

Mrs Linda Jane Harris

# Abbey Grange 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?

**Requires Improvement** 

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

Abbey Grange Care Home is a residential care home providing accommodation for people who require personal care to up to 25 people. The service provides support to older people and those living with dementia or a physical disability. At the time of our inspection there were 20 people using the service. The home is an adapted building with separate, self-contained flats.

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

People were not always supported safely. Records relating to medicines management were not always in place or were incomplete. Risks relating to the health and safety of the premises had not always been assessed or managed effectively. Staff recruitment checks were not robust and relevant checks had not always been undertaken. People we spoke to said they felt safe at the home and safeguarding referrals had been made where required.

Quality assurance systems were not always effective in the areas of medicines, health and safety and staff recruitment. The manager and provider understood the need for duty of candour and were in an ongoing process of improvement and development. People and their relatives praised the management team who were described as "Helpful" and, "Understanding." The manager understood the importance of partnership working and we saw evidence of this during the inspection.

People's needs were assessed but recording of people's weights had not been completed frequently. We made a recommendation about this. Mental capacity assessments were in place but had not always been completed for different areas of people's care. We made a recommendation about this. People spoke positively about the food and fluids they were offered and were supported by staff who had received training and regular supervision.

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 by staff who respected their privacy, independence and dignity. People and their relatives spoke highly of the staff approach, and staff knew the people they supported well. There were systems in place for people to express their views on the care they received, although they were not always effective. We made a recommendation about this.

Care records were person centred and people's communication needs were met. People were engaged in a range of activities and were supported to maintain relationships that were important to them. People we spoke to enjoyed living at the home and their relatives did not have any complaints or concerns.

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 good (published 2 November 2018).

## Why we inspected

The inspection was prompted in part due to concerns received about safeguarding, medicines management and staffing issues. A decision was made for us to inspect and examine those risks.

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 see what action we have asked the provider to take at the end of this full report.

## Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, medicines, and good governance. We have made recommendations in relation to mental capacity assessments, gathering feedback from people and monitoring of people's weights.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Abbey Grange 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 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 was undertaken by 2 inspectors and an Expert by Experience on day 1 of the inspection, and 1 inspector on day 2 of the inspection. 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 Grange Care 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 Grange Care Home 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 not a registered manager in post. A new manager was in post and had submitted an application to register. We are currently assessing this application.

## Notice of inspection

This inspection was unannounced.

Inspection activity started on 5 April 2023 and ended on 21 April 2023. We visited the location on 5 April 2023 and 6 April 2023.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

## During the inspection

We spoke with 8 people that used the service and 2 relatives. We spoke with 2 visiting professionals. We spoke with 6 staff members including the manager, care staff and the provider.

We reviewed a range of care records including 3 care plans. We looked at 3 staff files in relation to recruitment. We reviewed records relating to health and safety, medicines management, infection prevention and control, complaints, quality control and 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 good. At this inspection the rating has changed 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.

### Using medicines safely

- Medicines were not always managed safely. We found evidence of a controlled drug that was not recorded in the controlled drugs register. Some entries in the controlled drugs register and corresponding medication administration records (MARs) did not have a second signature. On one occasion, the stock held of a controlled drug did not match the controlled drugs register. PRN protocols for as and when required medication were not always in place where required.

Due to poor record keeping of medicines, this was a breach of Regulation 12 (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff had received medication training and a subsequent competency assessment to ensure they could administer medicines safely.
- People spoke positively about being supported with medicines. They said, "If I ask what they are [medicines], the staff tell me what they do. I can ask for pain killers at any time of day if I need them" and, "Staff make sure I get my day-to-day medication. The medication I am given is correct for my needs."
- The home was working with the local authority medicines team to improve management of medicines.

### Assessing risk, safety monitoring and management

- Risks relating the home environment were not always assessed or up to date. Weekly tests of the fire alarms had not been completed since January 2023 and there was no evidence of fire drills or mock evacuations. There were no recorded health and safety checks of mattresses, hot water outlets or window restrictors.
- People's care records did not always clearly identify what moving and handling equipment they needed support with. One person's care record stated that they could mobilise independently, but an assessment from the occupational therapist stated that a hoist must be used at all times.

Due to a lack of safety monitoring, this was a breach of Regulation 12 (a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider took immediate action to rectify this following the inspection.

- Equipment such as moving and handling aids and fire extinguishers had been serviced frequently. There was an up-to-date fire risk assessment and people had emergency evacuation plans. Other checks had been completed regarding legionnaires, PAT testing and tests of the emergency lighting system.
- Risks relating to people's individual health needs were recorded in their care plans. This included

assessing risks such as support with food and fluids, personal care and medicines.

### Staffing and recruitment

- People were not always recruited to the service safely. Gaps in employment had not always been explored or explained and interview records were not always in place. Disclosure and Barring Service (DBS) numbers were in place for staff, but these were not always checked by the provider. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We have referenced this in the well led domain.
- During the inspection we saw that there were enough staff to support people.
- Staff told us that staffing levels were good and people we spoke to confirmed this. They said, "I am safe here because I get on well with all the staff who look after me. I feel I can depend on them" and, "I am well looked after, there are lots of staff, I don't need to wait long for help if I call for help."

