

Abbey Healthcare (Mill Hill) Limited

# Abbey Healthcare- Aarandale Manor

## Inspection report

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Date of inspection visit:  
03 September 2020  
04 September 2020

Date of publication:  
24 September 2020

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Aarandale Manor is a nursing home providing accommodation, nursing and personal care to 32 people at the time of the inspection. Some people were also living with dementia. The service can support up to 65 people. Aarandale Manor accommodates people in one adapted building over three floors.

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

Significant improvements had been made over the last year in the management of the home and the quality of care people received, despite management changes that had taken place.

Relatives commented that whilst management changes had taken place, the quality of care had not been affected and people were safe and received good care and support.

We observed people to be supported in a safe way, taking into consideration their needs, choices and wishes.

Risks identified with people's health, medical and care needs had been assessed and documented with clear guidance on how to minimise the identified risk to keep people safe.

People received their medicines safely and as prescribed. Systems and processes in place supported this.

Recruitment policy and procedures supported the recruitment of staff who had been assessed as safe to work with vulnerable adults. We observed enough staff available to support people safely.

The home smelled fresh and was clean. There were increased infection control measures in response to the coronavirus outbreak. The provider reacted appropriately to keep people safe.

Staff received the required induction, training and support to carry out their role effectively. Care staff told us that they felt appropriately supported and that the management team were always available to provide direction and guidance.

The service supported people to eat and drink in ways which took into consideration their support needs, likes and dislikes.

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.

Most relatives felt engaged with the service and confirmed that they received regular updates and feedback about their relative. However, some relatives did comment that communication between them and the

home could be improved.

Management audits and checks enabled managers to oversee the quality of care delivery and make the required improvements where necessary. During the inspection, minor issues were identified with the recording of supervisions, appraisals, capacity assessments, best interest decisions and DoLS. However, following the inspection, these issues were addressed.

We have made a recommendation about the provider and management sustaining the improvements and embedding all learning and development going forward.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 4 April 2019) and there were breaches of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulation 17 breach was a continued breach from the previous inspection (published February 2018) and the second time that the service had been consecutively rated requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an announced focused inspection of this service on the 3 and 4 September 2020 to check that the provider had followed their action plan, to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aarandale Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Abbey Healthcare- Aarandale Manor

## **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 as part of our Thematic Review of infection control and prevention in care homes.

#### Inspection team

This inspection team consisted of two inspectors, a pharmacist specialist, a specialist advisor nurse and two Experts 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. The Experts by Experience contacted people's relatives by phone to request feedback.

#### Service and service type

Aarandale Manor 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 had a manager who was in the process of registering with the Care Quality Commission.

#### Notice of inspection

This inspection was announced. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We were only able to speak with one person who used the service as due to the current coronavirus pandemic, we were unable to speak with other people without compromising social distancing rules. We spoke with the nominated individual and two members of staff including the manager and the deputy manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records and 12 people's medication records. We looked at six staff files in relation to recruitment, supervision and appraisals. A variety of records relating to the management of the service, including quality assurance, training records and health and safety were also reviewed.

### After the inspection

We spoke with 14 relatives of people living at the home. We also spoke with three nurses, two Care Home Assistant Practitioners, five care staff and two night care staff. We continued to seek clarification from the nominated individual and manager to validate evidence found.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to manage medicines safely and had failed to assess and manage risk which placed people at the risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Medicines were safely managed. Systems were in place for ordering, administering and monitoring medicines. Staff were trained and assessed as competent before they administered medicines. Medicines were stored securely.
- People received their medicines as prescribed. Multidisciplinary agreements were available in the person's care plan where medicines were administered covertly.
- There were no gaps in recording, which provided a level of assurance that people were receiving their medicines safely.
- Since the last inspection, the provider had introduced a new system to monitor and audit people's medicines on a regular basis, and we found improvements had been made as a result of this. For example, 'as required' (PRN) medicine protocols were monitored on a weekly and monthly basis to ensure they were up to date and appropriate. 'As required' medicines can be administered to help with conditions such as pain relief or anxiety.
- People's known risks associated with their health, safety and care needs had been assessed with clear guidance on how to minimise or mitigate the risk to keep people safe and free from harm.
- Care plans recorded people's identified risks which included moving and handling, skin integrity, nutrition and hydration, behaviour and risks associated with specific health conditions such as epilepsy and diabetes.
- For some care plans we looked at we found that information about people's health conditions such as the signs and symptoms to look for, was not always recorded. We brought this to the attention of the nominated individual and the manager, and this was addressed immediately.
- We saw behaviour management plans in place for those people whose behaviour presented a risk to themselves and others. The assessment detailed how their behaviour presented itself, the triggers associated with their behaviour and management techniques for staff to follow to deescalate the situation.
- Risk assessments were reviewed monthly or sooner where change was noted to ensure they reflected people's current needs and safety requirements.

