

Hamberley Care 4 Ltd

Abbots Wood Manor

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Abbots Wood Manor is a purpose built residential care home providing nursing and personal care for up to 60 people. The building was built and opened during the COVID-19 pandemic and as such has been designed to include safe visiting areas. The building is divided into four separate units over two floors, each of which has separate facilities. Only two units are currently open, one of which specialises in providing care to people living with dementia. At the time of the inspection there were 22 people living at the service.

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

Systems were in place to assess risk and people were protected from the risk of abuse. People received safe and appropriate care as staff had the skills and training to meet people's individual health needs. Staffing levels were good, and people told us staff were always available when they needed them. Recruitment was ongoing and staffing levels were regularly reviewed. Medicine systems and processes were safe. All aspects of care delivery were audited and reviewed, if any issues or concerns arose, these were investigated, and actions taken. All learning was shared and taken forward to improve future practice.

People's needs were assessed and regularly reviewed to ensure their individual needs continued to be met. Emphasis was placed on ensuring maximum involvement of people and their next of kin if appropriate to ensure they were part of all decisions made. Management and staff worked closely with other external health providers to ensure collaborative consistent care was provided.

People's nutritional needs were met. Staff were aware if anyone had specific dietary needs. People had choice and were involved in menu planning and encouraged to eat a healthy balanced diet.

Abbots Wood Manor was purpose built; this meant every room had its own ensuite facilities. People's rooms were personalised and homely. People told us they had bought in their own items of furniture, ornaments and pictures.

The home had a relaxed atmosphere. People were seen to spend their time how they chose. We saw people approach staff on a number of occasions for a chat. Staff responded in a kind and caring manner, ensuring they listened to people and any requests and queries were responded to promptly. People were spoken to in a dignified and respectful manner. Staff understood the importance of supporting people's independence and privacy. People told us, "The staff are great, they are here when you need them, but when I want to be in my room and sit quietly, they respect that."

There was a busy and varied activity programme. People received a monthly and weekly activity planner. People spoke positively about the activities and were able to pick and choose those they attended. Feedback was sought from people and activities were tailored to meet people's hobbies and interests. People were supported to maintain relationships that were important to them. People had also formed friendship groups within the home.

There was a complaints procedure in place. People and relatives were aware how to make a complaint if needed. People told us they felt able to raise any issues or concerns however minor, and these were responded to and resolved. One staff member told us, "Abbots Wood is peoples' home, anything even if its little I can do to make it better for them and make them happy, I am happy to do it." All feedback was valued and used to make improvements.

People's end of life needs were met. Staff took time to get to know people and their relatives to ensure they knew peoples end of life wishes and to offer care and support. Information was recorded in care documentation to ensure peoples individual wishes and preferences were known by all staff.

Quality and assurance systems were in place to ensure high standards of care and support were always maintained. Audits were completed and these were overseen by the organisation to ensure the provider had a clear picture of the running of the home. The registered manager and clinical lead had oversight of all areas of the day to day running of the home. This helped identify areas of strength and any areas for development. Managers and staff were clear about their roles and worked together to ensure people's needs were met. Meetings had taken place for staff and to gain people's feedback. Further meetings had been planned as the number of people and staff grew. Staff felt supported by a clear management structure and received supervision and support when needed.

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.

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

Rating at last inspection

This service was registered with us on 19 January 2021 and this is the first inspection.

Why we inspected

We inspected this service as they not yet been rated.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below

Good ●

Abbots Wood 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was carried out by one inspector

Service and service type

Abbots Wood 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 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 contacted other agencies involved with the home. We reviewed statutory notifications sent to us by the home about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and spent time observing care to help us understand the experience of people who could not talk with us. We spoke with eight members of staff including head of governance, regional operations manager, registered manager, clinical lead, care and nursing staff, kitchen and activities staff.

We reviewed a range of records. This included two people's electronic care records in full and a further four people's care records to look at specific documentation in relation to diagnosed health conditions and daily records. We reviewed electronic medicines records and observed medicine being given to people. We looked at three staff files in relation to recruitment, and two further supervision and staff reviews. We also looked at a variety of records relating to the day to day management of the service, including maintenance, nutrition and activities, as well as quality assurance systems and processes.

