

Mr & Mrs G Watson

# Abbotsfield Hall Residential Home

## Inspection report

Abbotsfield  
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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

Abbotsfield Hall Residential Home (thereafter referred to as Abbotsfield Hall) is a residential care home providing personal care for older people. Abbotsfield Hall is registered to accommodate 28 people, at the time of the inspection 18 people lived at the service.

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

People told us they felt safe living at Abbotsfield Hall. The registered manager and staff knew how to protect people from the risk of harm or abuse. There were enough numbers of staff available to meet people's needs. Staff were recruited safely and received an induction and training to ensure they could meet people's health and care requirements.

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 received their medicines as prescribed and systems were in place to receive, store and manage medicines safely. Staff followed infection control guidance and had access to Personal Protective Equipment (PPE).

We have made a recommendation about the further development of care records.

Staff understood their roles and responsibilities. Staff liaised with health and social care professionals to ensure people's health and care needs were met. The provider carried out regular audits of the service to oversee the quality of the care provided to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 22 October 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced inspection of this service on 26 and 27 August 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they

would do and by when to improve good governance. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

This report only covers our finding in relation to the Safe and Well-led key questions, which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good, based on the findings of this inspection.

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 Abbotsfield Hall Residential Home on our website at [www.cqc.org.uk](http://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.

# Abbotsfield Hall Residential 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 was made up of one inspector, an assistant 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.

#### Service and service type

Abbotsfield Hall 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. Abbotsfield Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (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 four people who used the service and two relatives about their experience of the care provided. We also spoke with six relatives on the telephone. We spoke with five members of staff including the registered manager and the deputy manager. We also spoke with two visiting healthcare professionals. We reviewed a range of records this included four care plans and several medicine records. We viewed four staff files in relation to recruitment and staff supervision. We looked at a variety of governance records relating to the management of the home which included policies and procedures.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured systems were sufficiently robust to demonstrate risk was effectively recorded. This placed people at risk of potential harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection although further improvement is recommended; we found the service was no longer in breach of regulation 17.

- People and their relatives were complimentary about staff and said they understood their individual safety needs and risks; they explained they were confident staff understood how to support them safely. Comments included, "Staff are very knowledgeable and help me with my personal care." And, "[Person] was not safe at home but is now, the staff have placed a mat by [their] bed so that they can be alerted when [they] move around and they have also moved [them] by the nurse's station for safety."
- Staff had undertaken a variety of training to support people safely and had their competency checked. For example, we saw that people were assisted to move safely around the building.
- The registered manager and staff team knew people's individual risk's and how these should be managed to reduce the risk of harm. This included the use of specialised equipment such as sensor mats and bed rails.
- Care plans and risk assessments were in place to guide staff and help monitor people's risks. However, some risk assessments required further personalisation to demonstrate how specific health conditions might impact on a person's well-being, for example, in relation to epilepsy or peoples specific emotional reactions. These were completed during our inspection.
- Personal Emergency Evacuation Plans (PEEPS) were in place. These provided staff with the guidance to evacuate people safely from the premises in the event of an emergency such as a fire.
- Checks were undertaken regularly on the safety of the environment and equipment; action was taken when required.

We recommend the provider reviews care records to ensure they fully reflect people's current risks and the actions required to mitigate or manage those risks.

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.
- People told us staff gave them choices and encouraged them to make their own decisions about their daily care. One person said, "They always ask me." Our observations and discussions with staff confirmed this. One member of staff said, "We should not assume that people have not got capacity. I always ask people would you like some assistance."

Systems and processes to safeguard people from the risk of abuse

- People said they felt "safe" living at Abbotsfield Hall and were supported in a caring and considerate way. One person said, "I feel really safe here, just like as if I was at home." A relative commented, "I chose to move [person] here, it's very good and safe."
- The provider had safeguarding processes in place to protect people who lived at the home.
- Staff understood their responsibilities to report any concerns and had received training in safeguarding. One member of staff said, "I would go to the manager or the senior on duty. We have all the information and all the numbers for the safeguarding team near the office downstairs so if I could not go to them, I would have a look at that."
- The registered manager had informed the local authority safeguarding team when incidents had occurred and took action to prevent reoccurrence.

