

Angel Healthcare Limited

Abbey House Residential Care Home

Inspection report

20-22 Albert Road
Bexhill On Sea
East Sussex
TN40 1DG

Tel: 01424222534
Website: www.angelhealthcare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Abbey House Residential Care Home provides support to a maximum of 23 people and 12 people were using the service at the time of our inspection. The service is intended for older people, who may be living with a physical disability, sensory impairment or a dementia type illness.

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

People received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to safely support people. People had care plans and risk assessments which meant peoples' safety and well-being was promoted and protected. The home was clean, appropriately well-maintained and comfortable. There were enough staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the service. Accidents and incidents were recorded and lessons learnt to prevent re-occurrences.

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.

The providers' governance systems had improved since the last inspection. systems were being used consistently to drive improvement within the service. Improvements had been made, whilst there were some minor shortfalls regarding documentation of medicines, these were adressed immediately and had not impacted on peoples safety and well being.

The home had an effective management team which provided solid leadership for staff and communicated effectively with people, relatives and professionals. The management team was approachable and visable to people, staff and visitors. Staff were positive about their roles in the service and felt that teamwork was good.

The views of people who lived at the home, their relatives and staff were encouraged and acted upon by the management team. People and their relatives felt able to raise any concerns they had and were confident these would receive an appropriate response.

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 24 May 2019)

Why we inspected

The inspection was prompted in part due to concerns received about staffing, moving and handling and safety of people. As a result, we undertook a focused inspection to review the key questions of safe and well-

led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Abbey House Residential Care 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

This inspection was carried out by 1 inspector.

Service and service type

Abbey House Residential Care 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. Abbey House Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 reviewed the information we held about the service and the service provider. We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law. 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 used all this information to plan our inspection.

During the inspection

We looked around the service and met with the people who lived there. We spoke with 7 people to understand their views and experiences of the service and we observed how staff supported people. We also 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. We spoke with the registered manager, deputy manager and six further staff members.

We reviewed the care records of 5 people and a range of other documents. For example, medicine records, staff training records and records relating to the management of the service. We also looked at staff rotas, and records relating to health and safety.

We continued to seek clarification from the provider to validate evidence found. We spoke with 3 relatives, 2 social workers and 1 health care professionals on the 22 November 2022 to complete the inspection.

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. At this inspection 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

- People told us they felt safe. Comments included, "I haven't been here long, but I feel safe, the staff are kind, nothing is too much trouble," and "I don't have any worries, they look after me and I feel safe here."
- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. They knew how to recognise the signs of abuse and of how to report safeguarding concerns. They were confident the management team would address any concerns regarding people's safety and well-being and make the required referrals to the local authority.
- A staff member said, "We all have safeguarding training, and if I was unsure of anything, I would go to the manager."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.

Assessing risk, safety monitoring and management

- Assessments were undertaken before people moved into the service. This had ensured their needs could be safely met by the service and staff.
- Risk assessments were clear, and up to date. They contained enough information for care staff to provide safe care and manage any risks, such as falls, moving and handling, malnutrition or choking. The provider used recognised tools for assessing risks such as waterlow for skin damage and the malnutrition universal screening tool (MUST) for nutrition.
- People with mobility problems had clear guidance of how staff should move them safely. We saw that where hoists were used, there was guidance of what hoist was to be used and the size of the sling that was specific to that person. All the hoists in use had been serviced regularly and were safe for use.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where appropriate, applications for DoLS authorisations had been sent to the local authority and the service were awaiting final decisions. The applications included detailed information about why restrictions were needed. For example, leaving the premises.
- Some people were unable to make decisions about aspects of their care. If they had a power of attorney to act on their behalf this was clearly documented and it was evident that discussions were held as necessary when decisions needed to be reached.
- Staff had received training to ensure their knowledge and practice reflected the requirements set out in the MCA.

