

Care Worldwide (Manchester) Limited

Abbey Hey Care Home

Inspection report

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Date of inspection visit:

15 January 2024

18 January 2024

Date of publication:

06 February 2024

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 Hey is a care home provides accommodation and personal care to up to 39 people, some of whom are living with dementia. There were 37 people using the service at the time of the inspection.

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

People living at the home and relatives said they felt the service was safe. There were enough staff available and correct staff recruitment procedures were followed. Risks were effectively managed at the home and accidents and incidents were monitored to prevent them reoccurring in the future.

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.

Everybody we spoke with told us there was good management and leadership at the home. There were systems in place to monitor the quality of service through audits, meetings, surveys and competency checks. The home worked in partnership with other organisations to ensure positive outcomes for people.

Rating at last inspection:

The last rating for the service was good (published July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey Hey Care Home 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.

Abbey Hey 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.

Inspection team:

The inspection was carried out by 2 inspectors.

Service and service type:

Abbey Hey 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. Abbey Hey 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, there was a registered manager in post.

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 and professionals 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 this information to plan our inspection.

During the inspection:

We spoke with 4 people who used the service and 2 relatives about their experience of the care provided. We also spoke with 10 members of staff which included the registered manager, deputy manager, 2 regional managers, home administrator and 5 care staff.

We reviewed a range of records. This included 5 people's care plans, 2 staff recruitment files, staff training records and records associated with the provider's quality monitoring systems.

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 this key question was rated good. At this inspection the rating remains 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

- The provider had processes in place to safeguard people from abuse. People living at the home and relatives said they felt the service was safe. One person said, "I feel safe living here and I see this as my home." Another person said, "Definitely safe, the staff are always coming in to check on me."
- Staff understood about safeguarding and said they had received training. One member of staff said, "I would not be afraid to whistle-blow if there was bad practice. Signs of safeguarding could be changes in a person's behaviour."
- A safeguarding policy and procedure was in place, explaining what needed to be done if abuse was suspected.
- Accidents and safeguarding incidents were monitored, and records maintained.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The provider had systems in place to ensure the management of people's identified risks. People's care plans contained risk assessments regarding the care and support they received. Where any risks were identified, control measures were in place.
- Regular checks of the building were carried out to ensure the environment was safe. A fire risk assessment had been completed and actions undertaken.
- The home was clean and tidy and we observed domestic staff carrying out their duties throughout the day. Staff were observed wearing PPE when needed. One person said, "The staff always come in to clean my bedroom."

Staffing and recruitment

- The provider ensured there were enough staff employed to care for people safely..
- Everyone we spoke with said there were enough staff to deliver the care people needed. A member of staff told us, "I feel staffing is okay. I've not seen it short staffed and we don't tend to use agency." Another member of staff said, "Staffing is adequate and we are able to meet people's needs."
- Staff were recruited safely, with all the necessary procedures followed including interviews, seeking references and carrying out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were arrangements in place for the safe management of medicines. One person said, "The staff always give me my medication and with some water."

- Staff had received training in medicines administration and had their competency checked.
- Medicines were stored in a secure room which we saw was locked at all times.
- Medication records were completed accurately by staff with no missing signatures, including those for controlled drugs and topical creams.
- When people needed medicines on an 'as and when required' basis (PRN), there were protocols in place to ensure staff only administered these medicines when they were needed.

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 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 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 authorized under the MCA. We checked whether the service was working within the principles of the MCA.

- DoLS applications were submitted to the local authority as required. Staff understood about DoLS and when these were required.
- Copies of MCA assessment/best interests meetings were in people's care plans where any specific decisions had been made.

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 good and 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.

Continuous learning and improving care; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to monitor the quality of service. Residents/Relatives meetings were held in order to gather people's views. People told us they were able to discuss any areas of concern and that staff were responsive. People living at the home confirmed these took place.
- The provider used satisfaction surveys to ask people for their views and therefore improve service delivery.
- Staff meetings were also held to enable staff to discuss the problems they might have affecting their work.
- The management team carried out audits of the building/environment, infection control, medication and care plans. Audits and monitoring were also undertaken at provider level.

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

- At the time of the inspection, there was a registered manager in post who was responsible for the day to day running of the home. Additional support and oversight were also given by the provider, deputy manager and team leaders.
- The provider knew to submit statutory notifications to CQC as required.
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We saw the ratings were displayed at the home and on the provider website.

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

- The staff team spoke of a positive culture at the service and said they enjoyed their roles. One member of staff said, "It is a good place to work and the staff team get on well together." Another member of staff added, "It is my first job working in care and I am really happy and like it."
- Everybody we spoke with said they felt the service was well-led. One member of staff said, "There is good management. Very approachable and things get sorted out." Another member of staff added, "Problems get sorted out and the manager is always here for us."
- People told us they were happy with the care at the home which enabled them to achieve good outcomes. One person said, "The staff here genuinely care, no question about it." Another person said, "It's very good, I'm never hassled and get plenty to eat and drink."

Working in partnership with others

- The service worked in partnership with other agencies as required, including local authorities and social work teams. Dieticians, district nurses and speech and language therapists were all involved with the care people received and visited the home regularly.
- Prior to our inspection, we sought feedback about the home from various health care professionals, who provided us with an update about their involvement with the home and any good practice they had identified. The feedback we received was positive.