

Avery Homes (Cannock) Limited

Abbey Court Care Home

Inspection report

Heath Way
Heath Hayes
Cannock
Staffordshire
WS11 7AD

Date of inspection visit:
05 March 2019

Date of publication:
21 March 2019

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Abbey Court Care Home is a care home which provides accommodation, personal care and nursing care to people aged 65 and over. It has two separate units, Oaks, on the ground floor and Elms, on the first floor, which accommodates people who are living with dementia. At the time of the inspection, 60 people were living at the home.

People's experience of using this service:

The provider had made improvements to ensure people were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service underpin this practice.

There were sufficient staff to keep people safe but improvements were needed to ensure the provider had effective systems to monitor how staff were deployed to meet people's needs throughout the day. Staff received training and support to meet the needs of people at the service.

The provider carried out checks to ensure people received a safe and good quality service. However, improvements were needed to ensure the systems used to monitor safety related incidents were consistently effective.

People were involved in planning how they received their care. However, improvements were needed to ensure their care plans consistently reflected their needs and preferences. People's individuality was recognised and promoted by the staff and the provider planned to make improvements to the assessment process to ensure people's diverse needs were fully considered and met.

People were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. Risks associated with people's care and support and the home environment were managed safely. People were supported to have healthy diet and to access other professionals to maintain good health. There were systems in place to ensure people received their medicines safely.

Staff were kind and caring and had good relationships with people. Relatives were welcomed at the home and felt involved in their family member's care. People were supported to take part in activities and follow their interests and religious beliefs.

People and their relatives knew how to raise any concerns or complaints and felt confident they would be acted on. There were systems in place to capture people's views on how the service could be improved.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Requires Improvement, (report published 25 May 2017).

Why we inspected:

At the last inspection the service was rated Requires Improvement overall (in the key questions of Effective, Caring, Responsive). At this inspection, we found the provider had addressed the concerns identified. However, some improvements were needed in the key question of Well Led. As a result, the overall rating for the service has improved to Good.

Follow up:

Going forward we will continue to monitor this service to ensure that the service makes the improvements needed and will revisit in line with our inspection schedule for services rated Good.

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 not consistently well-led

Details are in our Well-led findings below.

Requires Improvement ●

Abbey Court Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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:

Two inspectors carried out this inspection, supported by 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.

Service and service type:

Abbey Court is a care home. People in care homes receive accommodation and nursing or personal care. 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:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority quality monitoring team. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with eleven people who used the service and four relatives to ask about their experience of the care provided. Some of the people using the service were unable to tell us their views

about their care because they were living with dementia. We completed the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven members of care staff, including two nurses, the registered manager, the deputy manager and a member of the provider's management team. We also spoke with a visiting health professional to gain their views on how the staff worked with them.

We reviewed a range of records. These included seven people's care records and multiple medicines records. We also looked at records relating to the management of the home, including quality and safety audits and staff recruitment records. After the inspection, we asked the registered manager and provider to send us information in relation to accidents and incidents, their dementia strategy, DoLS records and minutes of relatives' meetings. We received all the information we had requested.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- Risks associated with people's care were assessed and managed. Staff understood the risks to people's safety and wellbeing and how to support people to minimise them.
- We saw that staff followed risk management plans which gave clear information on how to manage identified risks, for example, when supporting people to move using equipment or to avoid developing sore skin through pressure damage.
- The provider ensured risks related to the home environment and equipment used were assessed and minimised.

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

- People told us they felt safe living at the home. One person said, "They look after you very well". Staff recognised the signs of potential abuse and knew how to protect people from harm. Staff had received training in safeguarding and knew how to escalate concerns to the registered manager or to external organisations such as the local authority and CQC.

Staffing and recruitment:

- There were enough staff on duty to keep people safe. Staffing numbers were kept under review and there were contingency arrangements to deal with a short notice absence that arose on the day of our inspection. However, we found people did not always receive timely support because of the way staff were deployed. We have considered this under the key question of Well Led.
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. The provider also monitored nurses' registration with the National Midwifery Council. These checks assist employers in making safer recruitment decisions.

Using medicines safely:

- People received their medicines as prescribed. We saw that staff spent time with people and checked to ensure the person had taken the medicine before moving on. We saw that medicines were recorded, stored and disposed of correctly and there were management processes in place to ensure staff were competent to administer people's prescribed treatments.

Preventing and controlling infection:

- People were protected by the prevention and control of infection. We saw that the home was clean and staff used personal protective equipment as required.
- Staff had received training and understood their role and responsibilities for maintaining a high standard of cleanliness and hygiene at the home.

Learning lessons when things go wrong:

- There was an open culture at the service and staff were encouraged to raise any concerns about safety. We saw incidents were investigated and explored with the staff team to promote learning and ensure people were kept safe from avoidable harm.

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.

