

Dhillon Care Ltd

Abbeygate Care Centre

Inspection report

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Tel: 01384571295

Date of inspection visit:
06 September 2019

Date of publication:
15 October 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Abbeygate Care Centre is a residential care home that is registered to provide providing personal care and accommodation for up to 17 older people. At the time of the inspection the service was supporting 17 people.

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

The provider had quality assurance systems in place and action had been taken to make improvements. However, a number of issues identified during the inspection had not been picked up by the provider's audits. Maintenance work that had been identified by the provider had not been completed in a timely manner.

People felt safe and were supported by staff who had received training in how to recognise, report and act on any signs of abuse. Staff were aware of the risks to people and how to manage those risks on a daily basis.

Safe systems of recruitment were in place. A dependency tool was in place to assist the registered manager in ensuring people were supported by sufficient numbers of staff. People were supported to take their medicines as prescribed. Accidents and incidents were reported and acted on and analysed for any lessons to be learnt.

Staff felt supported and well trained. New staff benefitted from an induction that included shadowing more experienced members of staff and being given time to get to know people living at the service. Staff supported people to access a variety of healthcare services in order to maintain good health.

Staff were seen to be kind, caring and compassionate in their approach and treated people with dignity and respect. Families felt welcomed and listened to and were positive about the care their loved ones received.

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.

People were involved in the development of their care plans and were supported by staff who knew them well and what was important to them. People had no complaints and were confident that if they raised concerns they would be dealt with appropriately.

People were complimentary of the service and considered it to be well led. Staff felt supported and listened to and were confident any concerns they may raise would be dealt with appropriately.

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 9 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not always well led.	Requires Improvement ●

Abbeygate Care Centre

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 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.

Abbeygate is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and seven relatives and/or visitors about their experience of the care provided. We spoke with 4 members of care staff and the provider, registered manager, team leader and the visiting hairdresser. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and four medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. Following the inspection the provider sent us information regarding improvements that had been made at the service.

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 this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and were supported by staff who had received training in how to recognise abuse. A relative said "I know when I leave here [person] is well looked after and safe."
- Effective safeguarding systems were in place and all staff spoken with understood what they needed to do if they had any concerns.
- Staff told us they had not had cause to raise any concerns but were confident if they did so, the registered manager and provider would respond appropriately.

Assessing risk, safety monitoring and management

- People were supported by staff who were aware of the risks to them on a daily basis. Where people required additional support or assurance when walking, this was provided. Where people were being hoisted, this was done in line with people's risk assessments and people were provided with reassurance throughout the process.
- Staff were aware of the risks to people, which were regularly reviewed, and were kept informed of any changes in people's care needs. A member of staff told us, "[Person] walks occasionally and can be very unsteady but a carer always walks with them."

Staffing and recruitment

- People told us there were enough staff to meet their needs and we observed staff respond to people in a timely manner.
- There was a dependency tool in place to assess staffing levels. Five people at the service required hoisting and the registered manager told us the dependency tool took this into consideration. A member of staff told us, "I think we have enough staff, although I've noticed if one thing goes wrong it can put us behind."
- The provider had completed recruitment checks on staff prior to commencing in post to make sure they were suitable to work with people.
- Staff worked well as a team and ensured people received the care and support they needed in a timely manner. The team leader told us, "I don't have to keep telling them [staff] what to do, they are pretty good. I always do the visual checks and the manager does as well."

Using medicines safely

- People told us they had no concerns regarding their medicines and received them as prescribed by their doctor.
- We looked at the Medication Administration Records [MARs] for four people. Staff were aware of the circumstances in which to administer 'as and when required' medicines. However, protocols in place lacked

detail. We also noted body maps were inconsistently completed when showing staff where to apply creams and for where pain relief patches should be placed on rotation. We discussed this with the registered manager who told us this would be looked into and acted on immediately.

- Medicine records were checked and audits completed by the management team to ensure medicines were administered and stored as required.

Preventing and controlling infection

- Staff had access to equipment they needed to reduce the likelihood of the spread of infection and we observed staff using this.

Learning lessons when things go wrong

- Accidents and incidents were reported, recorded and acted upon. The registered manager analysed the information collected on a monthly basis in order to act on or identify any trends or patterns. No trends had been identified, but individual actions were taken based on the information collected.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- From records seen, we could see people had been involved in conversations regarding their needs. People's needs were assessed to ensure the service was able to support them effectively and safely.
- Assessments covered people's health care needs as well as their social needs. The service had not routinely asked people during their pre-assessment about their sexuality. These conversations can contribute to the development and review of care and support plans. This paperwork was updated during the inspection.

