

Regency Healthcare

Abbeycroft Care and Nursing Home

Inspection report

Abbeycroft Care and Nursing Home
Burnley Road,
Loveclough,
Rossendale
BB4 8QL
Tel: 01706 225582

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

We visited the service on 3 February 2015 and the inspection was unannounced. At the last inspection on 15 May 2013 we found the service was meeting the regulations we looked at.

Abbeycroft Care and Nursing Home is registered to provide nursing and personal care for 33 people. The home is a purpose built property set in its own grounds in

a semi-rural position close to a local bus route to Burnley and Rawtenstall. Accommodation is provided in single and twin-bedded rooms on three floors. There are three communal areas and a lounge for people who smoke.

Summary of findings

There were 27 older people residing at Abbeycroft when we visited. Some of the people using the service were living with dementia and seven people had nursing needs.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager has been at the home since August 2014 and confirmed that an application to be registered had been submitted. Following our visit to the home we confirmed that an application to be registered as a manager has been received by the Commission.

People did not have enough opportunities to participate in meaningful social activities that reflected their interests. .

People were safe living at the home. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage these to keep people safe from harm or injury.

There were enough properly trained and well supported staff working at the home to meet people's needs. People told us, and we saw, that staff had built up good working relationships with people using the service and were familiar with their individual needs and preferences.

People received their medicines as prescribed and staff knew how to manage medicines safely.

People told us they were happy living at the home and staff who worked there were kind and caring. Our observations and discussions with people during our inspection supported this. For example, we saw staff treated people with dignity, respect and compassion.

Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing. Staff also ensured health and social care professionals were involved when people became unwell or required additional support from external services.

People had a choice of meals, snacks and drinks and staff supported people to stay hydrated and to eat well.

People told us it was a comfortable place to live. We saw the environment was generally well maintained but some of the communal areas required re-decoration. People could access all areas of their home and move around it independently.

Each individual was involved in making decisions about their care and had personalised care plans that they had helped create. People had agreed to the level of support they needed and how they wished to be supported. Staff supported people to make choices. Where people's needs changed, the provider responded and reviewed the care provided.

People were encouraged to maintain relationships that were important to them. There were no restrictions on when people could visit the home and staff made visitors feel welcome.

The service had a clear management structure and people who lived there, relatives and staff felt comfortable about sharing their views and talking with the manager and staff about any concerns or ideas to improve the service they might have. We observed an open and inclusive atmosphere in the service and the manager led by example. The manager demonstrated a good understanding of their role and responsibilities, and staff told us the managers were competent, supportive and fair.

There were effective systems in place to monitor the safety and quality of the service. The nominated individual regularly sought people's views about how the care and support they received could be improved. Where improvements were needed, action was taken.

The manager understood when a Deprivation of Liberty Safeguards (DoLS) application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Summary of findings

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.

There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it. Risks were identified and steps were taken to minimise these without restricting people's individual choice and independence.

The environment was safe. The manager monitored incidents and accidents to make sure the care provided was safe and effective.

We received mixed comments about staffing levels and whether there were enough staff to meet the needs of people using the service. People were given their prescribed medicines at times they needed them.

Good



Is the service effective?

The service was not as effective as it could be.

Staff were suitably trained and were knowledgeable about the support people required and how they wanted their care to be provided. People's rights were protected because the provider acted in accordance with the Mental Capacity Act (2005). The manager and staff understood their responsibilities in relation to mental capacity and consent issues.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Whilst there was a safe environment for people who used the service there was a need to re-decorate some areas of the home.

Requires Improvement



Is the service caring?

The service was caring.

People told us that staff were caring and supportive and always respected their privacy and dignity.

People were fully involved in making decisions about their care and support. Care was person centred and focussed on what was important to people and how they wanted to be supported. Staff were aware of what mattered to people and ensured their needs were met.

Good



Is the service responsive?

The service was not as responsive as it could be.

There was a lack of meaningful activities to occupy people's time. These are important to ensure people's social needs are met.

Requires Improvement



Summary of findings

Care and support was centred on people's individual needs and wishes. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's needs and choices and care plans provided them with clear information and guidance.

There were systems in place to deal with complaints. People felt comfortable to talk to staff if they had a concern and were confident it would be addressed.

Is the service well-led?

The service was well-led.

People spoke positively about the manager and how they ran the service.

