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Abode Residence

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

Abode Residence is a residential care home providing personal care to nine people aged 65 and over at the time of the inspection. The service can support up to 13 people in one adapted building.

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

People told us staff did not always help them promptly, we have discussed this with the registered manager and provider and made a recommendation regarding the staffing provision at the home. Staff had been trained in medicines management but best practice guidance was not always followed. We have made a recommendation regarding medicines and the following of best practice. Infection control processes were in place to limit the risk and spread of infection, however the policy required review to ensure information reflected latest guidance. We have signposted the provider to further resources. This and the recommendations are within the 'safe' section of this report. Risk assessments were carried out to promote people's safety. Staff were recruited safely and employment checks were carried out. Staff had received training in safeguarding and were confident any concerns would be investigated by management and reported to safeguarding authorities, to help ensure people were protected from abuse.

People were supported in a dignified manner with kindness and respect. Staff were patient with people and we saw warm interactions between people and staff. Audits and checks were carried out to identify shortfalls and drive improvement and staff told us the management team worked closely with them to support the smooth running of the home. Staff worked with external health professionals to support people to achieve their best outcomes.

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 08 February 2020).

Why we inspected

We undertook a focused inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about medicines management, equipment, cleanliness, staffing and care provided. A decision was made for us to inspect and examine those risks. We looked at the key questions of safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. Please see the safe and well-led sections of this full report.

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

Follow up

We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led section below.

Good ●

Abode Residence

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 so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Abode Residence 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 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

Before the inspection we reviewed information we held about the service. The provider was not asked to complete a provider information return prior to the inspection. This is information we require providers to send us to give us key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report. We sought feedback from the local authority commissioners of the service to help us plan the inspection

effectively. We used all this information to plan our inspection

During the inspection

We spoke with five people who used the service and two relatives shared their views of the service. We spoke with three members of staff, the provider and the registered manager. During the inspection we reviewed multiple medicine administration records, medicines stocks and storage and observed medicines administration. We looked at two records linked to people's care and the management of the service. Following the inspection, we requested additional information including policies and cleaning records.

After the inspection

We continued to communicate with the provider and registered manager, and further information was sent to us in response to the feedback provided during the inspection visit.

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 remained the same. This meant 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.

Staffing and recruitment

At our last inspection we recommended the provider consider current guidance on recruitment processes and documentation. The provider had made improvements.

- The registered manager carried out sufficient checks to ensure prospective employees were suitable to work with people who may be vulnerable. Information was available to view and full employment histories were documented.
- Staff responded to people promptly during the inspection and staff had no concerns about the availability of staff to support people. However, people consistently told us they sometimes had to wait for help and this happened on a regular basis. People described staff as "busy" and one person shared they felt they did not always get the attention they needed.

We recommend the provider seeks and implements best practice guidance on staffing provision in care homes so peoples needs are consistently met promptly.

Using medicines safely

- The provider had processes to ensure medicines were managed safely. Staff received training and practical assessment to ensure they were competent to administer medicines.
- Staff did not always follow agreed processes. For example, eyedrops were not always dated on opening, written guidance was not available for an "as required" medicine and two boxes of the same medicine had been placed into one box.

We recommend the provider seeks and implements best practice guidance on medicines management in care homes so the risk of medicines being unsafely managed is reduced.

The registered manager ensured written guidance for an "as and when" medicine was in place before we left the home.

Assessing risk, safety monitoring and management;

At our last inspection we recommended the provider consider current guidance on the management of risk and act to update their practice. The provider had made improvements.

- Risk assessments were completed and actions carried out to help ensure peoples wellbeing was

maintained. For example, people were referred to health professionals if risk assessments indicated this was required.

- Staff followed risk assessments to help people maintain their safety.
- Equipment was checked and maintained to ensure it was safe for use. There was a schedule of equipment servicing to help ensure this was carried out when required.
- Emergency plans were in place to enable staff to support people safely, if the need arose.

Preventing and controlling infection

We were somewhat assured that the provider's infection prevention and control policy was up to date. The policy required review to ensure it reflected the latest guidance. However, the latest guidance was placed with the policy and understood and followed by staff.

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

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to explain the action they would take if people were at risk of harm or abuse. Training in safeguarding had taken place to help ensure staff understood their responsibilities to raise concerns with the management team and external bodies. Staff told us they were confident the manager and provider would respond to concerns.
- The number of the local safeguarding authority was accessible to people, staff and visitors to enable concerns to be raised if this was required.
- Staff were kind and respectful with people. One person said to a staff member, "I love you" when staff helped them in a gentle and considerate way.

Learning lessons when things go wrong

- The provider and registered manager reviewed incidents to ensure risks were reassessed to prevent reoccurrence. They also took expert recommendations and ensured these were followed. Refresher training had been carried out and specific training was included in the induction on the recommendation of an external agency.

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 our last inspection we recommended the provider consider current guidance on maintaining oversight of the performance of the service and documentation of audit processes so actions were recorded and reviewed. The provider had made improvements.

- Regular checks and audits were carried out to identify if improvements were required. When actions were identified, these were carried out and the manager carried out an audit of all checks and audits to ensure they had been completed and actions carried out.
- Notifications were made to the commission as required by regulation.
- The provider took learning from another of its care homes. Following a recent inspection by the commission, the provider had shared the feedback with staff at Abode Residence. Staff told us this had been helpful in identifying where improvements were needed, and what was working well.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Staff told us they were confident in the registered manager and provider. Staff said the provider and registered manager worked closely with them to ensure the home was organised, focused on improving and morale was high.
- The provider sought people's views. Surveys were periodically provided to people, relatives and visitors within the home to drive improvement.
- The complaints procedure was in the reception of the home and the provider and registered manager said they would act openly and transparently with others.

Working in partnership with others

- The provider was working with other professionals to ensure people received medical advice if this was needed. For example, people were supported to access medical support such as district nurses, opticians and doctors if the need arose.
- Relatives told us they were consulted and able to remain in contact with their loved ones through window visits, telephone calls and risk assessed visits to the home.