Staff support: induction, training, skills and experience

- Staff were provided with an induction which included getting to know the people they would be supporting and shadowing more experienced staff. A member of staff said, "After every shift [during induction] the registered manager would call me in to ask how I found it and would give me feedback."
- Staff told us and records confirmed, they were supported through training to provide effective care for people. A member of staff told us, "[Registered manager's name] will email me if I have to do training and also puts a poster on the door telling you who is down to do training."
- People were happy with the service they received and considered staff to be well trained.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed lunchtime to be slightly disorganised and noted one person had been served their lunch but decided to wait until the other two people sitting at the table had been served. They waited for 15 minutes until the other people had received their lunch. This was a situation that could have easily been rectified and we brought this to the attention of the registered manager.
- We received positive feedback about the choice of food provided. People told us they enjoyed the meals provided and choice was available to them.
- Staff worked hard to encourage and support people at mealtimes. Where additional encouragement was needed, this was done with kindness and patience.

Staff working with other agencies to provide consistent, effective, timely care

- Systems were in place to ensure information was passed to each shift. A handover book was completed providing the next shift with up to date information regarding the people they were supporting.
- Staff told us they worked well together as a team and were kept informed of people's changing care needs during each shift.

Adapting service, design, decoration to meet people's needs

- There was a maintenance book in place for staff to record any maintenance issues in the building. We saw a number of areas that required immediate attention and brought them to the attention of the provider. These included a broken window in the lounge area, a missing tile in the bathroom, and a ramp to the garden area which made accessibility difficult. The provider immediately arranged for this work to be completed following the inspection.
- People's rooms were personalised and reflected their interests and personalities. For example, one person's room was decorated with pieces of artwork they had completed themselves over the years. Their relative explained what a comfort this was to them and often prompted conversations about holidays and family days out.

Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to access healthcare services. One person told us, "There is a regular rota of doctors, chiropodists, district nurses. (If unwell) they always get someone straight away." A relative told us, "[Person] is doing well and has put on weight for the first time in ages."
- Staff were aware of people's healthcare needs and knew when to contact other healthcare professionals for assistance. For example, when one person became unwell, the possible causes were discussed with them and other professionals before a plan of effective treatment was put together.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff obtained their consent prior to supporting them and we observed this.
- The registered manager had a good understanding of the principles of the Mental Capacity Act 2005. They were aware of their responsibilities regarding DoLS and applications had been submitted where they had assessed that people were potentially receiving care that restricted their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke positively about the caring nature of the staff who supported them and their loved ones. One relative said, "They [care staff] care for [person] and they care for me equally, it has been such a difficult time, but they have made it manageable."
- We observed many examples of caring, kind and compassionate exchanges between care staff and people. For example, we saw two members of staff talk to a person who needed some reassurance. One member of staff ran their fingers through the person's hair, whilst talking to them and this interaction had a positive impact as the person became calm and reassured. One person said [to a member of staff], "You're a lovely carer, better than that you are a wonderful carer and I love you." The member of staff instantly replied with, "I love you too" which the person very much appreciated.

Supporting people to express their views and be involved in making decisions about their care

- We noted that staff had the information and support they needed to provide care and support in a compassionate and person-centred way. Staff continually asked after people and ensured they were included in conversations and were not missed out. A relative said, "The care is so exceptional, I have witnessed the friendship and care they [care staff] are giving [person]." A person told us, "[Care staff name] is exceptional; they haven't been here long but they spend time and talk to you."
- Relatives were made to feel welcome and were encouraged to raise any concerns they may have. One relative said, "I have been coming here for three years and I am always made welcome."
- We observed people being given choices throughout the day. For example, where they wished to sit and eat their lunch, either in the dining room or the lounge area.
- The registered manager was aware of how to access advocacy services to support people when making decisions around their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect.
- Staff told us how they ensured people receive the support they needed whilst maintaining their dignity and privacy, for example by ensuring doors and curtains were closed when supporting people with their personal care.
- People were supported to maintain their independence where possible and additional help was on hand for those who needed it. One person told us, "You couldn't get no better, the staff will help you out with anything you want."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records held information regarding people's family history, who and what was important to them and their likes and dislikes. Staff spoken with knew people well and were aware of what was important to them.
- Plans were in place to develop people's care records to hold more detailed information. We saw evidence of the first new plan being developed which had been put together using information gathered from the person's relatives. Staff spoken with told us they would benefit from having more time to read people's care plans, which were currently completed by the team leader. We discussed this with the registered manager who planned to involve staff in the development of the new plans.
- People's care records were regularly reviewed and updated to reflect any changes in their care needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff told us there was no one currently at the home who had particular communication needs. We observed staff speak clearly and slowly to people to ensure they understood what was being said to them.
- Families spoken with confirmed they were kept informed of any changes in their loved one's health or care needs. A relative told us, "[Person] lost their hearing aid and [registered manager's name] arranged an appointment straight away for them to go to a clinic and actually took them there and stayed with them."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed taking part in activities that were of interest to them. The activities co-ordinator worked three days a week and was aware of people's interests. On the days she was not there, staff stepped in and arranged activities. We observed a person being supported to go shopping and out to lunch. They clearly enjoyed the experience and spoke enthusiastically about it when they returned. Another person was supported to complete a jigsaw and others enjoyed a television programme.
- One person told us, "We watch old films, staff ask us what we like and they bring them in and we listen to music from years ago we can all sing to."
- Staff spoken with were clearly proud of their own ideas for providing company and activities for people living at the service. A member of staff explained how they played music on their phone when taking people up in the lift to go to bed and would sing their favourite songs with them.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and had no concerns regarding the service. A relative commented, "Any issues, I would go to the manager and whatever it is, is dealt with straight away, not in an hour, not the next day it is dealt with there and then."
- Where complaints had been received, they had been responded to and acted on appropriately.