After the inspection

Following the inspection, we looked at training data sent to us.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training and were clear on the actions they would take to safeguard people. Staff had access to safeguarding policies and procedures if needed.
- Any concerns were documented and raised with the clinical lead. The registered manager had oversight of concerns raised and these were referred to the local authority and CQC when required.
- People told us they felt very safe and well looked after at Abbots Wood Manor. One person said, "They look after me perfectly well, there is always someone to hand if I need anything" and, "They look after you very well, I feel very safe and comfortable."
- Not everyone was able to tell us whether they felt safe. We observed people interacting with staff. People appeared comfortable and relaxed with staff. Relatives told us, "Mum is very happy here, I go home knowing she is safe and well looked after, I don't have to worry."

Assessing risk, safety monitoring and management

- People's care needs and associated risks had been identified. This included individual and environmental risks.
- Detailed risk assessments were in place to inform staff how to support people safely. This enabled them to support people to remain safe without placing unnecessary limitations on how they chose to spend their day. For example, one person had a risk associated with their mobility and function due to an underlying health condition. They told us, "It's important to me to be able to live my life, I know I need to be careful, and staff remind me, but they also encourage me to keep my independence".
- Risks were continually monitored and reviewed to ensure information was up to date and relevant.

Staffing and recruitment

- Abbots Wood Manor was a newly registered service. Emphasis was placed on building the right team of staff to support and care for people. As the number of people living at the home increased staffing levels were continually assessed to ensure safe levels were maintained.
- Staffing levels had remained at a safe and appropriate level to meet people's needs. The registered manager told us recruiting and retaining staff had been impacted by the pandemic and recruitment was ongoing. Staff told us they felt that staffing levels were good and that they were able to meet people's needs in a timely way.
- Safe recruitment processes were in place and appropriate checks and information sought before new starters began work. This included photographic identification, references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Agency staff had been used when required. All agency staff had an information pack, this included relevant information, checks and training information. A temporary staff checklist was also completed before they worked at the home.
- Nursing staff had details recorded regarding their registration with the Nursing and Midwifery Council (NMC).

Using medicines safely

- Abbots Wood Manor used an electronic medication system. Staff used this to record when medication was given. Staff told us that they found the system 'user friendly'. The clinical lead had oversight of the electronic system and regular checks were carried out to ensure people received their medications safely.
- People had their medicines stored within a purpose built locked cupboard in their wardrobe. If anyone wished to manage their medicines themselves, they were supported to continue to do so providing this was safe and appropriate.
- We observed medicines being given to people, this included 'As Required' (PRN) and controlled medications. People told us they received their medications at the right time and staff checked if they needed pain relief.
- Systems were in place to ensure safe administration, ordering, storage and disposal of medicines. Staff received training and competency checks were carried out to support safe medication administration. Medication was regularly checked and audited. When a medication error had occurred, learning had been taken forward to help prevent the same issue reoccurring.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visits for people living at the home were being facilitated by staff in accordance with the current government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- There was a clear ethos at Abbots Wood Manor for learning if and when any issues were noted. For example, as the home was growing in numbers of residents and staff, systems were being assessed and reviewed to identify improvements. All staff shared with us their desire to improve people's lives and their

experiences of living at the home.

- Following an accident or incident, root cause analysis was completed to determine any learning which could be taken forward. This was shared with staff at clinical meetings and actions taken were documented. When a medicines error had occurred, stickers had been placed on people's medication to alert staff to check when people had similar names.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home. The home focussed on providing care which was person-centred. This person-centred model of care placed utmost emphasis on staff considering people's choices and views at all times.
- Care and nursing needs were regularly reviewed, and changes made when needed. Any changes were updated on the electronic system and discussed during handover to ensure staff were aware. Electronic care records identified if care plans were current, due for review or if reviews were out of date.
- Care plans included information regarding people's specific care and nursing needs and included details of long term health conditions.

Staff support: induction, training, skills and experience

- Staff received all mandatory training needed to ensure they had the skills to meet people's needs. When further training needs were identified, this had been sourced. For example, training had been arranged with the Parkinson's Nurse who regularly visits the home. Staff told us they were looking forward to receiving this extra training to support them to provide the best care for people with this health condition.
- New staff completed an induction, this included completing training and spending time shadowing experienced staff. This gave them the opportunity to get to know people and to learn how to use the electronic record keeping systems before they worked unaccompanied. New staff had probationary meetings at three and six months after starting employment to discuss any identified learning or further support needed.
- Staff received regular supervision. Staff told us they felt supported by senior staff and management.

