

Abbeywood (Tottington) Limited

Abbeywood Tottington Limited

Inspection report

104 Market Street
Tottington
Bury
Lancashire
BL8 3LS

Tel: 01204882370

Website: www.abbeywood-bury.co.uk

Date of inspection visit:

17 January 2023

26 January 2023

Date of publication:

22 February 2023

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

Abbeywood Residential Care Home is a large extended detached property which provides accommodation for up to 40 older people who require support with personal care. Accommodation is provided over several floors, accessible by two passenger lifts. The home is situated on a main road close to the centre of Tottington. There is easy access to local amenities and shops as well as public transport. At the time of the inspection there were 33 people living at the home.

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

The deputy manager had recently been appointed as the manager. The management team completed regular audits and checks. Information gathered had helped to inform the homes business improvement plan identifying areas of development for the forthcoming year. The monitoring of staffing levels and the development of activities were to be explored further by the manager.

Safe systems were in place with regards to safeguarding procedures, staff recruitment, the management and administration of people's medicines and infection control procedures.

Individual and environmental risk were assessed and monitored. Individual care plans were in place providing information about people's individual needs and wishes. Information was being transferred to an electronic system to help monitor and review the information recorded. Records showed relevant referrals were made to help maintain people's health and well-being.

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

The last rating for this service was good (published 25 April 2022)

Why we inspected

We received concerns in relation to people's care, staffing levels and falls management. As a result, we undertook a focused inspection to review the key questions of safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. 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

Abbeywood Tottington Limited on our website at www.cqc.org.uk.

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?

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.

Abbeywood Tottington Limited

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 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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Abbeywood is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbeywood is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the registered manager had resigned. The deputy manager had been appointed as the new manager. Application to CQC to register was to be completed.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality team and health protection team who work with the service. 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 10 people who used the service and the relative of 1 person. We also spoke with 4 members of staff including the manager, care and kitchen staff. We reviewed a range of records on site in addition to records sent to us following our visit. This included care records, medication management staff recruitment and health and safety checks.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safe systems were in place for the reporting and recording of concerns.
- The manager alerted the local authority and CQC to any concerns and responded appropriately to request for information.
- Effective monitoring systems were in place; these include incidents and falls. These helped to identify areas of learning, so people were kept safe.
- People told us they were happy and felt safe living at Abbeywood. People told us, "I've been living here for about 6 months. I definitely feel safe because there are staff on at night-time who can check in on me. People can't come in off the street either", "I feel safe here and the staff are kind and take care of me well" and "I feel safe on the whole."
- The relative of 1 person also commented, "I feel it is safe care because it's a secure environment."

Assessing risk, safety monitoring and management

- Individual and environmental risks were monitored to help keep people safe.
- The servicing of mains appliances and equipment were up to date. Where action was required this was addressed by the provider.
- Concerns about risk management and falls had been raised prior to the inspection. We found risk assessments were in place to help minimise further incidents. Reassessment was completed where it had been identified people's needs had changed.
- Only one person required assistance with the hoist. Others told us they were able to maintain some independence using walking aids.
- Referrals were made to health care agencies where additional advice and support was needed. For example, people found to be losing weight had been referred to the GP for supplements.
- People confirmed they had the equipment they needed to help keep them safe. We were told, "The equipment that I need is always near to hand, I use this walker to get around" and "I have a buzzer in my room, but I've never used it."
- The relative of one person also said, "There is a movement sensor in [relatives] room to alert the staff if my [relative] gets out of bed. My [relative] has Alzheimer's and the staff seem to cope quite well with this."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Capacity and consent were considered when planning people's care. Where necessary, discussions were held with family members or advocates, so any decisions made were in the persons best interest.
- People we spoke with said they were supported and encouraged to maintain their independence. One person said, "I can make everyday decisions, for example, if I want a shower or not."
- The relative of one person felt their relative was still able to make their own decisions. We were told, "There are some daily living choices that are still possible, including choice of clothes to wear and whether to have a small sherry as and when [relative] wishes."

Staffing and recruitment

- Safe recruitment procedures were in place.
- Relevant information and checks were completed prior to staff commencing employment. This included an application form and employment history, written references and Disclosure and Barring Service (DBS) checks. This information helps employers make safer recruitment decisions.
- On-going recruitment was taking place. Where necessary agency staff were utilised. Where possible regular staff were requested so continuity could be offered.
- We received a mixed response from people in relation to staffing levels. One person said, "There never seems to be enough staff to manage all the everyday needs", whilst another added, "I feel that there are usually enough staff on duty, although they are always very busy."
- Due to concerns raised with us in relation to staffing, we reviewed arrangements in place. Rota's reflected the number of staff we saw on duty. However, the manager agreed that staffing levels were kept under review.

Using medicines safely

- People's prescribed medicines were managed and administered safely.
- We found stocks, including controlled drugs were kept secure and well managed. There had been no incidents where medication stocks had run out.
- We were told two people received their medication covertly. This was reviewed with their GP so that a decision could be made in the persons 'best interest'.
- Additional administration records and body charts were completed where people required topical creams or patches.
- People confirmed they received their medicines when required. One person said, "My medicines are managed well." The relative of one people also told us, "The meds seem to have been managed well and there are weekly visits by the GP."

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. All the people we spoke with said the home was kept clean and hazard free. One person said, "I feel that this home is clean and there are no trip hazards."
- 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.

Visiting in care homes

People were able to see their family and friends. In the event of an outbreak the home had a 'visiting' pod which could be utilised. One visitor we spoke with said they regularly visited the home and were able to spend time with their relative in their room.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There had been recent changes in the management team with the deputy manager taking over the role as manager. An application to register with CQC was to be submitted.
- The manager ensured statutory notifications required by law were submitted to CQC.
- Audits and checks were carried out in a range of areas. These helped to inform the home business improvement plan.
- Up to date policies and procedures were available to guide staff on current legislation and good practice.
- People we spoke with were confident in the managers and staff. People told us, "I would speak to any of the staff if there was a problem, but I haven't had any problems here, they're a good bunch" and "I feel that this is a well-managed home. Staff seem happy here and know what they are doing. I would recommend this home because the staff are kind to me, and It is a well-managed home on the whole though. The staff seem happy working here and they all work hard."

Continuous learning and improving care

- The service had developed a business improvement plan. This outlined goals and plans for 2022/2023. This included; supporting the new management team, improving occupancy, staff morale, training and development and responding to feedback from people and their relatives.
- The service was also implementing an electronic care planning system to help monitor and review the information recorded.

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

- People spoke positively about the staff and the care and support they received. We were told, "The staff are always cheerful and helpful, and I feel happier here than I did before" and "The staff are friendly and respectful."
- People said activities and opportunities were provided such as bingo and outside entertainers. However, people said these were limited, adding, "I am happy here but there is nothing to do and it can get quite boring" and "I would hope there could be more activities, that would be quite an improvement." The manager told us this would be explored further with people, as highlighted with the business improvement plan.

- Following feedback from people's relatives, the service was exploring ways to improve communication, so family members were better informed. This included more regular updates and pictures of events on social media. The relative of one person also felt, "A quarterly, or regular newsletter would be good to improve communication."
- A review of staff meeting minutes showed staff felt morale was improving, the team worked well and supported each other.

Working in partnership with others

- Managers worked closely with the local authority provider relationship team, who monitor the service. We were told the authority were monitoring the improvements being made at the home and regularly liaised with the management team. the progress made and plans to increase occupancy within the home.
- People's records showed that additional advice and support had been sought from health professionals where people's needs had changed.