

Caring Homes Healthcare Group Limited

Abbeycrest Nursing Home

Inspection report

Essex Way
Sonning Common
Reading
Berkshire
RG4 9RG

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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

Abbeycrest is a residential care home that was providing nursing and personal care to 69 people at the time of the inspection. The home can accommodate up to 70 people in one adapted building.

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

People felt safe in Abbeycrest and there were systems and processes to protect people from the risk of harm. Medicines were managed safely and people received these as prescribed. Systems for ensuring people's environment was safe were in place. A robust recruitment and selection process was in place and there were sufficient staff to meet people's needs. Infection control measures were in place.

People's care, treatment and support had been assessed in line with best practice guidance. The service worked in partnership with other organisations to contribute to the development of best practice.

Management and staff worked together and with other professionals to ensure people received joined up care. There were champions within the service who actively supported staff to make sure people experienced good healthcare outcomes. Staff training was developed and delivered around people's individual needs with specialist training provided where required. Staff told us they felt supported, had regular supervisions and were encouraged to develop their skills. There was a strong emphasis on the importance of eating and drinking well. The service provided good quality food with a variety of different options to choose from each day.

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's rights to make their own decisions were respected and people were in control of their support. This ensured that people's human and legal rights were respected.

People and relatives described staff as kind and caring. Comments included, "Staff are so kind, I can't praise them enough. I must emphasise how kind the carers are, carers are always smiling, very gentle." People were treated with dignity and their choices respected. The service promoted a person-centred service that valued people as individuals.

The provider had quality assurance systems and processes to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person-centred way. People and their relatives told us they thought the service was well managed and they received high quality care that met their needs

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 4 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

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 ●

Abbeycrest 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 Care Act 2014.

Inspection team: The inspection team consisted of one inspector, a nurse specialist advisor and an assistant inspector.

Service and service type

Abbeycrest is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection: This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and previous inspection reports. 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

We spoke with eight people and eight relatives about their experience of the care provided. We looked around the home and observed the way staff interacted with people. The registered manager was absent during the inspection, but the service was well supported during the inspection by the clinical services

manager and area manager. We looked at 11 people's care records and nine medicine administration records (MAR). We spoke with the clinical services manager, area manager and 10 staff which included, nurses, care staff, housekeepers, chef, dining room supervisor and activity co-ordinator. We looked at two 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 reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We sought feedback from professionals who work with the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Abbeycrest. One person told us, "If I didn't feel safe, I will try and get out or go to the nursing station." One person's relative said, "If they did not feel safe, they will call the staff. Staff are very responsive and always happy to help."
- People were supported by staff that knew how to raise safeguarding concerns and were aware of the whistleblowing policy and procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. A nurse said, "We will action to make sure they are safe then I would report to the deputy manager and manager. We will make an alert to safeguarding." A care worker said, "I will tell the nurse. We can also whistle blow. There are numbers on the wall."

Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed, and guidance was in place for staff to reduce these risks. For example, one member of staff described a person who when in bed was at risk of falling from the bed. They said, "She might fall out of bed, so we make sure the bed is low and put a mat by the side of the bed." The care plan stated, 'In my best interest staff decided to put a crash mat next to my bed to prevent injuries in case I fall from the bed.' We observed the person in bed with the bed on the lowest setting and a crash mat by the side of the bed.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- People's safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed.
- All of the nursing and care staff we spoke with on the day of the inspection felt there were enough care staff to meet people's needs. One nurse said the clinical lead was, "Very hands on and helps out when needed. She always helps at mealtimes."
- People and their relatives told us there were enough staff. One relative said, "There is always a qualified nurse and care staff available at all times. They seem to be helping each other. They are very efficient in recording."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. One person said, "Wherever we are they find us and chase us with medications."
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it. A relative commented, "The cleaning is very good, there is always a cleaner."
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- People's bedrooms and communal areas were clean.

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- Audits were used to identify if any improvements were needed. Where improvements were required we saw these were actioned and plans put in place to ensure the issue did not arise again.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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, treatment and support was based on the best available evidence to ensure people had good outcomes and a good quality of life. People and relatives told us they were involved in the assessment and care planning process.
- The service worked in partnership with other organisations to contribute to the development of best practice. For example, a person was being supported by the service to have treatment at the home rather than hospital. This had improved the person's quality of life who now enjoyed visits from family and friends and was able to join in activities in the home.
- There was a holistic approach to assessing, planning and delivering care and support. Best practice guidance had been referred to. For example, the service had implemented recent national guidance on oral health. People's oral health was fully assessed on entry to the care home in line with this guideline and there were detailed oral health care plans in place. A nurse said, "Oral health used to be one of the most neglected parts of care. Mouth care is in planned care now."