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

- People's nutritional needs were assessed, and people had access to nutritious and varied meals and snacks throughout the day. People's dietary needs, allergies, likes and dislikes were recorded. This included information about people who required a fortified or differing textured meal. The chef showed us a board in the kitchen which also included this information; this meant that any staff member preparing food for people could see this information immediately.
- There was a dining area on each floor. We saw people had choice about where they chose to eat. One person told us they preferred to eat all their meals in the dining room as they enjoyed catching up with others. Another person told us they made their mind up on the day depending on how they felt.
- People had access to food and hot drinks at all times. We observed the chef taking several calls regarding people's meal requests. They told us, "If someone wants something specific, we will do all we can to provide it, we are more than happy to add things to the menu or make changes, it is about providing things people

enjoy. We are very flexible".

- Staff were aware of people's likes, dislikes and preferences. One member of care staff told us, "I know what time people like to have their drinks, everyone is different, I make an effort to get to know people's ways so that I can make sure they get things the way they want."
- There was a four-week rolling menu. People were involved in deciding what meals went onto the menu and feedback was sought to check that meals provided were being enjoyed. People told us they enjoyed the meals provided. One said that they were quite particular about the dining experience. We saw that staff provided this person with the dinnerware and wine glass they preferred at lunch time.

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 access healthcare services and had been referred to external healthcare professionals when any health needs had been identified. For example, Speech and Language Therapist (SALT), specialist teams and GP's.
- The clinical lead told us how they liaised with specialist equipment providers to ensure people had access to the most appropriate equipment for their needs.
- Staff had a close working relationship with the local GP. The clinical lead had direct access to information held by the surgery. This enabled them to gain immediate access into relevant health information about people, for example following hospital appointments or visits to the GP.
- People were supported to arrange visits to the home by their own private physical therapists, including chiropractors.

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

- Abbots Wood Manor had been purpose built. Each bedroom had ensuite facilities. Communal areas were large and open with wide corridors and a lift to enable people to access all areas of the home.
- Rooms were personalised, people bought in their own items of furniture and ornaments and rooms were arranged to suit people's needs. One person had recently had several of their own paintings put on the wall in their room.

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 MCA 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 empowered and encouraged to make their own choices and share their views. People told us they were involved in all aspects of their care and that they were an active participant in all decisions made. One person told us, "I make my own decisions, I may choose to discuss things with my family or [staff], but I am able to decide myself."
- Management and staff demonstrated a good understanding regarding capacity and consent. Information was recorded regarding people's capacity to ensure staff were aware of any support people needed. DoLS referrals were completed if a capacity assessment indicated this was required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, respecting and promoting their individuality and independence.
- Feedback from people included, "I had a new nurse today to do my dressing, she asked me questions and my opinion, I thought that was very good." A relative said, "They always take the time to speak to mum and she can tell them what she wants, she knows her own mind and they take the time to communicate and listen to her."
- When people moved into the service, a full assessment was completed. As staff got to know people information was updated and reviewed to include not only care and support needs but relevant information about people, their lives, backgrounds and significant life events. Staff told us having access to this information enabled them to get to know people and build their trust. It was clear from documentation and how staff spoke about people they supported, that they valued and understood their qualities, abilities and achievements.
- Staff were aware of and encouraged people to express their needs and to tell staff how they liked their care to be provided. The registered manager told us; the model of care was person centred. This meant that although important, staff did not only focus on the required medical or support tasks but supported people in other aspects of their daily lives. For example, cleaning their rooms, laundry, supporting people with activities and spending time with people.
- We observed staff responding to people in a respectful and dignified manner. We received positive feedback from people regarding the caring nature of staff. A relative told us, "Staff are very kind here, they do all they can to make [persons name] happy."

