

Amore Elderly Care Limited

Abbey Court Care Home

Inspection report

Falcon Way
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Peterborough
Lincolnshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Abbey Court Care Home is a residential care home providing accommodation and personal care to 59 people aged 65 and over at the time of the inspection. The service can support up to 88 people.

The home is split into four units with a nursing unit (Jasmine) and a residential unit (Sunflower) downstairs and two dementia units (Bluebell and Forget Me Not) upstairs.

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

People received personalised care. There were enough experienced and qualified staff to safely meet people's needs. Staff knew people well and were kind and considerate when delivering care.

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.

Processes were in place to safely manage risks associated with people's care. Care plans and risk assessments were reflective of people's needs and staff knew people well. Where people's needs changed prompt action was taken to ensure their health and well-being were maintained.

People were protected from the risk of avoidable harm, and infection prevention and control procedures ensured as much as practicably possible they were protected from the risk of infectious diseases.

Medicines were administered safely, accidents and incidents were reported, and lessons learnt when things went wrong.

The manager and provider were open and transparent and systems and processes in place ensured people received quality care.

People, relatives and staff thought the service was well-led. They felt supported and able to raise any concerns which were taken seriously.

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 19 July 2018).

Why we inspected

The inspection was prompted in part due to concerns we received in relation to safe care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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. The overall rating for the service has remained the same. This is based on the findings 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.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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. 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 undertaken by one inspector, a specialist nurse advisor and an expert by experience. A specialist advisor is a person with professional expertise in care and/or nursing. 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 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 did not have a manager registered with the Care Quality Commission. This means the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post at the time of the inspection and had applied to register with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, manager, senior care workers, care workers, administrator and the chef and maintenance staff. We also spoke with a visiting health professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. Records showed safeguarding concerns were reported to the local authority and CQC.
- All of the people and relatives we spoke with told us the service was safe. One person told us, "I feel totally safe here. They are lovely girls and they look after me." Another person told us, "I have never seen any of the staff be unkind to people." A relative said, "When I took [name] in [the service] she just walked into the room and sat in the chair. I knew then that she felt safe."
- Staff had received safeguarding and whistleblowing training and knew how to identify potential signs of abuse and report their concerns. Staff said they were confident if they raised a concern they would be listened to.

Assessing risk, safety monitoring and management

- Personalised care plans and risk assessments were in place and reviewed regularly or when any change in need was identified. Where risks were identified these were managed safely, for example, by monitoring people's nutrition and skin integrity.
- Records showed where people's physical and mental health needs had changed timely referrals to GPs, speech and language therapists (SALT), dieticians and mental health teams were made.
- Staff told us they read people's care plans and risk assessments and had a good understanding of their care needs, and how they supported them. A relative told us, "They [staff] know their stuff. They know [name] well."
- Where people required equipment to monitor them safely, we found it to continually be in use. One person told us, "I have a walker so I can get about the home and staff always walk with me and my walker so I don't fall."

Staffing and recruitment

- Enough qualified and experienced staff were deployed to meet people's needs in a timely way. Rotas confirmed the level of staff deployed was consistent. The manager used a dependency tool as a mechanism to ensure staffing levels were safe each week. They told us, "Whilst the dependency tool I use does usually provide an accurate guide I also make changes to staffing levels where I assess there to be any shortfall."
- People and their relatives raised no concerns over staffing levels. One person told us, "There seems to be enough staff and they come quickly." A relative said, "I think there are enough staff and have never visited and thought there aren't enough."
- A regular visiting health professional told us, "There always seems to be enough staff and they are available to assist with assessments of people's health needs I undertake during my visits."

- Staff were recruited safely. Records showed recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff. Nurses in the service were all appropriately registered and there were no restrictions on their practice recorded by the Nursing and Midwifery Council (NMC).

Using medicines safely

- Medicines were managed safely. One person told us, "I have my tablets every day in the morning and night. They [staff] always ask if they give them to me, and always stay with me while I take them."
- Medicine administration records (MAR) were in place, and people received their medicines as prescribed.
- When people were prescribed medicines 'as and when required' (PRN), the correct protocols were in place to inform staff when to administer these medicines. Records confirmed when and why they had administered PRN medicines.
- Staff were trained in the safe handling of medication. One told us, "I have attended medicines management and administration training, and had my competency assessed. We reviewed the personal file record for the staff member which confirmed these had been completed."

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Lessons were learnt. Analysis of accidents and incidents were undertaken to identify any patterns or trends. This enabled a review of people's care needs be undertaken to reduce the risk of any recurrence.

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 good. At this inspection this key question has remained the same.

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

- There was a positive culture in the service and care delivery was person centred. There was a warm and welcoming atmosphere, and we observed kind and caring interactions between staff and people.
- The environment was dementia-friendly and supported people to be as independent as possible. Clear signage at the appropriate height and memory boxes were in place to support people with orientating themselves in the service.
- People and relatives praised the manager and staff. One person told us, "It is well run here. I have never had to complain about anything. It is all good." A relative told us, "I am very happy with the care that is provided at the home. It is beyond good. They [managers and staff] go out of their way to help people and genuinely care about everyone here."
- The service understood the impact that COVID-19 had on people and their relatives. People were supported to maintain contact with their relatives whilst the home was closed to visitors, and where government guidance allowed, relatives were offered prompt opportunity to visit their family members.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was no registered manager in place. The current manager had applied to register with the CQC.
- Quality assurance systems and processes were in place including audits of medicines and accidents and incidents. However, one audit of equipment had lapsed. This was undertaken during the inspection, and where equipment was identified in need of replacement, this was ordered and in situ the following day.
- All legally required notifications were submitted to CQC as required. CQC's rating of performance was displayed at the location and on the providers website.
- The manager had good knowledge of the service from their previous managerial roles there, and understood the importance of quality performance. The provider had deployed a member of their quality team to the service on a weekly basis to ensure the service was effectively monitored, and to support the manager.
- A new falls analysis tool had been developed by the manager. This was successful in better identifying themes and trends of falls so prompt action could be taken to reduce falls frequency in the future. For example, a specialist bed was purchased that had reduced one person's falls, and a stock of beds was now kept on site. This falls analysis tool was subsequently rolled out in the provider's other homes.

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

- People and relatives told us they were involved and made decisions about the care and support they received. One person told us, "I can have a bath or shower when I want to. The girls did my hair for me and put the rollers in because the hairdresser couldn't come because of what's going on [COVID-19 pandemic]. That was important to me." A relative said, "We are asked what we think in the care plan meetings. We have got one next week."
- All of the staff we spoke with spoke positively about the manager. One staff member told us, "I have worked here for a number of years. This manager has been the best so far and I have worked under 13 of them." Another said, "The manager is visible and approachable. They are very caring about residents and staff and is amazing to work for."
- Staff received supervision and staff meetings were held. Staff felt confident in sharing their views and listened to.
- Staff were kept up to date with people's care needs. One staff member told us, "We are told on handover how people have been that day and it's recorded."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities to be open and honest with people when things went wrong.
- A complaints policy was in place and openly displayed throughout the service. A previous complaint by a relative regarding access to the garden area had been resolved satisfactorily in line with the policy.

Working in partnership with others

- The service had good working relationships with professionals such as, community nurses and GP's to improve people's outcomes and ensure they received holistic care. One person told us, "[Staff member] got the doctor out quickly for me when I was in pain. They got me some antibiotics and really sorted it out."