

Acer Healthcare Operations Limited

Abingdon Court 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 effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Abingdon Court is a residential care home providing personal and nursing care to 61 older people at the time of the inspection. The service can support up to 64 people.

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

Risks to people's safety and well-being were managed through a risk management process. However, the electronic care planning system was difficult to follow and at times had conflicting information. This meant people might not receive the right care specific to their needs.

There were not always sufficient staff deployed to meet people's needs in a meaningful way. The area manager told us staff recruitment was on-going and they would review staff deployment. Medicines were not always managed safely. We found some minor discrepancies in medicine records which were reviewed immediately by staff. People's access to activities needed to improve to prevent social isolation.

People living at Abingdon Court told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

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 supported to maintain good health and to meet their nutritional needs.

People told us staff were caring. Staff consistency and team work enabled people to receive good care from staff who knew them well. The home environment was being improved and people would benefit from the changes.

Abingdon Court was led by a new registered manager who was focusing on addressing concerns and improving people's care. Some changes had been implemented to support effective team working and improve people's outcomes. The service had a clear management and staffing structure in place. Staff worked well as a team. The provider had introduced a new quality assurance system to monitor the quality and safety of the service. This had only been in place for a month and it was too early to assess its effectiveness.

Rating at last inspection and update

The last rating for this service was good (published 20 November 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staff deployment, medicines management and care planning and risk assessments. A decision was made for us to inspect and examine

those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Abingdon Court 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 team consisted of two inspectors, an assistant inspector, a specialist advisor in medicines 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.

Service and service type

Abingdon Court 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 home is purpose built accommodating up to 64 people. The service supported people with a range of conditions which included people living with dementia.

The service had a manager registered with the Care Quality Commission. This means that the registered manager and provider is 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 the information we held about the service and the service provider. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We received feedback from two social and health care professional who regularly visited people who received care from the service. We received and reviewed information from the commissioners. We also reviewed the provider's previous inspection reports. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people and five relatives. We looked at four people's care records and six medicine administration records (MAR). During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the area manager, the deputy manager and eight staff which included, care staff, kitchen staff and domestic staff. We looked at three 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.

After the inspection

After the inspection we spoke with the registered manager who had been away on the day of the inspection. We discussed the initial inspection feedback.

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 deteriorated 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.

Staffing and recruitment

- The provider used a dependence tool to assess and estimate staffing levels. Whilst they were achieving the required numbers we saw the deployment of the staff meant people's needs were not always met in a meaningful way. On the day of the inspection, we saw staff were continuously busy and task orientated. For example, they had a list of people to have a shower or bath on the day. This was to ensure these tasks were completed on the day and did not appear to consider people's choices. The feedback we had from people, relatives and staff about staffing was mixed. People said, "Staff are reasonably friendly, sometimes a little abrupt but I expect they're busy" and "I think there's enough staff". Relatives told us, "I feel they [staff] are stretched sometimes" and "Staff are very hard working, they could do with a couple of more staff". Staff explained, "This is a really difficult floor now, there's not enough staff", "There's not enough staff, it's fairly tough sometimes" and "Sickness is usually covered quite well, we have the odd days when people are stretched but generally managers find someone. Holiday periods sometimes there's only three of us, there's normally four".
- Agency staff were used when needed and the provider ensured the same staff were used to maintain consistency of care. We discussed our concerns with the area manager and they told us they would review staff deployment.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. The service had safe medicine storage systems in place. We observed staff administering medicines to people in line with their prescriptions.
- However, we found one person was prescribed medicine for agitation directed 'one to be taken early evening for agitation'. This medicine had been given in the morning. Another person was prescribed patches to be applied daily. Manufacturer's instructions clearly stated that the patches must not be applied to the same site for 14 days to minimise the risk of skin irritation. The member of staff administering medicines was unaware of this and the providers patch chart did not reflect that the patch had been applied as recommended. We brought these concerns to the attention of the deputy manager who quickly addressed them. They told us this would be reflective learning for staff.
- Staff had been trained in administering medicines and their competency checked.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Abingdon Court. One person told us, "I can't think

of any reason why I wouldn't feel safe here". One person's relative said "They're [staff] very good, she's safe. I'm reassured".

