

Abbey Chase Residential and Nursing Homes Limited

Abbey Chase Nursing Home

Inspection report

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18 August 2022

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Abbey Chase Nursing Home is a residential care home with nursing care for up to 62 people, including for people with sensory impairments. At the time of our inspection there were 59 people using the service, some of whom were living with dementia. The service is set across two wings in one building.

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

People and their relatives told us they felt safe and that staff were kind and caring towards them. There were systems in place to safeguard people from the risk of abuse. We observed sufficient staff being deployed and people did not have to wait for support.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

People's medicines were stored and administered safely. People had assessments in place to reduce known risks and these included instructions for staff to follow. We saw from records that healthcare professionals had been involved in people's care.

Staff were aware of risks associated with people's care and how to reduce these. People had personal emergency evacuation plans in place and staff regularly undertook safety checks of the premises and equipment.

People, their relatives and staff were generally complimentary about the management of the service. They told us they knew how to raise a concern and were confident that these would be listened to and addressed. There were systems in place to monitor the quality of care provided. The registered manager looked at lessons which could be learnt following incidents and accidents.

The registered manager regularly sought feedback from people who used the service, relatives and staff to ensure they were involved in the running of the service. They told us they felt listened to and that the registered manager was approachable. Staff worked with healthcare professionals to achieve positive outcomes for people.

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.

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 12 December 2018). The last inspection was a targeted

inspection which did not change the previous rating (published 23 February 2022).

Why we inspected

We received concerns in relation to the management of medicines, and people's nursing care needs, staffing, and infection prevention and control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey Chase Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Abbey Chase Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors and two Experts 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

Abbey Chase Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbey Chase Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 August 2022 and ended on 18 August 2022. We visited the service on 9 August 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 15 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, the quality assurance and compliance manager, deputy manager, registered nurses, senior care workers, care workers, housekeepers and the assistant maintenance person. We observed interactions between staff and people who used the service. We received feedback from two healthcare professionals. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four 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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service and with staff. One person told us, "I feel very safe staying here." Another person told us, "I do feel safe. Staff are there when I need them." A relative told us, "[Person] is safe because there is always staff around."
- Staff understood what constituted abuse and the steps they would take if they suspected abuse. One member of staff told us, "You've got physical abuse which can be hitting and punching. I would report it to the manager, safeguarding and the police." Another member of staff told us, "Physical abuse like bruising, I report it to the nurse, report it to CQC."
- The provider had a safeguarding and whistleblowing policy in place and we saw information displayed around the service informing staff how to raise a concern. Where concerns had been raised, these were reported to the local authority and investigated appropriately.
- We reviewed documentation which showed staff had undertaken safeguarding training. One member of staff told us, "We did safeguarding training when we joined."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care plans were in place to identify and manage risks to people. Risks were assessed and there was comprehensive information for staff to follow in order to ensure the individual was supported safely.
- We reviewed records relating to the management of falls, malnutrition, pressure areas and epilepsy. We saw that there was detailed information for staff to follow in order to reduce the risks posed. For example, there was clear information on how to support a person who had regular seizures. This involved administering their prescribed medicines after a certain amount of time and contacting healthcare professionals appropriately.
- Where people were at risk of falling, they were offered a sensor to be placed nearby with their consent. This reduced the risk of injuries as it alerted staff when the person had stood up. Staff had also taken other steps such as regular welfare checks and involving physiotherapists.
- Staff had undertaken regular safety checks of the premises and equipment. The provider had an emergency evacuation plan and people had personal emergency evacuation plans in place. Staff understood what to do in the event of a fire and one member of staff told us, "If there is a fire, we all would assemble in the main point and then we will get given the instructions from who is in charge."
- People's care records included information on oral care needs and staff had undertaken training for oral care and dysphagia (swallowing problems) to effectively support people with their mouth and teeth care. Care records provided staff with the information on the level of insight people had into their oral care needs and the support they required to reduce the risk of discomfort. We saw dentists were involved in people's care where they required this.

- The registered manager undertook a regular analysis of accidents and incidents in the service to look at lessons that could be learnt. The detailed analysis included looking for patterns and trying find ways to reduce the number of incidents, whilst respecting people's wishes to remain independent.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- We reviewed DoLS applications and associated documentation which showed that these were decision-specific and involved healthcare professionals and relatives. DoLS applications included information on the type of support people required using the least restrictive methods possible.

Staffing and recruitment

- People and their relatives told us there were generally sufficient staff to meet their needs. One person told us, "I call them with this alarm, its working well for me." Another person told us, "They (the carers) are always there."
- We observed call bells being answered quickly and there were sufficient staff deployed on the day of the inspection to support people appropriately. The provider had a dependency tool in place to adjust staffing levels according to people's needs.
- The provider operated safe recruitment practices when employing new staff to the service. This included requesting references from previous employers, right to work checks, identity checks and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Where necessary, checks included evidence of up to date registration with the Nursing and Midwifery Council (NMC).