The manager operated the service in an open and transparent way. We saw good leadership and the service had clear values, which included promoting people's choice, dignity, respect and equality.

The provider regularly monitored the care, facilities and support people using the service received. On-going audits and feedback from people was used to drive improvement.

Good



Abbeycroft Care and Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 February 2015 and was unannounced.

The inspection team included an adult social care 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 services for older people and people living with dementia.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the visit we spoke with 12 people that lived at Abbeycroft Care and Nursing Home, one relative, the nominated individual, the manager, the deputy manager, a district nurse, three care workers, a housekeeper and the cook. We also spent time undertaking general observations of the care and support people were given.

Finally, we looked various records that related to peoples' care, staff and the overall management of the service. This included three people's care plans, three staff files, the complaints log, nine medication administration records (MAR) sheets, accident and incident forms and quality assurance tools.

Is the service safe?

Our findings

The service took appropriate steps to protect people from abuse, neglect or harm. People told us they felt Abbeycroft Care and Nursing Home was a safe place to live. One person said, “I feel safe here. I can lock my door if I want to but I do not feel the need to do so.” They added, “I can make my own choices in everything.”

We saw the policies and procedures about safeguarding people from abuse provided staff with clear guidance on how to prevent and where appropriate report abuse. Staff confirmed they were required to read these policies and procedures as part of their induction. We saw contact details for the local authorities safeguarding adults' team were accessible to staff. It was clear from comments we received from staff that they knew what constituted abuse and neglect and the action they would take if they witnessed or suspected people had been abused or neglected at the home. Records we looked at showed us that all staff had received up to date training in relation to safeguarding adults.

Records held by the Care Quality Commission (CQC) showed the service had made appropriate safeguarding referrals when this had been necessary and had responded appropriately to any allegation of abuse or neglect. Where safeguarding concerns had been raised, the provider had liaised with the local authority and other professionals to investigate events. This showed they had followed the correct safeguarding protocols.

The provider managed risks appropriately so that people were protected. Care plans we looked at contained personalised risk assessments that identified the hazards people might face. These provided staff with clear guidance on how they should prevent or manage these identified risks of harm. This included environmental risks and those associated with people's individual health care and support needs. It was clear from discussions we had with staff that they were fully aware of the potential risks people using the service may face. Staff gave us examples of the risks some people may encounter when they ate or had a bath and the support these individuals needed to receive to keep them safe. The manager confirmed that the risk of people falling was assessed on an ongoing basis.

The service managed accidents and incidents appropriately. Records of accidents and incidents we

checked were appropriately maintained by staff and regularly reviewed by the manager to determine whether or not any themes or trends had emerged. There was evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved them. For example, we saw risk assessments had been reviewed and updated accordingly to reflect recent changes in one person's mobility needs and another individual's diet. Staff told us they would keep a record of any accident or incident involving people who lived at the home and the actions taken by the service to minimise the likelihood of similar events reoccurring.

The home was also well maintained which contributed to people's safety. There were up to date servicing and routine maintenance records for the premises and utilities such as gas and electricity. Wheelchairs and hoists were regularly checked to make sure they were safe for people to use. Fire alarms and equipment were also routinely tested and there was a fire evacuation procedure. It was clear from comments we received from staff that they knew what to do in the event of an unforeseen emergency, such as a fire. Staff were trained in basic first aid.

We received mixed comments about staffing levels. People told us there were usually enough staff available in the home. One person said, “There always seems to be plenty of staff around.” Though another individual said “The staff can take a while to come and take me to the toilet and I get stressed waiting.” We informed the manager about this comment, who acknowledged our concerns and assured us they would investigate this further. One person's relative told us, “If my husband has an accident the staff are there to help straight away; the staff are very caring.” The manager told us staffing levels were flexible and determined according to the number and dependency levels of the people using the service. During our inspection we saw care staff were always available in the communal areas, such as the main lounges and dining area. Staff confirmed, and duty rosters we looked at showed us, there was always at least one qualified nurse available on every shift during the day and at night.

People whose medicines were managed by staff told us they received their prescribed medicines on time. We saw people's medicines were stored in locked cabinets within a locked cupboard, which included controlled drugs. It was clear from comments made by nursing staff, and medicine

Is the service safe?

handling practices we observed, that the service followed relevant professional guidance about the safe storage, administration, recording and quality monitoring of controlled drugs. For example, we saw the controlled drugs register was always countersigned by another member of staff when these medicines were handled, which senior nurses checked weekly.

