Caring Homes Healthcare Group Limited

Abbeycrest Nursing Home

Inspection report

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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

Overall summary

Abbeycrest Nursing Home is registered to provide accommodation for up to 70 older people who require personal or nursing care. The home has four units of which two provides specialist dementia care. On the day of our visit there were 69 people living in the service.

This was an unannounced inspection on 11 November 2014. At our previous inspection in August 2013 the provider was meeting the requirements of the law in all the standards.

The registered manager has been registered since July 2013. 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 and associated Regulations about how the service is run.

People were kept safe by staff who knew how to identify abuse. There were signs displayed throughout the service

Summary of findings

informing people and those who represented them of how to raise concerns. The service carried out safe recruitment practices by ensuring relevant checks were undertaken before staff could begin to work. This meant people were protected from receiving unsafe or inappropriate care, treatment and support. Risk assessments were put in place to manage identified risks and clearly showed what actions staff should take to minimise the risk of harm and injury to people. These were regularly reviewed and updated. There was sufficient staff to meet people's needs. We observed call bells were responded to in prompt manner. Medicines were safely managed and regular checks were undertaken to ensure the building and safety procedures such as checking fire exits and carrying out fire drills regularly occurred.

People received care, treatment and support from staff who were supported effectively in their jobs roles. Staff spoke positively about their learning experience and told us they were clear about the requirements of the job roles. This was supported in staff records which evidenced they had received regular supervision, appraisals and had undertaken relevant training.

Procedures were in place to ensure there was staff with the right skills to meet people's individual needs. The service acted in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of (DoLS). This meant people who may lack capacity to make specific decisions were protected and authorisation was sought before people were lawfully deprived of their liberty. Care records evidenced people giving consent before care, treatment and support was delivered.

People told us they had a positive experience in regards to food. We observed people were supported to have enough to eat and drink and were offered a wide variety to choices. Staff were engaged with people throughout the lunch time period and had good knowledge of people's food preferences. The food on offer was prepared by staff who were trained and knew how to make nutritional healthy meals. There were effective measures in place to support people who were at risk of malnutrition or who had specialist dietary needs. This included the involvement of nutritional specialists and other relevant health professionals. The chef had recently been recognised by the organisation for their work.

People spoke positively about the care they received and were supported by staff who had good knowledge of their care, treatment and support needs. Care was planned around people's choices and personal preferences. This was observed during our visit and evidenced in care records reviewed. We observed people being treated in a respectful and dignified manner with care needs being met with consideration and patience. We saw staff calming and re-assuring people who were confused and distressed with sensitivity and kindness. Observational records showed the service monitored staff practices to ensure people were being cared for appropriately.

People received care that was responsive to their needs. People told us they were listened to. This was supported by care records which showed people and those who represented them were involved in identifying what their care and support needs were. This covered areas such as, likes, dislikes, cultural, religious and spiritual support required. Care plans and risk assessments were regularly carried out, up to date and reflected people's changing needs.

Informal meetings took place with people and management. This gave people the opportunity to talk in a relaxed environment about any ideas or concerns. A review of meetings notes showed discussions held and actions taken.

People told us the service dealt with their complaints satisfactorily. A review of complaints register showed all complaints were investigated and appropriate action taken.

The service ensured people received consistent co-ordinated, person centred care when they moved between different services. This was evidenced in hospital transfer information sheets completed for people being admitted into hospital.

People were supported to follow their interests. A range of activities were on offer to meet people's social needs. The service had a structured program to improve people's well-being through outdoor activities. For example a pathway was constructed from the home to a nearby park to give people easy access. The service's 'Make a Wish' project was established to enable people to do things they had always wanted to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were kept safe by staff who knew how to identify abuse.

Safe recruitment practices ensured relevant checks were undertaken before staff could begin to work.

There were sufficient staff to provide care and support to people who used the service.

Good

Is the service effective?
The service was effective.

People received care, treatment and support from staff who were supported effectively in their jobs roles.

Procedures were in place to ensure staff with the right skills were able to meet people's individual needs.

The service acted in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of (DoLS).

Good

Is the service caring?
The service was caring.

People spoke positively about the care they received and were supported by staff who had good knowledge of their care, treatment and support needs.

Care was planned around people's choices and personal preferences.