Using medicines safely

- People's medicines were managed in a safe way. Medicines were recorded in medication administration records (MARs) which included their allergies and a recent photograph. People had protocols in place for 'as required' (PRN) medicines.
- Where topical medicines needed to be applied, there were topical MARs in place to guide staff on where to apply these. Topical medicines are those that are applied to the skin.
- Staff had undertaken training and competency checks for the administration of medicines to ensure they had the relevant skills required. One member of staff told us, "The medication training is online and then they go around and check us."
- People were supported to administer their medicines independently where they wished to and there were assessments in place to support them appropriately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was supporting people living at the service to minimise the spread of infection.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was responding effectively to risks and signs of infection.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
- The provider's approach to visiting was in line with current government guidance on care home visiting. People were able to see their loved ones at a time that suited them. Visitors were asked to undertake a rapid test for COVID-19 and return a negative result before entering. Visitors were asked to wear PPE and to wash their hands in order to reduce the risk of infection to people who used the service and staff. PPE, including hand sanitiser was accessible throughout the service.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives were generally positive about the service and the registered manager. One person told us, "I met [the registered manager] when I moved in. [They] came and introduced [themselves], which was nice and [they] said if I need anything just to come and talk to [them]." Another person told us, "I certainly know how to complain. [Registered manager] will be the first to hear from me if there is anything to complain, but there isn't." A third person told us, "I still can't believe how nice home this is." A relative told us, "We can see our relative health improved. [Person] is moving better, [person's] hair is nicely done, [person] looks so much better than when [person] was living at home alone."
- Staff were positive about the management of the service. One member of staff told us, "It's a friendly atmosphere. If anybody's upset, we try to fix it. I think it's open and inclusive." Another member of staff told us, "It's well-led. They look after the staff."
- We observed kind interactions between staff and people who used the service. Staff knew people well and were able to reassure them throughout the inspection. Staff showed respect towards people, for example by communicating with people at eye level and asking for permission when offering support to people.

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

- There was a clear structure of governance in place, and staff had received regular supervisions and training to effectively support people. One member of staff told us, "If we need any help, [registered manager] will come and help us. [Registered manager] is not sitting in the chair, [registered manager] is always with the residents. [Registered manager] knows the residents and the residents know [registered manager]." Another member of staff told us, "I always go to them if I have a problem. They always sort it out."
- Audits of care took place including for care records, health and safety, weight loss and medicines. Where there were actions identified, these were addressed immediately. Longer term actions were added to the long-term action plan. For example, where environmental issues were identified, the provider worked with contractors to remedy these in a reasonable timeframe.
- Staff told us they felt the communication and expectations of them were clear and that management were approachable when they needed further support. Staff held daily handovers to discuss how best to support people for the day. One member of staff told us, "The management is very friendly. We can approach [them] anytime. [Registered manager] is very approachable." Another member of staff said, "We have handovers every morning and every night. We also have the handover with [registered manager] or [deputy manager]"

afterwards."

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

- People and their relatives had the opportunity to feedback on their experience of the care provided. Feedback was analysed by the registered manager and follow-up actions were implemented where this was appropriate. For example, where a person had said that there were too many agency staff, the provider took action to recruit further permanent staff.
- The registered manager held regular meetings with people who used the service and their relatives. These meetings were an opportunity for people to speak up and for the registered manager to share information, such as when a new uniform was being introduced for staff. Where issues were highlighted, such as in the laundry, these were addressed and the registered manager invited people to continue to provide feedback on whether improvements have worked.
- Staff told us they felt listened to and that their opinions were valued. Staff held regular meetings to discuss important national guidance and for staff to speak up. One member of staff told us, "[Registered manager] does listen to us. [Registered manager] knows about all the residents very well." Another member of staff told us, "You feel that you can talk to them. They are approachable. They support you and make sure it's done the right way. I actually do feel involved. They value my opinion."
- 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 informed the CQC of events including significant incidents and safeguarding concerns in line with legal requirements.

Continuous learning and improving care; Working in partnership with others

- People and their relatives told us they felt the registered manager would take action if they identified areas for improving care and the registered manager actively sought feedback from people. One relative told us, "We spoke to [registered manager] and [they] looked into it and it was resolved by some staff getting additional training on how to handle residents like [person who used the service]." Another relative told us in response to raising an area for improvement with the registered manager, "We spoke to [registered manager] and [they] ensured it didn't happen again."
- We saw in care records that healthcare professionals had been involved in people's care. For example, we saw that the physiotherapist and community mental health team had been involved in people's care. Where people had swallowing difficulties, appropriate referrals to the speech and language therapy (SaLT) team had been made.
- Healthcare professionals told us staff were responsive in contacting them with referrals. One healthcare professional told us, "They all get to know the residents well, and the response they receive from the residents suggests trust, and that they are happy there."