

## Larchwood Care Homes (North) Limited

# Abbey Place

### Inspection report

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Huddersfield  
West Yorkshire  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Abbey Place provides residential care for up to 38 older people who may also be living with dementia. At the time of our inspection there were 36 people living at the home.

People's experience of using this service:

People did not always receive a service that provided them with safe and effective care. Some records and stock levels related to medicines management were not always well maintained. Records related to people's potential risks were not always detailed. Some infection control practices required strengthening. The provider had a quality assurance system in place, but this was not always effective. For example, in relation to record keeping.

Staff had received appropriate induction, had completed mandatory training and supervision was conducted. However, appraisals had not been completed recently. Staffing numbers were sufficient on both days of the inspection and the provider followed safe recruitment procedures. Staff understood how to identify and report any safeguarding concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People had access to a range of activities and the provider worked with other organisations, to meet people's needs. The home provided a dementia friendly environment. There was easy access to the garden area which had a 'village' feel with many stimulating features.

People and their relatives told us they were happy with the service provided. People's dignity and privacy were respected, and staff supported people to remain as independent as possible. Staff understood the importance of providing person-centred care and had developed positive relationships with people. Care plans were mostly person-centred and had been updated and reviewed to ensure they reflected people's current needs.

People received enough to eat and drink and were supported to use and access other healthcare professionals. The culture of the service was open, and people felt able to raise any issues. People and relatives had the opportunity to provide feedback on the service received and there was a system to respond to any complaints.

Rating at last inspection: At the last inspection the service was rated Good (report published 5 December 2016). The rating has deteriorated to Requires Improvement at this inspection.

Why we inspected: This was a planned inspection based on when the service was registered with the Care Quality Commission.

Enforcement: We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 namely good governance. Please see the 'action we have told the provider to take' section

towards the end of the report.

Follow up: We will continue to monitor the service through information we receive. Further inspections will be planned for future dates as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

## 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Abbey Place

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

On the first day of the inspection, the inspection team consisted of one inspector and an 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. Our Expert by Experience had knowledge about people living in a residential environment. One inspector carried out the second day of the inspection.

#### Service and service type:

Abbey Place 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 home had a manager registered with the Care Quality Commission. This meant they and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced on day one and announced on day two.

#### What we did:

Before the inspection, we reviewed the information we held about the service, including statutory notifications. Notifications are used to inform CQC about certain changes, events or incidents that occur. We requested feedback from stakeholders. These included the local authority safeguarding and commissioning team and Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR). The PIR is a form providers are required to send us which

contains 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 our inspection, we spoke with the regional manager, the registered manager, a deputy manager, head chef, the activity co-ordinator and four staff members. We spoke with five people who used the service and five relatives.

We 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 reviewed documents and records that related to the management of the service, including a range of policies, procedures and guidance used by staff in their role, records of safeguarding, and complaints, audits and quality assurance reports. We reviewed three staff members files and records associated with the management and administration of people's medicines. We looked at two people's support plans in detail, a further five support plans for specific information.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Using medicines safely

- Whilst there was no evidence to suggest there was any impact on people, some records and minor issues with the medicine's management were not always safe.
- Most people received their medicines on time. However, one person did not receive a medicine for two a half days. Staff contacted healthcare professionals and there was no impact on the person's health. The registered manager told us healthcare professionals' advice had been followed, although, staff recording of this information was limited.
- Systems were in place to record topical medicines such as creams, however, staff were not always signing to say creams had been applied. We found instructions for staff regarding the application of creams were not always clear. A staff member said, "I have seen gaps on the creams sheets." Some people's barrier creams could not be found on day one of the inspection, although, there was no impact on the people. These creams were available on the second day of the inspection.