Staff support: induction, training, skills and experience

- Staff training was developed and delivered in line with people's individual needs. For example, dementia training. Nurses had clinical training such as operating syringe drivers. Abbeycrest had link nurses who communicated with outside professionals on specific areas like tissue viability and Parkinson's.
- New staff went through an induction which prepared them for their roles and were supported to undertake the Care Certificate if new to the caring role. Existing staff were supported to develop their skills. A nurse told us they were undertaking a coaching qualification.
- Staff told us they had regular supervisions and felt really supported in their role. One commented, "Its lovely working here; there's a great atmosphere. We are all working as a team. Everyone is respectful. Respectful and caring of our residents and very respectful and caring of each other. We are all working together."

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

- There was a strong emphasis on the importance of eating and drinking well. The service provided good quality food with a variety of different options to choose from each day. People told us they enjoyed the food. One person told us, "Whatever I want, I get it." Another person told us that, "They bring my food as I prefer to eat in my bedroom." A relative said, "Food is good, good standard and nice presentation. From what is offered, there is always a choice."
- We saw people had an enjoyable dining experience. Restaurant style food trolleys were used to offer people dessert or cheese board and fruit. When care workers and nurses supported people with their meals

both in the dining room and own rooms all sat at the same level as the person. Staff chatted to people throughout the meal and did not rush them.

- There were enough staff to support and meet people's nutritional needs. People had protocols in their care records to assess the risk of malnutrition and dehydration and national guidance for consistency of pureed diets was followed.

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

- People had access to healthcare professionals. One person told us, "I can have a doctor if I want to and I can ask."

- Where people had complex or continued health needs, staff always sought to improve their care, treatment and support by identifying and implementing best practice. Advice and input was sought from health professionals such as GPs, physiotherapists, mental health nurses, dieticians and tissue viability nurses.

- There were champions within the service who supported staff to ensure people experienced good healthcare outcomes. Nurses had attended a 'SKINtelligence' project at a major hospital set up to assist better management of pressure sores and wounds in the community.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected and people were in control of their support.

- Staff had received training about the MCA and understood how to support people in line with the principles of the Act.

- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process. For example, a person was refusing their medicines and were assessed as lacking mental capacity to make this decision. Staff had made a best interest decision in conjunction with the GP, family and pharmacist to administer medicines covertly if required. This ensured that people's human and legal rights were respected.

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

- Abbeycrest was purpose built and was dementia friendly, assisting people to orientate themselves around the home and maintain independence. All areas were maintained and decorated to a high standard. Since the last inspection, a new coffee area provided a communal space for people to enjoy quality hot drinks with visiting friends and family.

- Technology was used such as laser movement sensors in people's rooms to notify staff of movement in

the room. This improved the safety for people at high risk of falls as staff were warned to attend and prevent any potential falls.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and their relatives were very positive about the care they received and told us staff were caring. Comments included, "Staff are so kind, I can't praise them enough. I must emphasise how kind the carers are, carers are always smiling, very gentle"; "Staff are very polite and friendly." A relative said, "The home has got a nice atmosphere; staff are good, seems to have people here for a long time which is a good sign. People are really nice, they address [person] by the first name and they made us feel welcome." Another relative told us, "We feel staff are our friends, they are so caring, really caring."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were very happy in the presence of staff and other residents.
- People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this. Staff told us they treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One person said, "I am definitely involved in my care. Can say no when I mean no".
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.
- People's views were sought and respected. A member of staff said, "We always give people a choice. Respect for older people is very important, I always think how I would feel if it was me or my mum."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. One person said, "Staff always knock before they come into my room, always ask permission before performing any tasks."
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent. People were assisted to keep in touch with those important to them. One person said, "They talk to me and [relative] who lives in [town] comes in every week."
- The provider ensured people's confidentiality was respected. Records containing people's personal information were protected by appropriate measures such as confidential passwords or in locked offices.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and relatives told us that they were fully involved in drawing up their care plan and it reflected their preferences accurately. One person told us, "They are very transparent, document is very clear." Another person said, "I was involved in drawing up my care plan." Relatives said they were also involved and kept updated about changes. One said, "I am involved in [persons] care plans and they are reviewed from time to time. If I have any queries, would discuss with staff and immediately they respond to it where they can. I was worried about [persons] weight and the weight charts were stored in the computer, I asked if I can see it and now they write it on paper, so I can see."
- The service found out about people's histories when they moved to the home. People were asked about their life stories and previous experiences. Where necessary, families were asked to provide information to assist staff understanding of the person.
- Care records were individualised and detailed. They were updated when any changes were noted. A care worker said, "We report any changes to the nurse and they update and make changes to the care plan straight away."
- Staff knew people's individual needs. During the inspection, we observed a care worker singing with a person as they were moving them in a wheelchair to a communal area. The person was humming along. They were smiling. We looked at this person's care record and it said the person had recently suffered a stroke and had lost their speech. The care plan stated the person enjoyed music. We later spoke with the care worker who had been singing with the person who said, "She doesn't speak but can communicate by singing."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People said they had the equipment they needed to help their communication. One person told us, "I have hearing aids and use the headphones for the computer and television." Another said, "The audiologist came in when I needed, opticians came and checked my eyes. They always provide help when I needed it."
- Audio books were used for news and stories. This enabled people with visual impairments to enjoy stories being read through audio story books.