- Personal emergency evacuation plans in place outlined people's specific support needs in an emergency and how they were required to be supported.
- Health, safety, equipment and environmental checks were routinely completed to ensure people's safety.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff understood and followed the provider's policies and procedures to identify and report concerns or signs of possible abuse. Staff told us they had received safeguarding training which was refreshed annually.
- Relatives confirmed that they believed their loved one to be safe whilst at Aarandale Manor and did not express any concerns about the care they received. Comments included, "I'm happy [person] is being looked after safely", "She [person] is definitely safer there than she was at home, she wasn't eating properly and had lost a lot of weight, she has made a massive improvement since being there" and "I am very confident she is safe and well looked after."
- The nominated individual and manager understood their responsibilities around reporting safeguarding concerns to all relevant authorities including the Care Quality Commission (CQC).
- We saw records of all accidents, incidents, safeguarding concerns and complaints raised with details of the issue, actions taken and any follow up required.
- Each incident, accident, safeguarding or complaint was investigated with details of the outcome recorded and lessons learnt. These were reviewed and discussed with the wider team so that any identified trends supported further learning, development and improvements where required.

Staffing and recruitment

- Staff recruitment policies and procedures followed enabled the service to recruit staff that had been assessed as safe to work with vulnerable adults.
- Staff files contained several checks and verifications that formed part of the assessment of staff and included criminal record checks, identity verification, employment history and evidence of conduct in previous employment.
- Throughout the inspection we observed there to be enough numbers of staff available to meet people's needs safely.
- Staffing levels were determined by the completion of individual needs assessments. Assessment scores then enabled the service to calculate the number of staffs required to meet people's needs.
- Care staff told us that there were no concerns around staffing arrangements and that whenever staff called in sick or were unable to attend their shift, the managers made every effort to cover the shifts.

Preventing and controlling infection

- People were protected by the safe use of infection control procedures and practices. At this inspection we found that the home was managing infection prevention and control well especially during the COVID-19 pandemic.
- The home was clean and free from any malodours. Increased cleaning schedules had been introduced throughout the home during the pandemic.
- All staff had access to a full range of Personal Protective Equipment (PPE). This included masks, gloves and disposable aprons. Staff wore PPE at all times to protect people from risk of infection.
- The provider had installed specific equipment that checked visitors and staff temperatures on entry and sanitised their shoes as a precautionary measure to stop the spread of infection.
- All staff had received the required training on infection prevention and control and the correct use of PPE. In addition, the provider had also obtained an ultraviolet bacteria detection tool to scan care staff hands to promote staff awareness around hand washing and improve hand washing techniques.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the required training, skill development and support to deliver effective care and support to people at Aarandale Manor.
- Staff told us that they received a comprehensive induction when they started working at the home which included a period of shadowing an experienced member of staff and mandatory and role specific training.
- A training plan and programme was in place which was reviewed and updated regularly taking into consideration the current COVID-19 pandemic and alternative training delivery.
- Care staff told us that they were always reminded and supported to complete their training which has currently been through electronic independent learning.
- Care staff also stated that they received supervision and felt well supported in their role. Feedback included, "We are being assessed and reviewed, they [managers] come round when we are doing medication, asking if we are happy, if we need more support. They are supporting, teaching and guiding us" and "We have every three months and we talk about safeguarding, what happens if you don't attend the job, COVID. I feel supported, they help you, if you don't feel well."
- However, records of supervision did not always support what care staff told us and we found that care staff did not always receive the frequency of supervision as stated within the provider's supervision policy. We have reported further on this under the 'Well-Led' section of this report.

