

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Abbeycroft residential care home provides personal care and accommodation for up to 33 people, some of whom are living with dementia. When we inspected there were 20 people living in the home. Accommodation is provided over three floors with both lift and stairlift access.

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

People were supported by staff who had been recruited safely and were trained to support people to manage risks and keep as safe as possible. People told us they felt safe in the home and their relatives confirmed this.

The providers infection control policies had been updated to reflect the additional risks posed by the Covid 19 pandemic. Staff understood and followed the procedures. The home ensured extra vigilance when accepting admissions from hospital which helped maintain peoples' safety.

Management oversight of the quality of care and records had recently improved under the new manager. People living in the home told us they were confident in the new manager. Relatives had also identified recent improvements.

Rating at last inspection and update: The last rating for this service was requires improvement (published January 2020). There were two breaches of the regulations. The provider completed an action plan after the last inspection which showed what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to safe care and treatment, moving and handling techniques and management oversight of the service. As a result, we undertook a focused inspection to review the key questions of Safe and Well Led only.

The overall rating for the service has remained as Requires Improvement. However, improvements had been found which meant the service was no longer in breach of the regulations. There was no registered manager at the service which means the rating for the Well Led domain cannot be higher than Requires Improvement. In addition, we needed more time to be confident the improvements made had been fully embedded and sustained.

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 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 Care Act 2014.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Abbeycroft 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 that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The nominated individual is responsible for supervising the management of the service on behalf of the provider. There was a manager in post who intended to apply to register with CQC.

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure it was safe for us to visit during the current Covid 19 pandemic.

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. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the manager and four people who lived in the home. We reviewed a range of records. This included three people's care records and several medicines records. We looked at three staff recruitment files. We asked for a variety of records relating to the management of the service, training staffing rotas to be sent to us following the inspection. We reviewed the records we received. We spoke to the relatives of four people and to three members of staff over the telephone.

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 Requires Improvement. At this inspection this key question has now improved to Good. This means people were safe and protected from avoidable harm.

Staffing and recruitment

- At the last inspection we found the provider had not followed robust recruitment procedures. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had improved their recruitment practice and were no longer in breach of the regulations.
- We reviewed the recruitment records for three staff who had been employed since the last inspection. All necessary checks and procedures had been completed.
- The provider had a system to calculate how many staff were needed on duty to support people safely. This was updated and reviewed regularly. We spoke to four people who lived in the home, they had mixed views about the staffing available, two people identified there could be difficulty at the weekends. Staff we spoke with felt able to support people safely but reported feeling rushed at the weekend due to sometimes having to cover in the kitchen. We discussed this with the manager and will review this at our next inspection.

Using medicines safely

- At the last inspection we made a recommendation about the potential impact of using homely remedies with medicines prescribed by the doctor. The provider has since ensured any homely remedies were prescribed by the doctor before being administered.
- The provider continued to follow their medicines policy and procedure. We reviewed the medicine records for five people and checked stocks of medicines stored in the trolley and fridge. We found records were up to date and medicines had been stored as they should be.
- The provider ensured all staff with responsibility for administering medicines had received training and their competency had been checked regularly.

Systems and processes to safeguard people from the risk of abuse

- Prior to the inspection we had received concerns about the use of inappropriate moving and handling techniques. The provider acknowledged there had been an incident where incorrect techniques had been used which had led to distress for one person. The provider and local authority safeguarding team had investigated this and we were assured plans had been put in place to avoid this happening again.
- People living in the home told us they felt safe; "I feel safe mainly because I know staff will look after me." A relative told us, "I know (name) feels safe because they have come out of themselves again, some of the old staff are back, (name) seems a lot happier and have begun to talk again."
- Staff understood how to recognise and respond to signs of abuse. The provider ensured staff had received training about safeguarding. Information about raising concerns was displayed in the home.

Assessing risk, safety monitoring and management

- People were protected from risks in their daily lives by the providers robust risk management procedures.
- We reviewed the care plans of four people and saw risk assessments were completed and management plans developed which helped avoid harm. Risk assessments were reviewed and updated regularly.
- The provider ensured people were referred to appropriate services when risks to their health and wellbeing increased.

Preventing and controlling infection

- The provider had good infection control policies in place. These had been adapted in response to the Covid19 pandemic. Staff had received training on enhanced procedures. Staff felt confident they had access to enough personal protective equipment, and it's uses. We observed staff using this and maintaining safe practice.
- Cleaning staff followed effective routines, the home was clean and free of any malodours. A relative we spoke with praised the improved cleanliness in the home. A relative we spoke with commented, "It is clean now, the difference is 100%."

Learning lessons when things go wrong

- The provider had a system in place to review all accidents and incidents and demonstrated how they learned from experiences and developed systems to avoid repetition.

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 required improvement. At this inspection this key question has remained the same. This was because the service management and leadership was not fully established. Leaders and the culture they created had not been sufficiently embedded to support the consistent 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

At our last inspection, the provider had failed to establish effective systems to monitor the quality of the service and had failed to undertake robust audits. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, some improvements had been made and the service was no longer in breach of this regulation.

- Since the last inspection, the registered manager had left the service and the area manager had taken over the day to day operation of the home. At the time of the visit, they had been working in the home as the manager for eight weeks. They confirmed their intention to formally register with CQC.
- The manager acknowledged improvements were needed at the service and had devised an action plan and a quality audit checklist. The action plan included the main aspects of the operation of the service and the actions needed to bring about improvements.
- The quality audit checklist set out a schedule of audits to monitor the quality of the service. We saw evidence to demonstrate a number of audits had been completed. However, the manager had not had sufficient time to show continuous learning and sustained improvements.
- The manager and staff were clear about their roles. On the day of the inspection, the staff were organised and were observed responding to people's needs. The people living in the home told us the home ran smoothly.

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

- The provider was committed to promoting an open culture. We saw staff meeting minutes which reflected this approach. We noted staff were encouraged to use whistleblowing procedures and to report any poor practice.
 - The staff told us they had confidence in the management of the home. Comments included; "I feel confident in the manager, because they have a lot of time for the residents.". And, "I feel confident in the manager, they listen, sort things out and are professional."
 - Relatives told us they felt confident the manager had made improvements in the home and that the home was well managed. One relative told us, "The manager is very good, I have no complaints."
- 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 provider had a duty of candour policy that required staff to act in an open and transparent way when incidents occurred. The manager understood and acted on their duty of candour responsibilities.
- The provider kept people informed when incidents occurred. A relative told us, "We have been kept up to date, and I am happy with the way the manager responds."

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

- The manager and staff involved and engaged people in the service and considered their equality characteristics. One staff member said, "I can express my views and feel respected. This is a good team."
- The manager had sought feedback from people living in the home. This had been achieved by means of residents' surveys and meetings. We were sent copies of the survey responses and noted people were satisfied with the service. During the inspection, two people raised issues about the food and the level of activities. We discussed these comments with the manager and the area manager during the inspection.

Working in partnership with others

- The manager and staff had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included health and social care professionals.
- We saw evidence in people's care records that appropriate referrals had been made in response to people's needs.