Records and stock levels related to medicines management were not always well maintained. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records had been signed when medicines were administered from a dispensed dosage system, from the pharmacist. One person said, "Yes, they give them to me straight off the trolley when they go round."
- Where people were prescribed 'as required' medicines there were protocols to assist staff to understand when to administer such medicines.
- We looked at the storage and disposal of medicines and found this was satisfactory. Daily temperatures were recorded of where the medicines trolleys were stored.
- Staff had received medicines training and had their competency assessed.

### Assessing risk, safety monitoring and management

- Some areas of people's safety were at risk as records were not robust and did not always provide guidance for staff.
- Whilst there was no evidence to suggest there was any impact on people, air mattress settings were not recorded in people's care plans. We noted one person's mattress was set to 90kg, but the person weighed much less than this. The deputy manager said they would address this.
- People's baths and showers were not always recorded. For example, one person's care plan stated 'staff should ask [name of person] if they would like a shower or bath every few days'. The records showed the person had only had a bath or shower twice during May 2019.
- Staff had instructions to confirm people's falls sensor equipment had been checked twice daily. However,

the sheets had not always been completed. For example, one person's sheet showed the equipment had only been checked on four occasions during May 2019.

Records related to people's risks were not always well maintained. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Accident and incidents were recorded, and a summary was completed monthly. Following our inspection, the area manager confirmed analysis of accident and incidents were completed by the providers quality team who looked at trends in every home. Any concerns or change in trends were reported to the regional manager.
- The provider completed assessments of people's needs. Any identified risks were recorded.
- Service records, the environment and fire equipment were safe, routinely checked and well maintained. Key building certificates were found to be up-to-date.
- Staff had received training in fire safety. Each person had an up to date personal emergency evacuation plan that would be used in the event of an emergency.

#### Preventing and controlling infection

- Although the home was generally clean and well presented, we found there were areas of improvement in as a better system of monitoring infection control standards was required to avoid areas being missed. Some bathrooms had no toilet roll and soap dispensers were empty. The deputy manager told us there had been an issue with sick leave recently but would make sure a system was in place to prevent this happening again.
- Staff used protective equipment such as gloves and aprons. Staff received training in infection control. A staff member said, "The home is generally good and kept nice." A relative said, "[Name of person's] room is spotless, also the toilet and sink."

#### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. Staff received training in how to recognise the signs of abuse and had a good understanding of what to do to make sure people were protected from the risk of harm. One staff member said, "People are safe."
- People and relatives felt safe with the care provided. One person said, "I'm quite happy here, no-one bothers me."
- Safeguarding matters had been appropriately reported to the local safeguarding team.
- Information about whistleblowing was available to staff which meant they could report poor practice.

#### Staffing and recruitment

- A dependency tool was regularly reviewed to ensure staffing levels met people's needs.
- On both days of the inspection we saw there were sufficient staff to meet people's needs. Staff were observed attending promptly to people if they heard them calling out or observed them in need of attention.
- There were mixed views from people and relatives regarding staffing levels. One person said, "I don't wait when I press my buzzer." A relative said, "Sometimes I think they could do with a bit more, when mum needs changing we demand it. Usually when I ask they do come more or less straight away."
- Staff said there were generally enough staff. One staff member said, "We manage and pull together, even with the layout of the building." Another staff member said, "We are not able to do activities with people when the coordinator is not working."
- Staff had been recruited safely to ensure they were suitable to support vulnerable people.

#### Learning lessons when things go wrong



- Lessons were learnt when things go wrong. For example, following a recent issue regarding the ordering of medicines, the registered manager had implemented a new process to improve communication with the local pharmacy.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training. This covered key areas of care and support and training records were kept up-to-date. One staff member said, "I have done lots of on-line training." A relative said, "I have no doubt about anybody, if we didn't trust them we would move out."
- Staff completed an induction programme prior to starting work. Staff new to care completed the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in health and social care.
- Staff were given opportunities to review their individual work and development needs through supervision.