Staffing and recruitment

- There were enough staff to support people safely. Staffing levels were assessed and based on people's care needs. The registered manager reviewed the staffing levels regularly and said that staffing would be adjusted if people's needs increased. This had ensured people's needs were met in a timely manner and in a way that met their preferences.
- People told us, "Staff are lovely, very caring and kind," and "I think there are enough staff, I never have to wait for anything."
- We looked at 4 staff personnel files and there was evidence of robust recruitment procedures.
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least 2 references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- Medicines were stored securely in clean, temperature-controlled conditions. People told us they got their medicines on time, comments included, "I have a lot of tablets to take, I'm really pleased that the staff now do this, it was becoming a bit much for me," and "I get my pills and if I need something for pain I just have to ask."
- Medicine administration records were in the main completed accurately. Medicines were administered by senior care staff who had been trained and assessed as competent. Where people needed medicines through a skin patch the sites were rotated to prevent skin irritation. Where people had medicines 'as required' (PRN), for example for pain relief, protocols were in place and clear.
- Medicines were audited regularly. Medicines requiring additional control were recorded in line with legislation and were checked regularly by senior staff. The audit however had not picked up the shortfalls we found for example the lack of two staff signatures on handwritten entries into the MAR and some irregularities noted in the recording of one person's PRN medication. This had not impacted on people's safety.

Preventing and controlling infection

- We were not fully assured that the provider was using PPE effectively and safely. Whilst there were yellow

bins for the disposal of PPE, these were not all pedal operated to prevent cross infection. These were replaced during the inspection.

- 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 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.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

At the time of the inspection there were no restrictions for relatives and loved ones visiting people. The service follows the government guidance currently in place.

Learning lessons when things go wrong

- Accidents and incidents were recorded with details of what may have contributed to the incident. These details were also recorded on a tracker, which enabled the registered manager to review individual incidents and to identify any emerging themes.
- There was evidence that learning took place when errors occurred. For example, following a medicine error, further training was given and each medication trained member of staff was spoken to in their supervision about the importance of checking, counting, counter signing of controlled drugs.
- The registered manager used safeguarding investigations and outcomes as a lessons' learnt exercise and used them to improve the service.

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 Requires Improvement. At this inspection the rating has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection it was identified record keeping needed to be developed further. We found that improvements had been made, for example care plans were up to date and reflected people's individual needs.
- The management team undertook monthly audits of the quality of the service. Each aspect of people's experience of the home was regularly assessed to ensure people received safe, consistent care. The checks included audits about medication, the environment, people's care plans and the health and safety of the home. Any issues identified through these audit processes were added to an improvement plan and responsible staff member to action.
- Whilst there were some shortfalls found during the inspection that the audits had not identified, these had not impacted on peoples' good outcomes. For example, whilst there were yellow bins for the disposal of PPE, these were not all pedal operated to prevent cross infection, not all hand written medicine charts were double signed to ensure they were correctly transcribed, there were some PRN protocols that were not in place and some PRN recording that indicated that not all staff were following the PRN policy. These were addressed immediately during the inspection.
- Where recommendations to improve practice had been suggested, from people, staff and visitors, they had been actioned, such as activities and menu choices.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us that the staff culture was friendly and that all staff engaged with them positively. One person told us, "Staff are lovely, very kind," "Really kind and thoughtful," and "I didn't want to come into a care home, but they have made me very comfortable."
- People's relatives told us the home had a nice atmosphere and they are made them welcome when they visited. One relative said, "Very happy with the home, they are all very kind to my relative and she seems content," and "They keep me informed of any changes, I find them helpful and honest, and I can ask them anything."
- The management team knew people well and spent time on the floor with staff and to observe interactions and care delivery. We observed that people recognised the registered manager and greeted them by name.

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

- The registered manager and staff were open and honest with us throughout the inspection.
- Statutory notifications were submitted appropriately by the provider to CQC.
- The registered manager understood their responsibilities around duty of candour.
- The last inspection report was displayed in a communal area and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care

- People, their relatives, staff and professionals were given opportunities to provide feedback about the home through informal conversations, meetings and the complaints procedures. One relative commented, "My relative is cared for, they do her hair, her nails, she looks really well," People told us, "Treat us all really well, food is good," and "I do feel safe and comfortable,
- The registered manager analysed the results of surveys from people to improve the service. We saw that issues mentioned were taken forward, such as food choices and activities.
- The registered manager understood the importance of continuous learning to drive improvements to the care people received. For example, encouraging staff to update their skills and taking responsibility, for example becoming a senior care and medicine giver.
- Staff told us they felt supported by management. They said, "I can raise anything with the manager and know I will be listened to." All staff receive regular supervision and a yearly appraisal.

Working in partnership with others

- The registered manager and staff understood the importance of partnership working and worked well with other professionals to meet people's needs. The registered manager confirmed that the relationships with social workers were open and transparent and they worked closely with the local authority.
- Staff worked closely with GPs, speech and language therapists, sensory team and mental health team to ensure people received the specialist support they needed. The provider had links with a local hospice to provide support and guidance with people who were at the end of their lives.