Each person had a profile which displayed their photograph and explained what their medicines were for and how they were to be administered. We checked nine people's medicines administration record sheets and saw they were up to date and contained no recording errors.

There was an up to date procedure for the safe management of medicines. It was clear from feedback we received from nurses that they understood how to store, administer, record and dispose of medicines safely. Senior nurses had responsibility for the auditing of medicines. This helped ensure there was accountability for any errors and that records could be audited by the provider to determine whether people received their medicines as prescribed.

Is the service effective?

Our findings

People received care from staff who were appropriately trained and supported. People we spoke with felt staff knew what they were doing and were very good at their jobs. One person said, “The staff seem to know what they’re doing most of the time.” One relative told us, “I think the training staff receive must be pretty good because most of them are good at their job.” Staff spoke positively about the training they had received which they said was ongoing. Staff also felt the training and guidance they had been given enabled them to perform their jobs well and meet the needs of the people they supported.

It was clear from training records we looked at that all new staff had to complete a thorough induction before they were allowed to work unsupervised with people using the service. This was confirmed by staff who also told us their induction had included a period of ‘shadowing’ experienced members of staff carry out their duties.

Staff training records showed us that all staff had completed the provider’s mandatory training programme, such as moving and handling and had regular opportunities to refresh their existing knowledge and skills. Staff advised us that training was regularly available and records supported this. Staff confirmed they had received dementia awareness training, which, the manager told us, was refreshed annually. It was clear from discussions we had with staff that they had the right mix of knowledge, skills and experience to effectively care and support people who may have nursing needs and/or are living with dementia.

Staff had effective support and supervision. Staff told us they felt well supported by the manager and senior nursing staff who worked at the home. Staff told us they usually had an individual meeting with their manager at least every six weeks and group meetings with their peers once a quarter. Records we looked at showed that staff had regular opportunities to review their working practices and personal development. This was confirmed by discussions we had with the manager and senior nursing staff.

We saw there were policies and procedures in place regarding the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and consent. Staff told us these policies and procedures had helped them understand their responsibilities. Staff were clear that they would only

deprive someone of their liberty if a person could not make decisions about their care and treatment when it was in their best interests and there is no other way to look after them safely. Training records showed that all staff had attended Mental Capacity Act (2005) and DoLS training. We examined the applications in respect of two people who had a DoLS authorisation in place; these told us that appropriate steps had been taken to ensure that individuals’ rights had been upheld.

Everyone told us they enjoyed the experience of eating their meals in the dining room and on the whole liked the food they were served. One person told us, “The food is lovely and the atmosphere in the dining room is usually pretty relaxed and pleasant at mealtimes.” Another person said, “No complaints about the meals. You’re always given a choice and it usually tastes pretty good.” Feedback we received was also complimentary about the meals provided at the home. Another person told us “The staff know me as an individual they call me by my name and they encourage me to eat as I had lost weight before I came in here, I have put on half a stone since coming in here.”

One relative told us, “I’m very impressed with the food, my husband has a choice and he is eating very well.” The atmosphere in the dining room remained unhurried and congenial during lunch.

People confirmed they could choose what they ate at mealtimes and if they did not like what was on the menu that day the cook would always offer to make them an alternative meal. We saw people could choose to eat their lunch in the dining room or in the comfort of their bedroom. We also observed staff take their time to support people who needed assistance to eat and drink. For example, we saw one member of staff patiently explain to a person they were assisting at lunchtime what they were doing and what they were eating.

People’s nutrition and dietary needs had been assessed and reviewed regularly. For example, we saw care plans included information about people’s food preferences and the risks associated with eating and drinking. Staff told us they monitored people’s nutrition and fluid intake using food and fluid charts and weight charts where this was required. Care plans also contained information where people needed additional support. For example, where people had swallowing difficulties and needed a soft diet, the care plans explained how the person should be supported.

Is the service effective?

Records showed us that people were in regular contact with community based health care professionals, such as GP's, district nurses, podiatrists, opticians, dentists and dietician. Care plans set out in detail how people could remain healthy and which health care professionals they needed to see to achieve this. Staff told us everyone who lived at the care home was registered with a local GP surgery and that they would always contact health professionals if they had any concerns about a person's well-being. We saw timely referrals had been made to other professionals where necessary and accurate records were kept of these appointments and outcomes. For instance, a nurse was able to give us an example of a referral they had recently made to a district nurse to seek advice about significant changes in one person's skin condition.