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

- People's needs and choices were assessed prior to their admission to Aarandale Manor to ensure the home was able to meet the person's needs safely and effectively.
- Based on the information gathered at assessment stage, a comprehensive care plan was compiled so that staff had access to the person's personal profile, health and medical care needs, identified risks and how they wished to be supported.
- At the last inspection, we identified that care plans were disorganised, and significant information was not always easy to find which could place people at risk of receiving unsafe and ineffective care. At this inspection, this issue had been addressed.
- The provider had introduced electronic care planning systems across all their care homes. These were simple to navigate around, with required information about people's needs and requirements easily found. This ensured people received effective care and support.

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

- People were supported to eat and drink well in order to maintain a healthy and balanced diet.

- We observed people were given a choice of meals and were seen to enjoy their meals which looked well-presented and appetising. Drinks, snacks and fruit were available to people throughout the day.
- Where people required support to eat their meals, care staff helped them in a dignified and respectful manner.
- Most relatives spoke positively about the food provision within the home. One relative told us, "She has gained weight and is eating three proper meals a day and she has got stronger and is more mobile than she has been for some time." Some relatives did make some minor negative comments about the lack of variety of desserts for diabetic people and staff giving food items they dislike, especially when noted on their likes and dislikes list.
- Where people had specific dietary needs and requirements, these were clearly documented within the person's care plan. A copy of this was sent to kitchen staff for their attention.
- At the last inspection we found that recording of food and fluid intake was inconsistent and occasionally incomplete. At this inspection this issue had been addressed.
- Food and fluid intake records were completed in real time, on hand held electronic devices, which gave nurses and managers immediate access to people's recommended daily intake and the actual total food or fluid intake throughout the day as a comparison. Where low intake was recorded, this was discussed with the care staff team at daily 'flash' meetings so that further monitoring could take place and where required referrals made to the appropriate health care professionals for their intervention.

#### 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 were safely and effectively supported by care staff in line with the principles of the Mental Capacity Act 2005 (MCA).
- At the last inspection we found that where DoLS authorisations had been approved and where conditions had been set, these had not been reflected within people's care plans. During this inspection we found this issue had been partially addressed.
- Some care plans that we looked at did not contain information about the person's capacity, any best interest decisions that had been made and whether a DoLS authorisation and conditions was in place. Other care plans looked at did contain the relevant information. We brought this to attention of the nominated individual and the manager, who following the inspection sent us evidence that all care plans had been reviewed and updated accordingly.
- Care staff demonstrated a good understanding of the principles of the MCA and the importance of

obtaining consent, promoting choice, autonomy and independence regardless of the person's capacity. One care staff explained, "I will talk to people slowly, listen to them, talk about what they want and what they like, don't force them, they can forget things at any time, so you have to ask all the time, listen to them."

- At the last inspection we found that consent to care and treatment was not always clearly documented within people's care plans. At this inspection we found that this had been addressed. Care plans recorded people's consent and where required a relative's involvement in the planning and delivery of care.

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

- People were supported to live healthy lives and had access to a variety of services and support where required to promote their health and well-being.

- We saw records of visits from healthcare professionals which included the GP, palliative nurses, diabetic nurses, audiologists and physiotherapists. Details of why the visit was required, the outcome and any follow up required were recorded.

- Feedback from relatives about access to health care was positive. One relative told us, "The GP visits every Tuesday and I'm always updated afterwards."

- Where specialist intervention was required, we saw records confirming appropriate referrals had been made to access these services.

- We observed the team to work effectively together to achieve positive outcomes from people. Daily handover and 'flash meetings' enabled the team to communicate and exchange information about people so that they were supported with their health care needs effectively.

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

- People were able to access all areas of the home which included garden and outdoor areas.

- Specific areas of the home had been adapted to support people living with dementia. Appropriate decoration, signage and use of dementia friendly equipment were used to promote people's independence, way-finding and well-being.

- In response to the COVID-19 pandemic, the provider had re-arranged outside garden areas and redesigned one internal room to support safe visiting and enable relatives to see and speak with their loved ones.