People was treated in a respectful and dignified manner with care needs being met with kindness, consideration and patience.

Good

Is the service responsive?
The service was responsive.

People told us they were listened to.

Staff provided care with patience, consideration and kindness.

Care plans and risk assessments were regularly carried out, up to date and reflected people's changing needs.

Good

Is the service well-led?
The service was well-led.

People and staff told us management was supportive, approachable and easily accessible.

Quality assurance systems in place were robust and regularly monitored and reviewed.

Annual surveys and regular meetings captured people's views and recorded actions taken by the service in response to them.

Good

Abbeycrest Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

An unannounced inspection was carried out on 11 November 2014.

The inspection team consisted of two inspectors, a specialist advisor on the care of people with dementia and a expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise related to older people, carers of older people and people who had dementia.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it. The provider completed a Provider Information Return (PIR). The information in this form enables us to ensure we address potential areas of concern and any good practice.

Following our visit we received feedback from a health professional who had been involved with the care of four people living at the service. We also received feedback from a local commissioner of the service as part of the inspection process.

During our visit we observed care in the four units. We spoke with five people, three relatives, one visiting legal professional, three registered nurses, one senior care worker, eight care workers, registered manager and the operations director. We looked at nine care records, six staff records and records relating to management of the service. We used the short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

Is the service safe?

Our findings

People told us they felt safe living in the home. They said they felt safe with the staff, the building and knew who to talk to if they had concerns.

Staff had undertaken relevant training and knew how to identify abuse and report any concerns in order to protect people from harm. Discussions held with staff and a review of staff training records confirmed this. The service's 'safeguarding adult from abuse policy' was comprehensive and detailed the procedures for staff to follow if they suspected abuse had occurred. Staff had signed to confirm they had read and understood the policy. We noted the whistleblowing policy was displayed throughout the home and clearly outlined what people, staff and visitors should do if they had concerns about practices in the home. Staff demonstrated good understanding of the policy.

The service undertook appropriate recruitment and criminal records checks before staff were recruited. For example, we noted criminal convictions checks were undertaken, uptake of written references, fully completed employment histories and medical questionnaires. Where staff had not as yet received the outcome of their criminal records checks, risk assessments were undertaken. For example, a risk assessment undertaken on a staff member clearly recorded the staff was to remain under direct supervision whilst they awaited the outcome of the criminal records check. This protected people from the risk of being supported by unsuitable workers.

Risk assessments reduced the risk of people receiving unsafe or inappropriate care, treatment and support. These were in all care records reviewed and helped to reduce the likelihood of injury or harm to people. They were up to date and clearly identified care needs to be met via a comprehensive care plan. For example, where people needed support to be mobile the appropriate risk assessments had been undertaken. Moving and handling needs were clearly shown and where people were at risk of falling, appropriate steps were taken to reduce this risk, such as referrals to appropriate agencies. A health professional told us staff were familiar with strategies used to support people who presented distressing behaviour, without the use of medicines. This was supported by information in a person's care record which showed staff members took appropriate action that calmed the person down when they became distressed.

There were sufficient staff to meet people's needs. This was observed during our visit. A review of the staff rosters for August and September 2014 showed the service had a full complement of staff to cover the shifts. The registered manager showed us the staffing dependency tool they used to ensure they were sufficient numbers of suitable staff to keep people safe and meet their needs.

The call bell system was centrally monitored in the registered manager's office. There was a notice displayed at the registered nurses station which informed staff that all calls should be responded to within 5 minutes. We observed people's needs were met in a timely way with call bells being responded to promptly.

Medicines were managed so that people received treatment safely. Medicine records were clear and documented names and photographs of the people the medicines were prescribed to, the quantity to be given and how often they were to be administered. These were up to date and signed by the relevant staff. A review of the 'medication policy' showed medicines were stored appropriately.

Fire drills were regularly undertaken and fire exits and fire equipment were checked. A review of these documents showed these checks were up to date and regularly occurred. We observed no trip hazards and people were able to walk around the home safely.

Is the service effective?

Our findings

People were cared for by staff who had effective inductions, supervision and appraisals. Staff told us they received regular supervision from either the manager, deputy manager and registered nurses. For example, one registered nurse told us they were clear about the requirements of their role. They said they had received regular supervision and had an annual appraisal earlier this year. A senior care worker referred to the registered nurse and told us they felt supported by them and commented, "They participate in direct care and are well informed and up to date." Both staff told us they were well informed and contented in their job roles. Staff records confirmed staff were appropriately supervised and appraised.