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

- People's needs were assessed before they moved in the home. This included gathering information about their medical history, key social contracts, and personal preferences.
- People's care and support needs were delivered in line with guidance such as The Mental Capacity Act 2005 (MCA) which provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.
- The registered manager used research from the internet to obtain advice to improve the care and support people received. For example, research into specific conditions such as bi-polar and schizophrenia.

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

- People were supported to maintain a healthy diet and their nutritional needs were met. One person said, "It is alright, there is always plenty, I just go get something, it is hot or cold as it should be, it is not so bad."
- People had access to food and drink throughout the day.
- Staff told us they thought the food was nice and tasty and people enjoyed it. A staff member said, "The food is nice and there is a good variety, there is always veg available."
- The head chef was clear about people's dietary needs and how to meet these.
- At lunchtime, we saw assistance people needed with their meals was unhurried and staff engaged with people throughout.

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

- Staff attended handover meetings at the start of each shift where relevant information was shared; this helped to ensure people received continuity of care. Staff worked well as a team.
- People had access to healthcare professional support when needed. One person said, "I think they [staff]

have called the doctor and I have got my glasses, that someone comes in to check."

- Information was recorded in people's care plans about healthcare professionals they had seen, and advice followed.

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

- The environment had been developed in line with requirement to assist people living with dementia which maximised people's independence.
- Areas of the home were safe to navigate. Access to an outdoor garden area was provided along with an area where people could choose to smoke. A relative said, "There is nothing to harm them, the garden is really nice, there's no steps where they could fall."
- The communal areas provided a calm and relaxed atmosphere.
- People's bedrooms were nicely decorated with photographs and pictures which reflected their personal preferences.

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 with appropriate legal authority. 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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.
- People were involved in making every day decisions and choices about how they wanted to live their lives. One person said, "I make my own choices depending on what I am doing that day."
- Mental capacity assessments had been carried out when required and decisions had been made in people's best interest.
- Training records showed staff had completed MCA and DoLS training.

# 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

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 received care and support from staff who were friendly and caring. Interactions between staff and people showed positive relationships had been developed. The atmosphere in the home was relaxed and warm. One staff member said, "Care is good, and I would recommend this home to my family, people have a good experience."
- People provided consistently positive feedback about staff and living in the home. One person said, "Staff are kind." A relative said, "[Name of person] seems looked after well, they seem better now than they have seemed for a long time. They are walking better and have put weight on."
- Compliment cards had been received by the home. These included, '[Name of person] said the visit went extremely well and [name of registered manager] who showed her around, was extremely lovely and informative, they were particularly impressed with the fact residents could go outside and be safe'.
- People were tidy, well dressed and clean in their appearance and where people would allow were wearing appropriate footwear.
- People were supported to access religious services of their choice both in the home and to visit places of worship.
- Staff completed training in equality and diversity.

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

- Staff supported people to make day to day decisions about their care and support. Staff knew how people communicated their needs.
- People and/or relatives had been consulted with and their wishes and preferences had been recorded.
- People had access to advocates where this was required. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. Staff understood the importance of respecting people's privacy and dignity. For example, knocking on people's bedroom doors before entering and making sure people were covered when providing personal care. One person said, "They [staff] always check with me before doing anything, so far so good."
- People were supported to maintain relationships with those close to them.
- People were encouraged to retain their independence and staff confirmed they only assisted people where this was required. A relative said, "They [staff] make sure [name of person] walks and feeds themselves as much as they can."