- People were supported by staff that knew how to raise safeguarding concerns. One member of staff explained, "I would go straight to my manager, if they didn't do anything then there are phone numbers in the safeguarding policy to call".
- The provider had safeguarding policies in place and the team reported concerns accordingly.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as their mobility, nutrition and medicine management. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- People's safety was maintained through the maintenance and monitoring of systems and equipment.

Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- People's bedrooms and communal areas were clean.

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following trends increased such as urine infections in summer. This had resulted in improved hydration.

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

- People's needs were assessed before they came to live at Abingdon Court in line with current evidence-based guidance and standards. This was to ensure those needs could be met and individual care plans put in place. These needs included oral healthcare assessments.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles. The induction was linked to the 'Care Certificate Standards'. The Care Certificate is a set of standards that social care workers are required to work to. One member of staff told us, "My induction was really useful, coming from a different environment it taught me what I need to know".
- Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff.
- Staff felt supported and has access to supervisions and appraisals. However, the records were not up to date. The registered manager had already identified this, and we saw there were planned supervisions and appraisals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The home had clear systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care. Where referrals were needed, this was done in a timely manner.
- People's care and support was planned and coordinated when people moved between different services. People had proactive care plans in place which enabled up-to date information sharing with other services.
- Healthcare professionals complimented that staff followed their advice and sought further guidance when needed. One healthcare professional told us, "Staff are receptive and they want to be good".

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

- People were involved in decisions about their nutrition. Records showed menus were discussed in resident's and relatives' meetings so as to improve people's experience. This included special diets, individual choices and preferences.
- People told us they enjoyed the food and said, "The food's good, we get a lot of fish. I can ask for

something else. They come out with the plates and ask what you'd like and show us. I get a fry up breakfast every day" and "I get food at regular intervals, it's quite acceptable. I can send it back if I want to. They know what I like to eat".

- We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support where ever they chose to have their meal. We saw people were supported with meals in a dignified way.
- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available if and when people changed their minds.

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

- Abingdon Court was undergoing refurbishment which was nearing completion. This had been staged to minimise disruption to people's day to day lives.
- The home allowed free access to people who used equipment like wheelchairs. People could move around freely in the communal areas of the building and the gardens.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.

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's rights to make their own decisions were respected and people were in control of their support.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "You wouldn't just assume someone didn't have capacity. Some people can make smaller decisions like what they'd like to eat or wear but might need help with bigger decisions". People were given choices as staff worked to the principles of the MCA.
- Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives. Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.

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 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 were positive about the care they received and told us staff were caring. One person said, "It's very nice here. The staff are kind". A relative told us, "Otherwise, the staff are wonderful here. Staff are brilliant, so welcoming from the minute you come into reception".
- We observed staff talking to people in a polite and respectful manner. People's body language demonstrated that they were very happy in the presence of staff and other residents.
- The provider recognised people's diversity and had policies in place that highlighted the importance of treating everyone equally. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this. Staff told us they treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement. Staff encouraged use of independent mental capacity advocates (IMCAs) whenever necessary. An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. IMCAs do not make decisions and they are independent of the people who do make the decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. One person said, "They are good to me. I have my privacy when I need it".
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent.
- People were supported to be as independent as possible. We saw staff allowing people to do simple things for themselves.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

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 deteriorated to requires improvement. This meant people's needs were not always met.

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

- People received care and support specific to their needs, preferences and routines. One person commented, "I can't fault this place at all. I go to bed when I like and I get up when I like".
- The provider used an electronic records system. Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. However, the layout of the electronic system was confusing and not user friendly. One member of staff told us, "When we had paper care plans, I had more time for people. Now with going through all the pages, I'm spending more time on my desk". One healthcare professional said, "The care plan system is dreadful, and you struggle to find information".
- Some of the care plans were not updated and some contained conflicting information. For example, one care plan stated a person needed assistance of one staff member during personal care. A different page stated the person required support of two staff members. Another person had recently been seen by the speech and language therapy (SALT) team. However, the guidance given had not been transferred to the relevant care plan.
- We discussed the concerns we found with the area manager who told us they had already identified the issues with the electronic system and they were reviewing it.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers. This ensured important information was acted upon where necessary to ensure monitoring of people's progress.