Staff spoke positively about their induction and training. Staff records showed staff received a comprehensive induction which covered areas such as, training needs, duty rosters, a tour of the building, identifying fire exits and location of company policies. The outcomes of staff probationary periods and evaluations were clearly recorded and were signed and dated by staff members and the registered manager. Staff told us they were up to date with their training and had received sufficient training to enable them to do their jobs. Staff training records and the training matrix listed all the training each staff member had attended or needed to be refreshed. This confirmed that staff had undertaken most of the relevant training. However, we found some staff were not knowledgeable about working with people with dementia and the training matrix showed they had not attended the relevant training. One relative supported this and stated staff lacked dementia training. We spoke with the registered manager who informed us that 57% of the staff had undertaken the service's, 'Living in my world' dementia training. They showed us evidence of the remainder of staff (night staff) who needed to complete the training that were booked on the relevant training course. Observations of care delivered on the dementia units and review of people's care records showed staff provided people with appropriate care.

The service had an allocations document to ensure they had sufficient staff with the right skills matched to provide care, support and treatment to people. A review of this document showed staff job roles and where they were allocated to work during the day and night. We noted there were enough suitably skilled staff allocated to the four units.

The service acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA ensures the human rights of people who may lack capacity to take particular decisions are protected. Staff demonstrated an understanding of the MCA and training records confirmed they had undertaken relevant training. Where mental capacity assessments had been undertaken, these clearly recorded the outcomes and informed the best way staff were to work with people. For example, one care record showed notes of a 'best interest' meeting that involved a person, their family member, general practitioner (GP) and social care professional. The meeting concluded that the person should be given their medication covertly and outlined reasons for this decision and why it was considered the lest restrictive way to support the person.

There was evidence to show consent had been sought and obtained for people before care, treatment and support was delivered. Care plans showed permission to consent documents were signed and dated by people or those with legal power to give consent on their behalf.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or it is necessary to keep them from harm. Providers of care homes are required to submit applications to a 'Supervisory Body' for authorisation when they believe a person's liberty is being restricted. A review of DoLS applications that had been authorised showed the home had complied with the principle of the MCA. We noted the registered manager had submitted a further 28 DoLS applications in October 2014 due to recent developments that affected the criteria for making applications under the DoLS. This ensured people were not being unlawfully deprived of their freedom.

People told us the food was good and one person commented, "It was brilliant and presented very nicely."

People were supported to have sufficient food and drink and maintained a healthy balance.

Care records showed a malnutrition universal screening tool (MUST) were undertaken. These were used to identify whether people were malnourished or at risk of

Is the service effective?

malnutrition. Where people were assessed at risk of malnutrition there were effective measures taken. For example, we saw referrals made to and involvement from the local dietetic team and speech and language therapists.

People were provided with choices of food and drink which met their needs. We observed the lunch time period. In one unit, we found the tables were elegantly laid with crockery and silverware to match. Menus were placed on all tables and detailed the selection of food on offer. We noted there were no easy read menus available or dementia friendly clocks that showed the day, date or time. We observed meals were served to people who were in their rooms first before people entered the dining room. There were sufficient staff during the lunch time period, with restaurant supervisors who served food to people whilst care workers checked to see if people were satisfied. People were able to confirm if their food preferences were being met or not. One person told a member of staff that the food was too much for them and requested a lighter option. The staff member promptly responded to their request. The food was brought from the main kitchen on hot plates which ensured they maintained the right temperature. The food on display was colourful and healthy and well balanced. There was a selection of meat dishes, vegetarian options and deserts. People were served with proportionate food sizes and the atmosphere was relaxed. Where people were being supported to eat their meals, we saw positive interaction between them and the staff who supported them. Staff were constantly engaged with the people they supported and did not leave the tables until people had finished their meals.

One relative told us they had been concerned about their family member's dietary needs not being met due to them putting on too much weight. This was because the person couldn't remember eating. They told us they had to work closely with the service in order to get the situation addressed and confirmed things had now improved as the service had taken appropriate action.