Staffing and recruitment

- Staff had been recruited safely. Records showed references and Disclosure and Barring Service (DBS) checks had been obtained before staff commenced their employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by a consistent team of staff. Staff knew people's needs well which enabled them to build meaningful relationships.
- People and relatives told us there were enough numbers of staff to meet people's daily needs. Our observations confirmed this. We saw staff had the skills and knowledge to meet people's varying needs and were able to respond in a timely manner.
- New staff received an induction which included shadowing more experienced staff. One member of staff said, "The induction is good for new staff they have to complete a checklist and they are shadowed until they are comfortable. We always pair them up with someone more experienced, so we don't have two inexperienced staff working together."

Using medicines safely

- People received their medicines as prescribed. Staff responsible for administering medicines had completed training to dispense medicines and had their competency checked to ensure safe practice.
- Some people had been prescribed medicines to be used 'as required' (PRN). Information was in place for staff to follow before administering.
- Medicines were safely received, stored and administered. The registered manager completed audits of medicines to ensure procedures were followed and any errors identified. Where issues were identified appropriate action was taken.



### 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.

### Visiting in care homes

- People were supported to have visits from their family and friends safely and in line with current government guidance. This was confirmed by people and their relatives.

### Learning lessons when things go wrong

- Accidents and incidents were appropriately reported and monitored by the registered manager to identify any patterns or trends. This included putting measures in place to reduce the risks of them happening again in the future.

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure there were effective systems of leadership, governance and quality assurance checks in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the service was no longer in breach of regulation 17.

- Systems had been established to improve the quality of care. The registered manager was open and honest about the progress they had made in relation to personalising care records and the actions they had taken to improve the quality of the service delivered. For example, processes were in place to analyse incidents and accidents to reduce the risk of re-occurrence.
- There was a clear management structure in place with defined lines of accountability. The registered manager and provider had good oversight of the home.
- Staff understood their roles and responsibilities and effective communication processes were established between staff and the management team. For example, one member of staff commented, "The handovers are good, and we are kept up to date. I am usually told everything I need to know."
- The registered manager had the skills, knowledge and experience to carry out their role. They were visible in the service and led by example.
- Regular checks and audits were carried out to oversee the quality of the service. For example, processes were in place to review people's care and support on an ongoing basis as people's needs and wishes changed over time. Any issues identified were dealt with in a timely way.

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

- The registered manager and provider operated an open-door policy where people, staff, relatives and other professionals could contact them if they had any concerns about the service provided.
- People, their relatives and staff expressed confidence in the registered manager and staff team. Comments included, "Owners are very good and [registered manager] is always about and is very nice she makes sure you are ok." And, "Staff are amazing here, everyone is so very supportive."

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 registered manager understood their responsibilities in relation to the duty of candour. For example, the registered manager contacted relatives to inform them about any accidents involving their family member. A relative we spoke with confirmed this.
- The registered manager was open and honest throughout the inspection and was clear about events they were required to notify CQC of, this was in line with their legal responsibilities.

Continuous learning and improving care

- The registered manager and staff team were responsive to the inspection process, things we identified and discussed were actioned immediately. For example, some records required updating and these were actioned during the inspection.
- Regular management meetings were held to support the continuous improvements to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff were positive about working for Abbotsfield Hall. They said they received regular supervisions and attended staff meetings to share information with one another. One member of staff said, "They've been really good the management here. If I am not sure on something I will ask and they will give me support in whatever I need."
- People and their relatives felt the provider, registered manager and staff team were easy to approach and talk with, about any concerns they might have in relation to their care or quality of the service provided. Comments included, "I know the Manager at the home and all the senior staff, they always talk to me and update me about [person]" ,and, "I know who the Manager is and the owners, they are all approachable and I can talk to them about any concerns, I feel very involved in [person's] care needs".
- The provider sought feedback from people and their relatives daily and by asking for their opinions through reviews and surveys. Feedback received was positive.
- The provider worked in partnership with GP's, district nursing teams and other healthcare professionals to improve outcomes for people and to ensure they received specialist healthcare support when needed.
- The provider and registered manager continued to work closely with the local authority to improve the quality of care.