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

- People were encouraged to share their views and provide regular feedback.
- People were actively involved in decision making in relation to all aspects of care and support provided. If a person lacked capacity to make a decision, this was discussed with relatives or those legally entitled to be involved in decisions.
- People told us they were happy to speak to staff or the registered manager if they had anything to discuss. We saw people were comfortable approaching staff with requests and these were responded to immediately.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Abbots Wood Manor employed a lifestyle and wellbeing coach who arranged regular activities for people. Activities were numerous and varied. A monthly and weekly activity planner was provided to inform people what was available. This included exercise classes, baking, carpet bowls, pampering and quizzes.
- As well as organised activities, people spent time in leisure pursuits of their choice. There were quiet lounges and communal areas for catching up with friends and socialising and opportunities to access the garden for those who wished to.
- Staff had spent time learning about people's hobbies and previous employment. Activity staff planned activities to suit these when possible. For example, one person had always worked outside and liked being outside or gardening. This was also reflected in the way they chose to dress.
- Spa bathrooms were available, this included subtle mood lighting, music and a spa bath. One person liked to have a bath late morning. They told us, "I have always loved to relax in a hot bath with bubbles, the baths here are lovely, sometimes I have so many bubbles I lay there kicking my legs and they go over the sides. They [staff] laugh and scoop them up, its lovely."
- There was an open sociable atmosphere around the home. People told us they had plenty of choice and were involved in choosing the activities provided.
- During the inspection we saw people going about their day spending their time as they chose. Many people were independent and kept themselves occupied throughout the day, for those who needed more support or were unable to participate in group activities, staff spent time with them to provide companionship and interaction.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples communication needs had been assessed and reviewed. Information was clearly documented to ensure staff understood how best to communicate effectively with people.
- For people who were visually or hearing impaired, staff took the time to speak to people. For example, one person used a communication aid. Staff were aware that they needed to come into the room to communicate with this person and used the equipment confidently.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place.
- Relatives told us they would not hesitate to raise any concerns directly with staff or the manager should they occur.
- Any complaints or minor issues received were reviewed and investigated by the registered manager. Outcomes were fed back to people and any learning or actions identified shared with staff to facilitate ongoing improvement.

End of life care and support

- Care plans included information about people's choices and preferences in the event of their death.
- During assessments and reviews, staff had meaningful conversations with people and their relatives, if appropriate, to ensure people understood their diagnosis and had opportunity to discuss their feelings.
- Do not attempt resuscitation (DNACPR) records were recorded in electronic care records to ensure staff were aware who had a DNACPR in place.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The ethos at Abbots Wood Manor was focused around ensuring people received person-centred care. The vision and values at the home included empowering staff and the people living there to be engaged in how the service grew and developed.
- People living at Abbots Wood Manor were encouraged to be active participants in all aspects of their care and how decisions were made.
- As a new developing service, plans were in place to introduce further channels for involving people in developing the service to its full potential. These included plans for more meetings as the remaining two units were opened, for example introducing catering and lifestyle meetings.
- People told us they had opportunity to share their thoughts and give feedback at any time. One person said, "I can speak to the staff or the manager if I have anything I wish to discuss."

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 registered manager and provider were aware of their responsibilities and regulatory requirements, including those under duty of candour. Statutory notifications which are required by law, had been completed and sent to CQC when required.

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

- Robust quality assurance systems were in place to continually review, monitor and assess the level of care and support provided. Provider operations reports were also used as part of the detailed auditing and quality assurance.
- Audits were extensive and included all aspects of the running of the home. For example, care planning, pressure ulcers, fire safety, activities, learning and development.
- The registered manager also carried out a 'weekly walk around' audit. The details of what to include in this check were sent by head office and varied each week. This ensured that thorough and unannounced checks of specific areas were completed during each check.
- Staff were clear about their roles. Staff had access to policies and procedures to support them. Staff feedback was positive, one told us "We are here to provide the best care to people that we can, the managers support you to have all the training and everything you need to do that well."

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

- People and staff told us they were involved in developing the service. Feedback was regularly sought to check if they were happy with all aspects of the care and support being provided. Relatives told us they felt involved and were updated when there were any changes.
- Staff received regular updates and information was available on an online system. Staff were also informed of any changes during handover at the beginning of each shift. People and relatives were kept informed and information was shared openly. One person told us, "They keep us in the loop, so we know what's going on." This included changes to COVID-19 guidance, visiting procedures and any other day to day changes.
- Staff meetings had taken place, with more planned as COVID-19 restrictions permitted and the staffing numbers expanded. These included clinical meetings, weekly head of department meetings, including health and safety. Staff received regular supervision and told us that they would feel comfortable speaking to the registered manager or clinical lead if they had any issues or concerns.

Continuous learning and improving care; Working in partnership with others

- Robust systems were in place to review and analyse all aspects of the day to day running of the service. Any actions identified were taken forward and used as learning for future practice. As the service grew, systems and processes would be reviewed, and changes made if required.
- The home worked closely with external health professionals including GP's and specialist care teams to ensure people received joined up collaborative care to meet their individual needs.