People received support by staff who were qualified to meet their nutritional needs. The chef told us they had recently been awarded the organisation's chef of the year award. This was as a result of positive feedback received by people and their relatives who nominated them. The chef demonstrated a good understanding of how to provide nutritional meals to meet people's dietary needs and told us how they created menus that met the needs of people, specifically people living with dementia. They told us they regularly attended meetings with people and their relatives in order to obtain feed back about the food provided. This helped them to ensure the meals provided met people's dietary needs and food preferences. Systems were in place staff were aware of people's dietary needs. We noted an inspection from the local authority's food and safety team on 17 September 2014, rated the home as 'very good' and awarded them a gold healthy choice award. This meant the home had very high hygiene standards and the food being offered to people who lived in the home was healthy.

People were appropriately supported by staff to gain access to healthcare professionals. On the day of our visit we observed the service ensured a person was supported to be attend a medical appointment. Care records clearly documented the links people had with the GP and other health care services and the referrals process for these services were clear, showing the areas people required support.

Is the service caring?

Our findings

People told us they were happy with the care they received and were well supported by staff . One person commented, “The care is very good, we are very lucky.”

Staff were able to demonstrate their knowledge of the people they supported. This included detailed accounts of social and familial history, food and drink preferences, daily routines and health and welfare. A health professional supported this and told us staff were knowledgeable about people’s needs and had a clear grasp of what the challenges were. The majority of staff we spoke with were long term employees and had regularly worked together, providing support to the same people. This ensured people received continuity of care.

We observed people were able to speak freely with each other and with the staff who supported them. Staff were courteous and polite which helped to make the meal time a positive experience for people. Staff offered people a choice of food at the dinner table and then encouraged people to eat their meal of choice. Staff were heard saying “Well done, you’ve done well today. Do you want to finish off that last bit?” and “Do you want more soup or would you like to go onto the main course?”

The registered manager told us they developed their own observation tool. This was used to ensure staff interacted with people in a caring, dignified and respectful manner. For example, one observation recorded the music was being played loudly in one of the lounges, appropriate action was taken to ensure the music played was kept to an acceptable level. This was observed during our visit.

One staff commented, “People who use the service always come first.” Choice and personal preferences were evidenced in care records and we observed the service promoted people’s independence. For example, throughout our visit people were able to make their own drinks, as and when required. We found people’s choices and needs were being met in a positive environment.

People received care, treatment and support from staff who respected and treated them in a dignified manner. We observed a care worker who whilst talking to a person noticed their glasses were dirty. They asked the person if they could clean it and once the person had agreed, proceeded to do so. Care workers knocked on doors and respectfully requested permission to enter before entering. Doors were closed to preserve the dignity of those within, if it were necessary. We observed care, treatment and support needs were met in a friendly and unhurried manner.

Good practice was observed with staff supporting people who were walking around in a distressed state, in a calm and positive way. Staff were re-assuring and used alternative strategies to calm people so that their distress could be minimised. This was done with sensitivity, kindness and regard for people’s well being.

Staff were familiar with people’s cultural and religious requirements and were clear about the service’s equality and diversity policy. The registered manager told us of an incident that had occurred after a person had acted in a discriminatory way towards a staff member. We found the action taken was appropriate and handled professionally.

People were well supported and able to self-care as required. We observed staff giving supportive prompts and gentle reminders to people who required it. Rather than taking over, this encouraged people to be independent as possible.

Is the service responsive?

Our findings

People received care that was responsive to their needs. This was because staff were clear about the pre-admission assessment process and captured people's preferences and needs. There was clear evidence of all interested parties being involved in this process, subsequent decisions and care reviews. Care records contained people's likes, dislikes, cultural, religious and spiritual support required. A care worker told us, "We get the people to tell us what they want and we ask their relatives for their views" This was supported by a relative who commented, "I got asked for my opinion and staff listened."

Risk assessments and care plans were relevant to identified needs and were up to date. Staff told us changes were made to the care plans as they got to know people who used the service. Care reviews undertaken showed discussions held and reflected people's changing needs. One staff member told us how following an observation of a person's care needs, they suggested for care to be changed and following staff discussions, changes were made.