# 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 requires improvement. At this inspection this key question has now 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; Continuous learning and improving care

At the last inspection the provider had failed to address the range of concerns we identified which included identifying and assessing risk and medicine management. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Whilst the home had seen a few management changes since the last inspection, the most recent manager, who took over management of the home in July 2020, had begun to establish positive working relationships with people, relatives, the staff team and involved healthcare professionals.
- Significant improvements had been made since the last inspection and issues that we had identified at previous inspections had been mostly addressed.
- The manager and deputy manager had a clear understanding of the issues that had been identified at previous inspections and were working with the nominated individual to ensure ongoing improvement, learning and development.
- Management audits and checks enabled the nominated individual, the manager and senior management team to monitor the quality of care people received and their experiences. Where issues were identified these were incorporated into the care homes service improvement plan with details of actions taken to address the concerns.
- All accidents, incidents, safeguarding's and complaints were analysed, reviewed and discussed with the staff team so that where required improvements could be made and learning outcomes could be taken forward.
- However, during the inspection we did identify some issues around recording. Records did not always evidence that staff received the frequency of supervisions as per the provider's policy, appraisals for staff were yet to be completed and omissions in the recording of capacity, best interest decisions and DoLS authorisations were identified.
- The nominated individual explained that the COVID-19 pandemic had impacted on the completion of supervisions and appraisals but an action plan was in place to address the shortfalls.
- During the inspection, the concerns identified were discussed with the nominated individual and the manager who promptly acted on our feedback and following the inspection sent evidence to confirm that

the concerns had been addressed. This gave reassurance that the service acknowledged our feedback and was willing to continuously learn, develop and improve the quality of care delivery.

We recommend that the nominated individual, the manager and the management team, going forward, need to continue to work proactively to ensure that all improvements and developments implemented are sustained and fully embedded within current management practices and processes so that people continue to receive safe and effective care and treatment.

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

- Throughout the inspection we observed there to be a positive culture within the home which promoted person centred care and achieved good outcomes for people.
- Relatives told us that whilst there had been recent management changes, the quality of care delivery had not been impacted upon. Relatives stated that they knew the new manager and felt confident in approaching them.
- Staff also spoke positively about the new manager and the impact this has had on staff morale and working practices. All staff stated that communication had improved between management and staff and that the focus for everyone was to deliver good quality care. One staff member explained, "Managers are very good, very proactive, they really made sure to help me settle, ready to take my ideas, they listen to me, things are looking much better than before, I can see already the difference."

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 manager had only recently began working with the provider and was in the process of submitting their registration application to become the registered manager with CQC.
- The manager was being supported by the nominated individual and business support manager through their induction and orientation of the home.
- Both the nominated individual and the manager clearly understood their responsibilities around duty of candour and being open and honest when something had gone wrong. Statutory notifications were completed and submitted to the required authorities including CQC.

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

- Due to the COVID-19 pandemic, the home had been unable to arrange any face to face relatives meetings. The nominated individual and the manager explained that communication with relatives had been maintained through telephone conversations, emails and letters. The manager planned to hold a virtual meeting with relatives in September 2020.
- The majority of relatives told us that communication between them, and the home was good and that they always received a call giving them updates about their relative. One relative told us, "There is a new manager and she has been very communicative, she has been very clear with us regarding the do's and don'ts and the everchanging information regarding lockdown and the pandemic has been passed on to family." However, some relatives did comment that communication could be better. One relative stated, "I don't hear a lot from the home, I ring and ask but there isn't much communication or information." Feedback was given to the nominated individual and the manager about this who gave assurance that this would be looked at so that improvements could be made.
- Relatives confirmed that whilst they had been kept updated regularly, they had not completed any satisfaction or feedback surveys. The nominated individual confirmed that satisfaction surveys were due to be sent to all stakeholders later this year.

- Daily handovers, 'flash meetings', regular care staff meetings and senior management meetings encouraged effective communication and gave staff an opportunity to raise concerns, make suggestions and share good practice.

#### Working in partnership with others

- The nominated individual and manager continued to work with the local authority quality team to ensure the improvements and learning implemented so far were embedded and where further improvements were identified these were addressed.
- The home continued to work with and had established positive working relationships with a variety of health and social care professionals to ensure people received the required support and intervention.