End of life care and support

- The service did not currently support any people who were receiving end of life care, but the registered manager told us this support would be provided and the appropriate levels of care sourced, if required.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Where issues were identified, action was not always taken in a timely manner in order to support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- We saw the maintenance book listed a number of jobs that were outstanding which would not only improve the environment, but the safety of the people living at the home. Although the work had been identified and reported to the provider, it had not been completed in a timely manner. We raised a number of concerns with the provider during the inspection and the work was completed the following week.
- The registered manager had a number of audits in place to oversee the quality of the service provided. However, some audits had failed to identify some areas that came to light during the inspection. For example, body maps had not been consistently completed for the application of creams. Protocols for 'as and when required' medicines lacked detail and one person's care record had not been fully updated with changes in their care needs. All these areas were discussed with the registered manager on the day of the inspection and immediate action was taken.
- Staff spoken positively of the changes introduced by the registered since they had been in post and felt supported and listened to. The registered manager was keen to continue to improve the service and drive improvement.

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

- Care staff were clear of their roles and responsibilities. They told us they were provided with the opportunity to raise any concerns or discuss their learning with the registered manager through one to one supervision or team meetings. Care staff told us the registered manager encouraged them to think of things that may be of interest and benefit to individual service users and supported them to achieve these goals. For example, one person had a particular interest in motorbikes and was taken to visit the Motor Bike Museum.
- The provider visited the service on a weekly basis and had their own audits in place to ensure they maintained oversight of the service. They told us, "If there was an emergency I would already know what was going on in the home and be able to respond to it."
- The registered manager worked the occasional shift and told us, "I do it to make sure I know how a shift is running and to see if we can add and improve it for people and staff."

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

- People, visitors and staff were complimentary of the service and considered it to be well led. The

registered manager had a visible presence in the service and knew people well. One person told us, "She's a very good manager". Relatives and staff spoke highly of the registered manager and the support she provided, both personally and professionally.

- Relatives were reassured by the care and support their loved ones received. For example, one relative told us how they had gone on holiday and whilst away their relative had become unwell. They told us, "[Registered manager's name] spoke to us and calmed us down and said she would go with [person] and stay with them at the hospital. She did and gave us regular updates. We felt comforted by her staying with [person]. Our weekend away was saved by her offering to do what she did, over and above the call of duty."

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

- A relative told us, "Any problem, they call you straight away. There is never any delay, contact is immediate" and another said, "The communication here is excellent." The registered manager ensured all visitors were introduced to members of the inspection team, to provide them with the opportunity to share their experience of the service.

- Staff told us they felt listened to and the registered manager and the provider were approachable and supportive.

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

- People told us the registered manager was accessible and we noted monthly evening 'drop in' surgeries took place for friends and relatives to attend, to provide people with the opportunity to discuss any concerns they may have.

- Staff felt supported and listened to. A member of staff said, "Before [registered manager's name] was here, it was like you weren't listened to. I have noticed in staff meetings when they say they are going to do something it gets done."

- People's feedback of the service was sought through meetings and surveys which were sent out to people, relatives and staff on an annual basis. The information was collected and any points for action responded to. For example, one person had asked for a 'full English breakfast' on a Sunday and this was put in place and staff had raised concerns regarding lighting in the car park and this had also been actioned.

Working in partnership with others

- Staff told us they worked alongside other professionals such as GPs, district nurses and SALT [speech and language therapists] in order to ensure people's care needs were met and we saw evidence of this.