### Systems and processes to safeguard people from the risk of abuse.

- Systems were in place to safeguard people and keep them safe from abuse. Staff had received safeguarding training and told us how they would identify potential signs of abuse.
- Staff were confident in raising concerns and knew how to escalate them outside of the home if required. Staff had access to the safeguarding and whistleblowing policies.
- Safeguarding concerns were reported and investigated and appropriate action was taken to minimise any future risk of abuse.
- People told us, "I am very safe here" and, "I feel safe because the staff understand my needs." A relative said, "My [relative] is safe here. The staff are lovely, they look after her very well."

### 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 and their relatives were supported with regular visitation. A person told us, "My family can visit whenever they want, and the home will let me use a phone if I want to call them." A relative said, "I can visit at any time."

### Learning lessons when things go wrong

- There was no formal recorded process in place for learning lessons when things go wrong. The provider understood the importance of a lessons learned process and agreed to implement this going forward.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Peoples weights were monitored and recorded in their care plans although this was infrequent at times, making it unclear when a referral to the dietitian should be made.

We recommend the provider review their process for monitoring people's weights.

- People were supported to maintain a balanced diet. People's food and fluid charts evidenced frequent consumption of fluids and people were supported with mealtimes.
- People spoke positively about the food and fluids offered. They said, "I get a choice, the cook visits everyone each morning to ask what we want for our meals that day. I also get drinks and snacks through the day too. I can choose where to eat my meals" and, "There is always plenty of food to eat. There is a good choice, salads, sandwiches, soup, and hot meals. Drinks are given all day long."

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care records evidenced that people had received mental capacity assessments regarding some areas of their care. However, some people's care records did not evidence that mental capacity assessments had been completed for all areas of their care where required.

We recommend the provider reviews their mental capacity assessment practice in line with the Mental Capacity Act.

- Applications to deprive people of their liberty had been completed where required.
- People had various completed consent forms within their care plans. Staff had received training in the MCA and understood what it meant for the people they supported. A staff member told us, "If they have capacity to think for themselves and if they have the capacity to say if they want to go out, you have to look at whether or not they can make that decision."

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

- The provider completed an assessment of people's needs and choices before they started using the service. This information was used to develop care plans and risk assessments.
- Support plans were in place to guide staff. These were person centred and gave detail about how people liked their support to be provided.
- People told us, "The staff know my likes and dislikes and make sure I am happy" and, "I do have a care plan and they have discussed it with me."

Staff support: induction, training, skills and experience

- Staff received an induction before starting work. This ensured they had received sufficient training to undertake their role effectively.
- Staff completed a range of mandatory training and training that was specific to people's needs. This was completed both online and face to face, and training records were up to date. All the staff we spoke to told us that they had received sufficient training and were able to tell us what they had learnt.
- Staff received regular supervisions and appraisals. Staff were supported to undertake qualifications in health and social care to further their knowledge.
- People told us, "I feel the staff are well trained, they do everything for me" and, "I think the staff are well trained, they all know their jobs."

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

- Staff worked with other agencies to provide effective care. During the inspection, we observed social workers and NHS professionals supporting people with their changing needs.
- The provider was working with the medicine's optimisation team and the infection prevention and control team from the local authority to make improvements.
- Care records evidenced involvement from the district nurses and speech and language therapy.
- A visiting professional told us, "The staff listen and take onboard what you're asking them."

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

- The home was a mixture of bedrooms and small, self-contained flats. These were person centred and people had photos, ornaments and objects of their choosing in their rooms.
- The dining room had several wall mounted displays, evidencing the activities people had been involved in.
- We received mixed feedback on the communal areas of the home. A person told us, "If the home could improve anything they should think about redecorating the whole home, it is looking really tired and run down." The provider had a development plan in place which outlined the refurbishment of the home.
- There were not many dementia friendly adaptations in place to help those living with dementia orientate around the home. The provider agreed to look into this.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were invited to complete feedback forms regarding the care that they received. However, some people we spoke to had not been given this opportunity. A person told us, "I haven't had a questionnaire to fill in and I don't think they hold meetings for residents and relatives to discuss issues."
- All of the people we spoke to were happy with the care that they received, but no residents or relative's meetings had been undertaken which would allow people to express their views more fully.

We recommend that the provider implement a robust system for frequently capturing people's views.