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

- The provider had made improvements to ensure people were always supported to have choice at mealtimes. People told us they had choice over their meals and at lunchtime we saw people were shown small plates to help them to make their choice. One person said, "The food is absolutely brilliant. I'm diabetic so I have to be careful, but there are choices." Ethical decisions about meal choices were considered, for example vegetarian diet choices were offered where people's religious beliefs precluded them from eating meat.
- People's individual dietary needs were assessed and met. We saw guidance was in place from the speech and language therapist where people had swallowing difficulties. We saw staff followed this to keep people safe.
- Staff monitored people's weights and where needed, advice from other professionals such as the GP and dietician was acted on.

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

- The home was adapted to meet the needs of people living with dementia. There was a reminiscence room, decorated and furnished with items to support people to tap more easily into memories from their past, which helped to reduce confusion. People had access to outside space that was safe for use.
- The provider had recognised that signage at the home did not always support people to orientate themselves easily, for example there were no pictorial signs. We saw this was being addressed through a new dementia strategy and signage to toilets and bathrooms was on order. We will follow this up at our next inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care:

- People's needs were assessed and plans were in place to ensure people's care was delivered effectively. People were positive about how staff worked closely with other professionals to ensure their care and support achieved good outcomes. A relative gave us an example of how they were reassured that the registered manager was working closely with the GP to resolve an ongoing problem.
- A visiting professional was positive about the approach of the staff. They told us, "If we leave any instructions, staff follow them".
- We saw that care plans reflected current evidence-based guidance to ensure people received consistent

support.

Staff support: induction, training, skills and experience:

- Staff received training relevant to the needs of people living at the home and new staff received an induction which included shadowing more experienced staff to gain a better understanding of people's needs.
- Specialist training was provided to enable staff to meet the needs of people living with dementia. Staff were enthusiastic about this and told us it had helped them to understand more about the effects of the medicines prescribed for people. One staff member added that a reference book had been provided which they found very useful.
- Staff received regular supervision and an annual appraisal, which gave them an opportunity to discuss their performance and any training needs.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to maintain their health through regular health appointments and check-ups. We saw that people were referred to other health professionals, including the GP and District Nurse, when needed and staff worked collaboratively with them to ensure people's needs were met.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA), provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so or 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 certain 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).

- Staff had received training in the MCA and understood what they should do to make sure decisions were taken in people's best interests. We saw that when required, decisions were recorded and involved family members and professionals when needed.
- The registered manager and staff demonstrated they recognised when people were potentially being deprived of their liberty and applications had been made for legal authorisation. We saw these were monitored and updated to reflect any changes in people's needs.
- The registered manager had notified us of three approvals and we saw that there were care plans to ensure any conditions were complied with.

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:

- At our last inspection, improvements were needed to ensure staff took the time to interact with people to promote their wellbeing. At this inspection, we found the required improvements had been made.
- People and their relatives were positive about the relationships they had with staff. One person said, "The staff are very pleasant. We have a bit of a laugh and a joke. They work very hard and they look after us very well." A relative told us, "[Staff member's name] always goes the extra mile, as many of them do."
- We saw that staff had a good rapport with people and included them in conversations when they were supporting them. Staff acknowledged people when they came in the room and checked they were okay whenever they passed through the communal areas.
- Staff understood people's diverse needs and communicated with them in their preferred way. For example, one person had limited verbal communication and we saw staff got down to their level and maintained eye contact when supporting them. Staff told us the person was able to give limited responses and they observed their body language to ensure their wishes were followed.

Respecting and promoting people's privacy, dignity and independence:

- At our last inspection, improvements were needed to ensure people's dignity was always promoted. At this inspection, people and their relatives told us the staff treated them with respect. One person said, "They [staff] are very respectful and they treat me as I would want to be treated." We saw staff reassured people when supporting them to move with equipment and ensured they were covered to maintain their dignity.
- At lunchtime, we saw people's dignity was promoted; people were offered napkins and some people had drinks served in wine glasses, rather than plastic beakers.
- People's independence was promoted whenever possible. Some people could move freely around the communal areas using their wheelchairs and chose how they spent their time. Staff were patient with people and encouraged them to walk using their frames, to maintain their independence.

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

- People told us they could make day to day decisions about how they spent their time. We saw staff respected people's preferences, for example, we observed a member of staff asking where a person would like to have their medicines.
- Relatives told us they felt welcomed when they visited and involved in their family member's care. One said, "We're very, very involved and it's all ok".

