understand the experience of people who used the service.

We reviewed a range of records, this included four people's care plans and daily records. We reviewed multiple medication records and looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at further care plans, compliance reports and quality assurance records. We spoke again with the nominated individual and management team and received feedback from other professionals involved with the service.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staffing levels had been reduced during the COVID-19 pandemic. This had led to staff reporting they felt the current level of staff wasn't sustainable and it would impact people if not addressed. One staff said, "Staff hours are a real problem. There was enough when there were four staff but not now it's been reduced and it's not just a problem with the care hours; there's been cuts in all areas and we need the staff."
- The providers dependency tool, which they used to assess the hours needed to meet people's care needs had not been reviewed in several months. The newly appointed manager said, "The dependencies haven't been reviewed to reflect people's needs. So, we're going to do that straight away to make sure we know how many hours of support people need."
- During the inspection we observed incidents which were impacted by the capacity of staff to provide support. At lunch time we observed a person struggling with their meal for a significant period without support from staff. This was due to all staff being required to support other residents during that time.

The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Staff had not received an appropriate level of supervision. The newly appointed manager had identified this as one of several areas that would be addressed. Following the inspection, we reviewed a supervision programme that evidenced a schedule for staff to receive regular 1-2-1 supervisions.
- Staff were recruited safely with appropriate checks and references in place. Staff had received a robust induction programme.
- Staff had received online training to replace in house training because of the COVID-19 pandemic.

Preventing and controlling infection

- Check in systems for visitors were not robust and were not used on the day of inspection. We discussed this with the home manager, who explained that this had been addressed and staff had received training on what to do when a visitor enters the home.
- People were not always isolated safely when they had tested positive for COVID-19. We were made aware of one instance when a resident who had tested positive shared a room with someone who hadn't. The management team acknowledged they should have isolated in a room of their own and said they would discuss any future instances with the local authority's infection control team.

● Staff used PPE appropriately and supplies were good; staff reported they had received training and guidance.
● The environment was clean and tidy; however, we received feedback from staff that the reduction in available hours meant the current level of cleaning could not be sustained. We fed this back to the provider and home manager, who increased hours for the domestic team and recruited new staff.

Systems and processes to safeguard people from the risk of abuse
● Staff had a good understanding of what to do in the event of a safeguarding incident. One staff said, "I'd go to my manager, the local authority or CQC (Care Quality Commission)."
● People reported feeling safe at the home, "I've been here a while and I've always felt safe with (the staff)."
● Relatives reported people felt safe at the home. One relative said, "The staff there seem to really care about the residents and (person) seems so happy and safe. They aren't the sort of person who would keep quiet if they didn't."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● The service had an accidents and incidents policy to facilitate the analysis of incidents and accidents. Accidents and incidents were recorded and monitored by the person in charge. Records we saw gave details of the action taken as a result of any accidents and incidents.
● A CQC notifications file was in place and corresponded with CQC records. Notification records included the corresponding accident and incident reports and any lessons learned.
● Care plans provided clear guidance for staff on how to minimise risks to people and keep them safe.
● The provider had effective systems in place to ensure the premises and equipment were fit for purpose. Safety certificates were in place and up to date for gas, electricity and fire equipment.
● People had evacuation plans and risk assessments to identify what support they would need in the event of a fire.

Using medicines safely
● Staff had a good understanding around the timely administration of medication and there were no gaps in the services electronic medication recording system. Staff had received training and were competency checked, however, this had not always been recorded. The management team planned to address this is part of their overall action plan.
● Medicines were stored safely. Fridges used to store medicines that needed to be stored at specific temperatures were regularly checked.
● Clear guidance was in place for 'when required' medication, such as paracetamol. These detailed how, when and why medicines should be given.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had not worked in accordance with its own quality assurance policy. The provider had not carried out auditing and subsequently had no oversight of internal practices at the home.
- Feedback on support from the provider was negative. One staff said, "I've never known an owner be there as much and I wouldn't feel comfortable going to them. We're not supported and I wouldn't feel comfortable raising anything with (the nominated individual)."
- Internal auditing systems had not been carried out regularly. Audis that had been carried out were robust; the home manager said audits would be scheduled and carried out regularly.

Quality monitoring and auditing was not robust at provider level. Staff did not feel supported by the provider. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The home did not have a manager registered with the CQC at the time of inspection. The provider recruited a new manager who intended to register with CQC, and they were submitting their application.
- The home had a CCTV system in place to monitor incidents in communal areas. However, cameras had also been installed in areas where staff were expected to get changed into their uniforms. The nominated individual said there was a cubical allocated for staff to get changed, but this wasn't in place at the time of the inspection. Signage stating that CCTV was in use, was not clearly present around the home. Following the inspection, the home manager explained that an area had been designated for staff to change in and staff would be asked to sign a consent form as a priority.

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

- Staff consistently reported the nominated individual had asked them to censor their feedback when speaking with us on inspection. One staff said, "Since they knew you were coming in, they've been nice to staff asking us not to say anything to you about what's going on. They said we might be closed down."
- We discussed this with the nominated individual and management team. The nominated individual did not feel this feedback was accurate. The management team explained individual supervisions sessions would be used as an opportunity to encourage staff to speak openly about their concerns.

We recommend the provider continues to embed a culture of openness and transparency, using this to respond to concerns raised by staff.

● Notifications had been sent into CQC in a timely manner and relatives were informed when something went wrong.
● One relative said, "I'm always consulted on what is going on. We've found them to be responsive, they keep in touch with us and I ring them up every day and it's never a problem".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Person centred care was evident in people's care plans and from feedback provided by people, relatives and staff.
● When asked about person centred care, one relative said, "The staff team don't change and it's just like a family. I think that helps them know everyone and treat them as their own person."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● Staff showed a good understanding of how to support people with specific cultural needs. One staff member said, "We don't have anyone here at the moment. We've had people in the past who we've helped to access (religious communities), because it's important to them as part of their culture."
● Relatives praised the home for individualised care. One relative said, "They really listen to what you say by asking you questions and building up a picture of who the person is."

Continuous learning and improving care
● The home's new manager had been very proactive in identifying and starting to implement improvements. They acknowledged our findings and where possible had responded in a timely manner.
● We discussed improvement with the nominated individual. They said, "We do need to make improvements and I think with the manager, we'll see the improvements made quickly."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). The provider had failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed.