

Regency Healthcare Limited

# Abbeycroft Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Abbeycroft Residential Care Home is a residential care home providing accommodation and personal care for up to a maximum of 33 people. The service specialises in providing care for older people and people living with dementia. There were 28 people living in the home at the time of the inspection.

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

We found shortfalls during the inspection in respect to the management of risk and the governance systems.

People told us they felt safe living in the home, and they were mostly satisfied with the service provided. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient staff deployed to meet people's needs, however, a dependency tool was not used to monitor the level of staffing. The provider had an appropriate procedure for the recruitment of new staff. Whilst individual risks to people's health and wellbeing had been assessed, environmental risks had not always been considered. We observed some areas of the home would benefit from redecoration and refurbishment. Not all areas of the home had a satisfactory standard of cleanliness. The registered manager took immediate action to address the hygiene issues. The provider had suitable arrangements for the management of people's medicines, however, there were omissions in the administration records for prescribed creams.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The management team carried out a series of audits to check and monitor the quality of the service. This included a monthly analysis of accidents and incidents. However, action plans had not been developed to address any shortfalls. There were limited opportunities for people to express their views. There were no records of residents' meetings and although people had been invited to complete a satisfaction questionnaire, the results had not been collated.

The registered manager and nominated individual were committed to making improvements to the service and had plans to improve the standards in the home. Following the inspection, the registered manager sent us a detailed action plan in response to the findings of the inspection. We will check any improvements on our next inspection of the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at the last inspection

The last rating for the service was requires improvement (published 19 August 2020). This service has been rated requires improvement for the last four consecutive inspections.

## Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

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.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the management of risks and the governance systems. Please see the action we have told the provider to take at the end of this report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbeycroft Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Abbeycroft Residential 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 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

One inspector undertook the inspection.

#### Service and service type

Abbeycroft Residential Care Home 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. Abbeycroft Residential Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

This inspection was unannounced on the first day.

### What we did before the inspection

We reviewed information, we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 7 people living in the home, 3 members of staff, the compliance manager, the deputy manager and the registered manager. We also spoke with the nominated individual over the telephone and received feedback from a visiting healthcare professional and 6 relatives as part of a remote monitoring activity. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We had a tour of the building with a member of staff and reviewed a range of records. This included 2 people's care documentation, 2 staff files and 10 people's medicines records. We also reviewed a range of records relating to the management of the service as well as policies and procedures.

# 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, the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Environmental risks to people's health and wellbeing were not always assessed, monitored and managed.
- Whilst some environmental risk assessments had been completed, there was no risk assessment for a missing handrail on one of the staircases. In addition, the risks posed by the substantial build-up of discarded items outside the garage had not been considered.
- We noted some bedroom doors were fitted with a deadlock mechanism, which meant staff were unable to access the bedroom if the deadlock had been activated. This was unsafe and placed the people living in the home at risk.
- Bedrails had not always been fitted with protectors. This situation placed people at risk of harm and entrapment.

The provider had failed to assess the risks to the health and safety of people receiving care and treatment and failed to do all that is practicable to mitigate the risks. This was a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Individual risks had been assessed and recorded as part of the care planning process.
- The provider had arrangements for routine repairs and maintenance of the premises. The safety certificates pertaining to installations and equipment were complete and up to date. However, there were areas in the home which would benefit from redecoration and refurbishment.

Following our visit to the home the nominated individual assured us immediate arrangements would be made to remove the items in the garage area. The registered manager also sent us an action plan setting out their actions and plans to improve the management of risk.

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. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- There were suitable arrangements for the recruitment of new staff. Appropriate checks had been carried out before new staff started work in the home.
- There were sufficient staff deployed to meet people's needs during the inspection. However, people told us they often had to wait for assistance. We noted a dependency tool was not used to monitor the level of staffing.
- People living in the home also said there was a difference between the approach of the day staff and night staff. We discussed these comments with the registered manager who agreed to investigate and carry out checks on different shifts.

Following the inspection, the registered manager sent us an action plan which stated a new dependency tool will be implemented.

#### Using medicines safely

- The provider had made satisfactory arrangements for the management of people's medicines. However, we found some shortfalls in the administration records for prescribed creams and there was a counting error in the controlled drugs register.
- Individual written guidance was available to support the safe administration of 'when required' medicines.
- Staff were suitably trained to administer medicines and checks on their practice had been carried out.

Following the inspection, the registered manager sent us an action plan which assured us, the counting error had been rectified and the arrangements for the administration of prescribed creams would be reviewed and discussed at a planned staff meeting.

#### Preventing and controlling infection

- We conducted a tour of the building, observed staff practices and discussed the infection prevention control arrangements with the registered manager.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Whilst most areas of the home had a satisfactory standard of cleanliness, we noted a bathroom had been left heavily soiled, the smoking area had not been regularly cleared and staff were preparing food on an unsuitable surface in the dining room. The bathroom was cleaned immediately.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to have visitors and maintain contact with their friends and families in line with

government guidance. We observed visitors talking with people in the home during the inspection.

Following the inspection, the registered manager sent us an action plan, which set out the temporary arrangements in the dining room, before the room undergoes a planned refurbishment. The action plan also stated a schedule of daily checks had been implemented on all bathrooms, toilets and the smoking area.

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

- The provider had systems and processes to safeguard people from abuse. Staff had completed training and were aware of the reporting procedures.
- People told us they felt safe in the home. One person told us, "The staff really look after me well. Everything is just as I need it." Relatives had no concerns for the safety of their family members.
- Staff had maintained a record of accidents and incidents however, there was no section on the form to indicate what actions had been taken.
- The registered manager had carried out a detailed analysis of the accident and incident data on a weekly and monthly basis to identify any patterns or trends. Any learning had been discussed with the staff team both at group and individual meetings.

# 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, this key question was rated as requires improvement. At this inspection, the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had systems and processes to assess and monitor the service; however, these were not always effective.
- We saw audits and checks had been carried out, however, action plans had not been devised to address any shortfalls. During the inspection, we found shortfalls in the management of risks and the quality monitoring systems.
- We also noted the falls and mobility audit was inaccurate and did not reflect the situation in the home. The audit indicated all bed rails were fitted with protectors, when only 1 bed had protectors fitted.
- The registered manager had made appropriate referrals to the local authority in line with safeguarding vulnerable adults. However, she had not always submitted statutory notifications to the Care Quality Commission.
- Given the findings of the inspection and the absence of effective audits it was difficult to determine continuous learning and ongoing improvement at the time of the visit.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager assured us she was committed to making the necessary improvements to the service. The nominated individual also spoke of his commitment to improve the service and standards of care.

Following the inspection, the registered manager sent us a detailed action plan which set out the planned improvements to the service. She also assured us the policies and procedures had been strengthened to ensure all future statutory notifications will be submitted without delay.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were not always provided with opportunities to be engaged and involved in the operation of the service.
- People told us they were consulted and involved in daily aspects of their care. However, we saw no

evidence of any residents' meetings during the last 12 months. This meant people had limited opportunities to express their views about life in the home. The registered manager assured us residents' meetings would be held on a monthly basis.

- Whilst a satisfaction survey had been carried out in January 2023, the results had not been collated and analysed.
- The registered manager and staff worked in partnership with external agencies to learn and share knowledge and information which promoted the development of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable about people's needs and preferences.
- People living in the home, their relatives and staff were complimentary about the registered manager and told us she was approachable and supportive.
- The registered manager understood her responsibility under the duty of candour.
- The nominated individual and registered manager were open about the areas requiring improvement at the service and the work they were doing and planning to address shortfalls.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to assess the risks to the health and safety of people receiving care and treatment and failed to do all that is practicable to mitigate the risks. (Regulation 12 (1) (2) (a) (b)).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. (Regulation 17 (1) (2) (a) (b)).