We noted several areas of the premises needed redecoration and refurbishment. For instance wallpaper was damaged and badly scuffed in the corridors and stairwells. Whilst arrangements were in place for routine maintenance and repairs, the manager confirmed he was not aware of any plans to redecorate and refurbish the home.

People were able to move freely around the home. Staff had ensured communal areas such as the lounge and hallways were clean and free from clutter which enabled people to walk safely around the home.

We recommend the provider ensures the home is maintained in good decorative order.

Is the service caring?

Our findings

People told us they were very satisfied with the care they received and were consistently positive about the caring attitude of the staff who worked there. People said they were treated well by the staff and typically described them as “caring and professional.” One person said, “The staff are brilliant...They’re so good to me.” Another person told us, “I’m quite content and happy; I think this is a good establishment. I sleep well at night.” Feedback we received from a relative was also complimentary about the standard of care and support provided by staff at the home. For example, a relative told us, “The staff are very caring.”

Throughout our inspection the atmosphere in the home remained pleasant and relaxed. One person said, “There’s often a jolly atmosphere in the dining room at mealtimes.” We saw a lot of friendly banter between staff and people living at the home throughout our visit and these interactions with people were characterised by respect, warmth and compassion. The staff were also friendly and patient when providing support to people. For example, we observed staff on several occasions chat and carefully explain to people what they were about to do before they used a mobile hoist to transfer individuals from one place to another. We also saw one member of staff give appropriate and timely reassurance to a person who became anxious during our visit.

We saw staff respected people’s rights to privacy and dignity. One relative told us they felt staff always respected their family member’s privacy and dignity. They added, “Staff address my husband as sir. I think this is very respectful.” We saw staff kept bedroom, toilet and bathroom doors closed when they were providing personal care and sought people’s permission to enter their private space before doing so.

We saw a call system was located in bedrooms and throughout the home, which enabled people to summon assistance from staff when they needed it. People told us staff responded quickly to people seeking support through the use of their call bell system. We saw people could access their call bell easily when they needed to gain the attention of the staff.

People told us they had been allocated a keyworker or key-nurse who were familiar with their abilities and needs. We saw for ourselves and a relative told us staff were familiar with their family member’s life histories, strengths, likes, preferences and needs. We saw care plans provided staff with detailed guidance about what was important to each individual who lived at Abbeycroft Care and Nursing Home and how they should support them. It was also clear from discussions we had with staff that they were familiar with the life histories, social interests and people they preferred to sit and socialise with during meal times.

People were supported to express their views and were given all the information and time they needed to be involved in making decisions about the care and support they received. One person said, “I have a keyworker who always ask me if everything is alright and if I need anything.” People using the service told us they felt able to express their views about how the home was run at any time. Records showed us people had regular opportunities to express themselves during residents meetings, individual meetings with their designated key-worker or key-nurse and their care plan review. People also told us they were invited to complete an annual residents’ satisfaction survey. The manager told us they had links to local advocacy services to support people if they could not easily express their wishes and did not have any family or friends to represent them. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People did not have enough opportunities to participate in meaningful social activities that reflected their interests. Although care plans contained some information about people's social interests and we saw a range of recreational resources and home entertainment equipment was available in the main communal areas; half the people we spoke with told us they felt there was not always enough to do in the home. One person said, "The staff are great, but they don't have any time to sit with us and play games. It can be boring here sometimes." Another person told us, "You can see there is enough staff around, but they're usually too busy to organise outings or play cards with us." Some told us there was not much for people to do at Abbeycroft Care and Nursing Home and that the situation had got steadily worse since the homes activities coordinator had left. One person said, "They use to have a really good activities coordinator here, but since they've gone there's no one to organise activities for people."

It was clear from discussions we had with the manager and staff that they all felt people would benefit from having an activities coordinator in post. One member of staff told us, "I think we need to employ an activities coordinator again. They did a fabulous job before." Another person said, "I would love to arrange social activities for people, but we just haven't got the time to do that and meet people's personal care needs." We discussed the concerns raised by some people using the service about there not always being enough meaningful leisure activities for people to participate in with the manager who told us the provider was considering recruiting a new part-time activities coordinator. Progress made by the service to achieve this aim will be reviewed at the home's next inspection.