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 had access to activities, however, these could be improved. On the day of the inspection the two activities coordinators were away, and staff tried to facilitate activities. This was almost impossible as they were continuously busy. In the morning there were no activities provided on all floors. In the afternoon, we saw a member of staff doing a jigsaw with a person in the lounge during afternoon. It was a quiet pleasant activity, in which the person seemed to enjoy as they sat close together discussing the pieces. Staff also facilitated a Tai Chi session on one floor, however this was poorly attended. People who chose to stay in their rooms did not have any 1:1 activities.
- We however, saw evidence people had been involved in activities such as fetes, outside entertainers and days out.
- People commented on activities. They said, "I love music and I like singing a lot" and "I don't go out, no there are not a lot of activities here".

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.

- People had communication needs assessments completed as part of the care planning process. For example, one person's care plan stated, 'Allow extra time to process information'. We saw staff taking their time when communicating with this person.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy. Since our last inspection, the provider had only received three complaints and these had been investigated to the people's satisfaction. There were many compliments received regarding good care.
- People and their relatives knew how to give feedback about their experiences of care and could do so in a range of accessible ways, including how to raise any concerns or issues. One relative told us, "I made a complaint about a member of staff, she was a bully. She was sacked, I was impressed".

End of life care and support

- There were no people receiving end of life support at the time of our inspection. The team occasionally supported people with end of life care and they worked closely with other professionals to ensure people had a dignified and pain free death.
- The service had explored people's preferences and choices in relation to end of life care. These were recorded and included spiritual needs, funeral arrangements and preferences relating to support.
- Staff had received training in end of life care and knew how to support people and families.

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 deteriorated to 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

- There was a registered manager who had been in post for only three months. There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered manager was supported by a deputy manager, an area manager and each floor had a unit manager. The registered manager had re-emphasised staff roles to allow staff development. For example, allowing unit managers to be decision makers and taking more responsibility.
- Abingdon Court had had four managers in four years. The inconsistencies in management had impacted on the quality of the care people received. One healthcare professional told us, "There has been three managers in the three years I have been coming here. There is no continuity".
- The registered manager had addressed people's concerns and was making positive changes to improve care. One healthcare professional commented, "The leadership has not always been there. The new manager is struggling a bit. I don't think she realised there were issues at the home. She is making improvements".
- The provider had quality assurance systems in place to monitor and improve the quality of care. These included, audits of care plans, medicine records and analysis of accidents and incidents. However, these were not always effective as they had not identified some of the concerns we found around staffing. The provider had introduced a new quality assurance system which had only been operational for a month and had further plans to improve them.
- The management team promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being.

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

- People and relatives were aware of the changes in management. Comments included, "We've met the manager. We had a problem and she responded quickly", "We visit a lot, hand on heart we're made to feel very welcome", "I know the manager, I only know her by sight, she seems quite nice" and "There's another manager now, we don't know her really".
- It was clear the registered manager was fairly new and doing a lot of things to improve people's quality of care. Staff commented, "I don't know her [manager] very well because she's new. We don't see her on the floor very much" and "I think at the moment we're trying to get used to the manager. For the moment she's not on the floor much, more in the office, but she has to catch up on things and learn the systems".

- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care 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 provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- People and their relatives had opportunities to provide feedback through surveys and meetings. The information gathered was used to improve the service. For example, some comments related to activities provision and menus.
- The registered manager had just introduced a staff employee of the month to boost staff morale. This would be nominated by staff, people and relatives.
- During the inspection we observed effective team working. Staff worked well together and respected each other's skills and abilities.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.