The registered manager told us they wanted to give people and their families the opportunity to experience 'fine' dining. A private dining room was available to be booked by people or those who represented them for special events such as birthdays and wedding anniversaries. People could choose their meals and the chef would develop a menu to people's requirements for a minimal fee. The money was then be put back into the catering budget to further improve the nutritional needs of people who lived in the service.

The registered manager introduced informal meetings called 'Sherry Fridays'. A poster was visibly displayed titled 'Sherry Fridays' in the home which informed people of the date of the next meeting. This gave people and their relatives the opportunity to talk in a relaxed environment with the registered manager and the head chef about any concerns or ideas. We noted these meetings were held regularly and were well attended. A review of the last minutes of meeting showed 17 people and their relatives had attended. People gave feedback about the food and the registered manager ensured the feedback was passed to the head chef to take the appropriate action. We saw records of actions taken by the chef in response to the feedback received.

The home had a complaints policy which had been recently reviewed and updated. The manager recorded all complaints or concerns received. There were documents to show complaints had been investigated and appropriate action was taken. For example, one concern was from a relative who commented about the cleanliness of a chair and carpet. The records showed the chair was immediately replaced and the carpet cleaned. One relative told us they had made a complaint and action was taken by the service which they found satisfactory. Staff told us they felt able to raise concerns and that action would be taken by the management. A staff member told us "I know exactly what to do if I had a concern." Another care worker told us, "If I had a concern I know I could go to the manager and if I was really concerned I would go to an agency outside of the home."

People were highly complementary about the support received and told us they were able to give feed back on the care that was delivered. There was evidence of the views of people and those who represented them in care records. The registered manager told us regular formal meetings were held with people and their relatives in order to capture their views. This was supported by the people we spoke with and the minutes of meetings reviewed.

The home had a hospital transfer information sheet which was completed on the day a person was being admitted into hospital. This ensured the information provided to the hospital was up to date. We reviewed a completed transfer information sheet for a person who was being admitted into hospital and saw there was sufficient information on the sheet to ensure the person would receive consistent, co-ordinated, person centred care.

Good

Is the service well-led?

Our findings

People, those who represented them and visitors gave positive feedback about the registered manager and how the home was managed. One relative told us “The home is absolutely wonderful” Another relative told us the manager listened. A visiting professional commented, “They are very good here since this manager took over.”

Staff told us the registered manager was very approachable, helpful and supportive and that she had a genuine ‘open door’ policy. One care worker commented, “The manager makes me feel that I can talk to her anytime and she is very friendly.” Another care worker commented, “The manager listens and tries to find a resolution."

We observed the registered manager made themselves accessible to people, staff and visitors to the home throughout our visit. The culture of the home focused on team work with specific emphasis on the delivering of care, treatment and support that was centred on meeting people’s individual needs. This was seen in care records reviewed, discussions we had with people, their relatives, staff and observations made during our visit.

The registered manager had recently been recognised for their work by the organisation. This was as a result of positive feedback received by people who used the service and those who presented them.

The registered manager monitored the service on a regular basis. Staff told us the registered manager would inform them of changes required in a positive and constructive way. One care worker commented, “The manager goes around and makes small changes for the benefit of the residents.” Another care worker commented, “The manager carries out regular audits. For example, we reviewed the way staff filled in records and made changes which improved this.” This was supported by a relative who told us, “They (the registered manager) are very good, if something is not quite right, they go and look for alternatives.”

Quality assurance systems were robust and were regularly monitored. We reviewed the quality assurance records such as, clinical governance, internal audits for the catering team, record keeping, care planning and monthly management risk reports. These were regularly monitored and assessed by the registered manager and senior management to ensure people received safe quality care. We saw appropriate action was taken to address areas for improvement identified.

Staff worked in partnership with other organisations. A registered nurse told us how they worked closely with specialists from the local falls prevention clinic to improve the well-being of one person who used the service. People’s health records contained letters from external health professionals that reported on their findings with actions for the home to take. Care records evidenced the home acted upon the advice given.

The service sought feedback from people and those who represented them and acted upon them. We reviewed the home’s ‘quality assurance feedback action plan’ dated August 2014. This captured an improvement plan to address the feedback received. Actions taken were clearly documented. The service ensured the views of relatives and advocates were listened to and updates were given at relevant meetings. These meetings enabled people and their relatives to meet the registered manager and the chef. The registered manager told us this was arranged in response to feedback received from people who used the service.