# Is the service responsive?

## Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were cared for by staff who knew their likes, dislikes and preferences.
- Care plans were very person centred. Life histories were recorded in detail to support staff to provide appropriate care and support.
- People had access to a comprehensive programme of activities. Along with access to a well-designed and thought-out garden, with several different areas, things of interest and stimulating features. For example, a small garage with a car and raised planting areas for people to use. A relative told us, "The thing [name of person] loved was walking, they can do this here. There is lots of stimulation in the garden, it is enclosed, and they can go out there on their own."
- On the second day of our inspection we saw people engaged in a coffee morning in the café, and staff chatted with people about their interests and looked at photographs with them.
- People's diverse needs were detailed in their care plans and met in practice. This included cultural needs and religious requirements.
- Staff knew how to communicate with people and information was provided in ways which people could access and understand. Care plans contained information about people's communication needs and any sensory support or adaptations they required. The provider complied with the Accessible Information Standard, a legal requirement to meet communication needs of people using the service.
- Documents could be produced in any format or language that was required.
- Technology used in the home included such items as call bells and sensor mats which alerted staff when people require assistance.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint. Information was recorded in the 'service user guide' of how any concerns or complaints would be handled. A relative said, "If I have made a complaint they are on it straight away."
- The provider acted upon concerns in an open and transparent way, and used them as an opportunity to improve the service.
- There was a process and policy in place to manage complaints.

End of life care and support

- Care plans contained where required an assessment of advanced needs, an end of life and a spirituality record which documented people's end of life preferences and wishes.
- Some staff had received end of life care training and worked closely with other professionals to make sure people received coordinated care.
- At the time of inspection there was one person receiving end of life care.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Audits had not consistently identified areas of practice which were unsafe and required development. For example, the medication audit had not identified the concerns raised during this inspection with record keeping.
- Staff completed weekly booklet for each person which included any special dietary requirements, fluid intake and pressure care needs. However, these booklets had not always been fully completed. There were no checks in place to make sure these booklets accurately reflected peoples weekly care and support. For example, one person's booklet asked, 'is air mattress on correct pump setting', n/a was ticked. Although, the person used this type of mattress.
- Items were inappropriately stored on the floor in a sluice room. This was identified as an issue in the December 2018 infection control audit completed by the local authority.
- The registered manager told us staff had not received an annual appraisal for two years, but they had plans in place to address this shortfall.
- A better system of monitoring infection control standards was required to avoid areas being missed.
- Records showed team meetings were held. This gave staff the opportunity to contribute to the running of the service. Although, the registered manager said they had not held a day staff meeting since August 2018.

The provider did not have effective systems in place to assess, monitor and improve the quality of service provided. This is a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had sought feedback to help maintain and improve standards at the home, although, they did not always receive a sufficient number of responses to analyse.
- The registered manager said the residents and relatives meeting had not happened recently and these were going to be reinstated. Following the inspection, we were told the registered manager was looking at developing smaller group meetings such as food forums and activity groups.
- The management team were aware of their role and responsibilities and usually submitted notifications to CQC as required.
- There was a business continuity plan in place which was detailed and included information about how to ensure provision of people's care during extreme circumstances.
- The registered manager, deputy manager and staff understood their roles, there was a clear structure in place. Staff were clear about responsibilities and when to escalate any concerns for further investigation.

- The provider had policies and procedures in place that provided staff with clear instructions.
- Staff and people provided positive feedback about the management of the home and said they were approachable. A person told us, "It is well managed, and It is gorgeous here, you can go anywhere."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The regional manager and registered manager were committed to providing good quality care to people and promoted a positive person-centred culture.
- The registered manager and deputy managers had a visible presence in the home and knew people, their needs and their relatives well.
- The management team interacted in a relaxed and caring way with people and relatives and they provided support and assistance when required.
- Staff felt supported by the registered manager. One staff member said, "It is really well-run home, I feel supported by the manager." A relative said, "It is well managed, I think they do quite well. If I have any questions they [name of registered manager] answers straight away, they are quite honest."

Working in partnership with others

- The provider had good links with the local community and worked in partnership to improve people's wellbeing. For example, work had started with the Alzheimer society to potentially start a dementia café at the home.
- The registered manager and staff worked closely with other health professionals where people required expert advice and intervention. These include the district nursing and mental health teams.
- The provider shared best practice and information with another local care home.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records and stock levels related to medicines management were not always well maintained.</p> <p>Records related to people's risks were not always well documented.</p> <p>The provider did not have effective systems in place to assess, monitor and improve the quality of service provided.</p>