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People and their relatives were involved in planning their care and were happy with the way they were supported. One person told us they had a bird feeder so they could watch the birds from their bedroom window. They told us staff brought out of date bread to make breadcrumbs to feed the birds. Another person told us how the staff supported them to follow their preferred routine, which included getting up at a specific time and listening to the radio before staff helped them with personal care.
- Staff recognised and understood people's diverse needs, particularly the communication needs of people with a sensory impairment. We saw staff made sure people's hearing aids were working effectively. One member of staff told us how they supported a person who had poor eyesight. They said, "I keep a running commentary when I'm helping them to move using the hoist, so they know what's happening and that they feel safe".
- The provider had made improvements since the last inspection, and people were encouraged to take part in activities and follow their hobbies and interests. Activities supported people both on a one to one and group basis, and there was a regular programme of activities and social events at the home. For example, there was a regular 'film show', where a small lounge was used as a 'cinema'. The room lights were dimmed and a member of staff offered drinks, popcorn and sweets to people.
- Staff were responsive to the needs of people living with dementia. One member of staff told us, "The reminiscence room is great, there's a piano in there, one lady plays and singing and dancing is always a hit in there". During our inspection, we saw staff assisted the person to play the piano after lunch and they played a selection of tunes. People spontaneously started to sing along in the reminiscence room and in the main lounge area.
- People's faiths and spiritual beliefs were discussed with them and regular church services were available for people to attend.

Improving care quality in response to complaints or concerns:

- People and their relatives felt able to raise any concerns and complaints and were confident the registered manager would listen and resolve them. A relative told us, "I go to the manager with any concerns. I bring things up straight away so that they can be dealt with."
- There was a complaints procedure for logging and tracking any complaints, which showed that any complaints had been responded to promptly.

End of life care and support:

- Although the provider was not supporting people with end of life care at the time of our inspection, we saw people were able to record their wishes to ensure they would be supported to have a comfortable, dignified, and pain-free death.

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 not always consistent. Systems in place did not always ensure the delivery of high-quality, person-centred care.

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 provider's systems to monitor staffing numbers and the deployment of staff were not always effective. People told us there were enough staff to meet their needs, except at breakfast time, when they had to wait for staff to help them after they had finished their meal. One person said, "You have to wait at breakfast, especially when you have finished".
- On Oaks unit, one member of staff was deployed to support up to 19 people with breakfast, whilst two staff administered medicines and five staff supported people with personal care in their bedrooms. We saw some people were sat at the table for up to two hours after breakfast started before staff returned to the dining room to support them. We brought this to the attention of the registered manager who told us they would review this to ensure people received timely support.
- Accident and incident reports were not systematically reviewed to check for safety-related themes and trends. We found that when people presented with behaviour that challenged others, incident reports were not always reviewed by the registered manager. The registered manager addressed this immediately and investigated the concerns we identified to assure us that any risks had been minimised.
- Audits were in place and were used to improve the safety and quality of the service. However, these were not always effective at identifying areas that needed further action. The provider had identified that recording in care records needed to be improved. However, we found that recent audits had not identified that there were gaps in some of the records that we looked at. For example, care plans for two people at risk of skin damage were not complete; one care plan was missing altogether and another did not fully reflect the person's needs. This was addressed immediately by the deputy manager.
- The provider had recognised that their assessment process did not always ensure people's diverse needs were considered. For example, people's sexuality and relationship needs were not discussed when they moved to the service. We saw that the registered manager was working with the provider to develop this at the service. We will follow this up at our next inspection.

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

- There was a positive atmosphere at the service. People and their relatives were positive about how the service was managed and told us there was an 'open door' policy. One person said, "I know the manager, and I would be happy to go to them, if there was a problem. The service manager [provider] always speaks

to me and asks how I am. They know me by name and they know my daughter and son-in-law".

- People and their relatives were encouraged to give their views on the quality of the service through meetings and an annual satisfaction survey. We saw that people's views were considered and acted on where possible.
- Staff were encouraged to be involved in the running of the home. They had meetings with the registered manager and told us their views were considered when they made suggestions on how things could be improved at the service.

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

- The registered manager understood the requirements of registration with us and notified us of important events as required. The provider had displayed their latest inspection rating at the home and published it on their web site. This is so that people, visitors and those seeking information about the service can be informed of our judgments.
- Staff were positive about the registered manager and deputy manager, and told us they felt supported in their role. One member of staff told us, "The deputy manager was my mentor for a course I recently completed, they were very supportive".
- The management team promoted an open culture at the service. Staff were aware of the whistleblowing policy and told us they could raise concerns with the registered manager and deputy manager. One member of staff said, "They have [manager and deputy] an open-door policy; I feel I can talk to them". Whistleblowing is when staff raise concerns about poor practice or wrongdoing at their workplace.

Continuous learning and improving care; Working in partnership with others:

- The registered manager was supported by a regional manager who visited the service regularly and monitored the service to ensure compliance with the providers quality assurance programme. Where improvements were needed, an action plan was put in place and progress checked. We saw their last visit had been in February 2019, when no concerns were noted.
- We found the registered manager and staff worked closely with other professionals to ensure people received effective, joined up care.