People told us they had been included in developing their care plans. One person said, "The staff asked us lots of questions about what I liked to eat and do when I first moved here." We saw care plans included assessments of people's needs, choices, and abilities, which staff told us were carried out before people were offered a place at Abbeycroft Care and Nursing Home. These initial needs assessment were then used by staff to develop people's individualised care plan. Care plans we looked at were all personalised and set out clearly what staff needed to do to meet people's needs and wishes.

People's changing care and support needs were regularly reviewed. People told us they were involved in reviews of their care plan and that staff regularly updated to reflect any changes in people's needs. We saw care plans were routinely updated to ensure the information they contained remained accurate and current. All the care plans we looked at had been signed and dated either by the person using the service and/or their representative to show they agreed with their contents. Staff told us everyone who lived at the home had an allocated key-worker or key-nurse who regularly reviewed people's care plans, updated them accordingly to reflect any changes in need, and made sure those changes were put into practice.

People were encouraged to make choices. People told us they could decide what time they got up and went to bed, what they did during the day, who they socialised with and what they ate and drank. People also told us they could choose the gender of staff who provided their personal care. One person said, "The staff do respect your choices here and are always asking us what we want to do." Throughout our inspection we saw staff were patient and clear when speaking with people, for example, by giving people time or repeating their answers to ensure they understood what was conveyed to them.

People were supported to maintain relationships with their families and friends. A relative told us that they were able to visit their family member whenever they wanted and were not aware of any restrictions on visiting times. Care plans identified all the people involved in a person's life, both personal and professional.

People told us they felt comfortable raising any issues or concerns they might have with the manager or staff. A relative said, "I haven't had to make a formal complaint, but if I did I'm pretty sure the staff would listen to us and do their level best to sort my problem out." People were given a copy of the provider's complaints procedure when they first came to live at the home. We also saw copies of the provider's complaints procedure were available. The procedure clearly outlined how people could make a complaint and the process for dealing with this. We noted all complaints received by the service were logged by the manager and the actions taken to resolve these had been well documented.

Is the service responsive?

We recommend the service provider seeks advice and guidance from a reputable source, in relation to meeting the social needs and wishes of older people and those living with dementia and implements a programme of activities and occupation.

Is the service well-led?

Our findings

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager has been at the home since August 2014 and confirmed that an application to be registered has been submitted. Following our visit to the home we confirmed that an application to be registered as a manager had been received by the Commission.

The service had a clear set of values. It was clear from discussions with the manager and staff that they understood and implemented these values. For example, several staff said they felt they were particularly good at treating people with respect. Two members of staff told us people could choose how they lived their life at the home. These values formed part of the mandatory induction programme and on-going training.

People felt involved in developing the service and their views influenced the way the home was run. Every year, people using the service, their relatives and staff were given a satisfaction survey to feedback their comments. Information from these was used to help improve the service and the quality of support being offered to people. Two people gave us examples of changes they had wanted to about the seating arrangements at mealtimes and what action the manager had taken in response.

The manager also encouraged the views of the staff that worked there. Staff told us there were regular team meetings where they were able discuss issues openly and were kept informed about matters that had adversely affected the service and the people who lived there. Staff

also told us if they had to speak with the manager about any concerns they might have and were confident that they would be listened to. One member of staff told us, "The manager is experienced and is always on hand to offer us advice and support."

Staff had clear lines of accountability for their role and responsibilities and the service had an effective management structure in place. Staff felt the team worked well together and there were good systems in place for communication to inform them about the needs and any changing circumstances of people using the service. Staff told us and records showed, that any changes in people's needs and incidents were discussed at their team meetings, daily shift handovers or recorded in the communication book to ensure everyone was aware of what had happened and the improvements that were needed.

The provider completed various audits to assess the service quality and drive improvement. The manager told us the nominated individual visited the home to ensure people continued to receive good quality care and support at the home. The manager told us they and designated senior nursing staff regularly undertook internal audits on the homes care planning and reviewing practices, risk assessments, medicines management, infection control, fire safety, food hygiene, staff training and supervision and record keeping. We saw that where any issues had been found as a result of these quality monitoring audits, an action plan was put in place which stated what the service needed to do to improve and progress against the actions.

There was evidence that the service learnt from incidents that took place and that appropriate changes were implemented. We saw records of accidents, incidents, safeguarding and complaints we reviewed included an analysis of what had happened and improvements that could be made to prevent similar events reoccurring.