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

- People were supported by staff who respected them and knew them well.
- People praised the staff approach. They told us, "The staff are very good to me. Some carers are so good they demonstrate that they are born to do this job," "All the staff are kind and supportive, I can't complain about any of them. I have got to know them all well" and, "My carers are lovely. There is one carer who I adore, I have told her she could be my daughter."
- The provider had equality and diversity policies to help ensure people were treated fairly, regardless of their age, sex, race, disability or religious belief.
- A relative told us, "The staff are brilliant; I can't fault them."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected and promoted their dignity, privacy and independence.
- People told us, "They treat me with respect and dignity, they will shut my curtains if I need privacy" and, "They treat me with dignity and respect, they are always asking if there is anything they can do for me."
- Staff were able to tell us how they promote independence when providing support. They said, "I support [person who used the service] to do her leg and arm exercises. When she first came in, she was struggling to reposition in bed, but now she can do that independently" and, "I always ask people what they can do for themselves, if they're capable I'm more than happy for them to do it, if I see them struggling then I always help."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People received personalised support which met their individual needs and preferences. Care plans contained a good level of information, so staff knew how best to deliver person-centred care.
- Staff knew people well and valued them as individuals. A person told us, "I can do a lot for myself, but when they [staff] support me, they don't rush me. I am happy to live here as I can be independent but ask for support when I need it." Another person said, "All the equipment I need to keep me safe is close to my bed. I have a call bell and if I use it the staff come to me quickly. They respect me and I respect them."
- Staff attended regular handovers so that information relating to people's changing needs could be shared. Staff described these as "Useful" and "Effective."
- Daily care notes and records were completed in detail so that the care provided could be monitored and adjusted as required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was in place to enable the provider to meet the requirements of the Accessible Information Standard. If required, information could be provided in alternate formats to aid people's understanding.
- People's communication plans were reviewed regularly and outlined their preferred method of communication, as well as if they needed any additional support.

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 were supported to take part in activities and maintain relationships with their family and friends.
- Activities were taking place frequently within the home. During the inspection, we observed that people were engaged with the activities being offered.
- People told us, "I like the activities that go on" and, "They provide activities for us to do here. We have games here in the lounge." A visiting professional told us, "Every time I'm here they're doing activities, they always have something going on."
- Staff supported people to maintain relationships that were important to them. People told us, "They [staff] tell me if my relatives have phoned to enquire after me. The staff keep my family informed about me" and,

"The home keeps my family fully informed about me."

Improving care quality in response to complaints or concerns

- The home had not received any concerns or complaints but there was a system in place for recording this.
- Staff did not disclose any concerns or complaints to us regarding the home, but they felt confident in raising concerns or complaints should they need to.
- People we spoke to had no complaints regarding the care they received. They said, "I have no complaints about anything" and "I have never had any reason to complain about anything."
- A relative told us, "I have no complaints about the home."

End of life care and support

- Staff had received end of life training and were able to tell us how they would provide support that respected peoples wishes.
- Where required, people had end of life care plans in place.

# 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. At this inspection the rating has changed 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; 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

- Audits relating to quality monitoring were not always in place or robust. A new medicines audit had been introduced but this had not identified the issues we found with medicines in the safe section. Regular health and safety checks were not always in place which could have identified the issues we found with health and safety in the safe section. There was no system in place to review the recruitment files, which could have identified the issues we found with staff recruitment.

Due to a lack of robust quality monitoring, this was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The home had a new manager and provider in post who were committed to making the necessary improvements. The manager and provider were open and responsive during the inspection.
- The provider understood the need to be open and honest when things go wrong.
- Relatives were informed and updated if their family member had an accident or injury or if their health needs changed.
- The provider and manager were aware of their legal responsibility to notify CQC of notifiable events.

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

- The management team was new to the service, and they told us they had worked hard to create an open, supportive and positive culture within the home.
- Staff told us that morale was good and people enjoyed being part of a small, close-knit team. They said, "At the moment it's very positive, there's a lot of teamwork, everyone gets along, and everyone knows what they've got to do, they help each other out. It's a good bond going on at the moment" and, "I enjoy the staff I work with; we work as a team."
- A visiting professional told us, "The home is more settled since [provider] has been here, a lot more." A relative told us, "The home is managed well, they have brilliant staff. The atmosphere is friendly and caring."
- People told us, "The staff are kind and willing to help. I'm not frightened to ask for help" and, "They ask me all the time if I am happy with how they care for me and how I am looked after. It is a friendly home to live in." People described the management team as "Helpful," "Friendly" and, "Understanding."

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

- People and relatives were invited to complete feedback forms on the care provided to them.
- Staff meetings were taking place, but these were infrequent at times. Staff felt valued and listened to. They said, "[Manager] is very supportive" and, "[Manager] has a heart of gold, I feel I can speak to her about anything."
- People told us that they felt involved in providing feedback on the service they received. They said, "The owner visits me regularly for a chat. I've always got on well with her, she is lovely. She listens and she asks if there is anything she can do for me" and, "I had a questionnaire which I filled in, but they are always asking me if I am happy and if they can do anything for me. The home is well managed, everything is organised well."

Continuous learning and improving care; Working in partnership with others

- The management team understood the importance of continuous learning and improving care.
- There was a development plan in place which included some of the shortfalls we found during the inspection.
- External agencies were involved in improving quality at the home. For example, the medicines optimisation team from the local authority were working alongside the home to develop medicines practice. The infection prevention and control team were guiding the home on best practice.
- People care records evidenced the involvement of health and social care professionals in supporting people to meet their changing needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service as the provider had not always taken all reasonable steps to ensure fire safety and moving and handling was managed safely. Records relating to the management of medicines were incomplete or inaccurate. Regulation 12 (a) and (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems for quality monitoring were not effective in the areas of health and safety, management of medicines and staff recruitment. Regulation 12 (1) and (2).