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 and relatives told us that staff engaged them in meaningful activities that met their needs. One person told us, "I love the activities." Another person told us, "I am quite content with activities."
- Activities were reviewed in monthly residents' meetings and their individual choices and preferences were reflected on their personalised care plans.
- Staff said they tried to get suggestions from people about any interests or activities they may like to help inform them of people's likes and dislikes. If people didn't like group activities, then staff would spend time at least once a week to do sessions with them like reading or discussing their interests. One relative told us, "There is a spa day once a month and that's a nice treat for the resident, a nice complimentary add on." Another relative said, "There is a nice range of activities they can do. The memory clinic is good. Celebrate special events like Halloween and Christmas and that is very good."
- The home also encouraged families and friends to engage in activities. One relative said, "I come in every fortnight to do table tennis to encourage residents and staff."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and the process was followed to investigate any complaints. For example, communication had been improved between a member of staff and people.
- People and relatives told us they would raise any concerns with the registered manager or deputy and were confident action would be taken to address any issues.

End of life care and support

- There was no one at the service at the time of the inspection at end of life. However, nursing staff had undertaken syringe driver training and their competencies had been checked to ensure they were competent and able to set up the syringe driver if required. One nurse told us that four of them had been to Oxford the previous week for end of life training.

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 remained the same. 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

- People and relatives told us the home was well led and they knew who the registered and deputy managers were. Relatives provided high praise for management with comments including, "This home is top on the list"; "The manager is approachable; we are very happy"; "This service is really good. I know five people whose relatives were in this home. I had personal recommendation."
- Staff were complimentary of the support they received from the management team. One care worker said, "The manager is very helpful and approachable." Another care worker said, "Nurses are very good, very helpful and supportive. We work with each other, we are a team and there is good communication."
- Staff were recognised on their birthdays, work anniversaries and training achievements, 'Caring Stars' was a reward scheme rolled out the provider where staff were recognised through nomination from people and relatives. This contributed to staff work satisfaction and in turn the staff delivering good care for people. During the inspection we observed effective team working. The atmosphere was very pleasant.

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

- There was an open culture that was transparent and honest when things went wrong. There had been no incidents that met the requirements under duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.

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

- There was an experienced and established registered manager who had been in post for over six years. The registered manager was supported by an area manager and a deputy manager. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The provider had quality assurance including, audits of care plans, medicine records and analysis of accidents and incidents. These provided an overview to ensure improvements were made where necessary. For example, a recent medicines audit had highlighted there were sometimes gaps of signatures on the MAR charts. Staff were reminded of this in meetings and supervision and we found no issues during the inspection.
- The management team promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being.

- The registered manager had a strong focus on staff's continuous learning and pushed them to develop within and beyond their roles. For example, providing development opportunities such as coaching and nurses optimising their clinical skills.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- People and their relatives had opportunities to provide feedback through surveys. The information gathered was used to improve the service. For example, some comments related to improvements to a bathroom.
- Monthly meetings were held with people to discuss social activities. Relatives had opportunities to attend quarterly meetings which were held to discuss ideas and suggestions to improve the services.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. A health professional commented, "The care home staff work well with our team, they usually act on our recommendations and refer to us regularly for falls and mobility assessments, also for advice regarding dementia and challenging behaviour."
- We saw in the responsive section of this report that the service continued to learn and improve care in line with best practice guidance.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.