

Bupa Care Homes (CFHCare) Limited

# Abbotsleigh Mews Care Home

## Inspection report

Old Farm Road East  
Sidcup  
Kent  
DA15 8AY

Tel: 02083089590

Date of inspection visit:  
05 June 2023  
15 June 2023

Date of publication:  
11 August 2023

## 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

Abbotsleigh Mews Care Home is a residential care home providing personal and nursing care support for to up to 120 people. It provides support to people living with dementia, sensory impairment and/or a physical disability across four separate houses within the same grounds. Each house has separate adapted facilities. At the time of our inspection there were 120 people using the service.

### People's experience of using this service

People and their relatives spoke positively about staff and told us they felt the service had improved. People were protected from the risk of abuse and systems were in place to protect people from abuse or harm. Medicines were safely managed and people received their medicines as prescribed. Recruitment checks took place before staff started work and staff were appropriately deployed to meet people's needs safely and timely. Risks to people were assessed, documented, reviewed and monitored to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections.

The service had a new registered manager in post since our last inspection of the service. We found improvements in the service had been made and management understood the importance of quality monitoring and continuous learning and improvement within the service. The provider had systems in place which facilitated an effective oversight of the service and which drove service improvements. The provider took people's views into account on a regular basis and feedback was used to help drive improvements. Staff told us they received good support from management and provider. The service worked well with health and social care professionals to ensure people's needs were safely met.

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 26 August 2022) and there were breaches of regulation. The provider completed an action plan after the 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 received some concerns in relation to the management of risk and safeguarding people. 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. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at 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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbotsleigh Mews Care 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.

# Abbotsleigh Mews Care Home

## **Detailed findings**

### Background to this inspection

#### Inspection team

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 carried out by 2 inspectors, a nurse specialist professional advisor and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. 2 inspectors returned to the service on the second day.

#### Service and service type

Abbotsleigh Mews Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

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. The provider knew we would be returning on the second day of the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. 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 previous inspection report and actions plans submitted after the last inspection. We contacted the local authority commissioning and safeguarding teams to support our planning. We used all of this information to plan our inspection.

### During the inspection

The inspection activity started on 5 June 2023 and ended on 15 June 2023. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed mealtimes and interactions between people and staff.

We met and spoke with 6 people using the service and 2 visiting relatives about their experience of the care provided. We spoke with 24 members of staff, this included the provider's regional director, clinical deputy manager, registered manager, home manager, deputy manager, nursing staff, care staff, activities coordinator, kitchen staff and housekeeping.

We reviewed a range of records including 14 people's care and medicines records and 6 staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, including incident reports, complaints, quality assurance, health and safety checks and minutes of a range of meetings held across the service.

We observed staff daily meetings and carried out observations throughout the inspection in relation to infection prevention and control procedures and practice. We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at staff levels, call bell checks, safeguarding, policies and procedures and further quality assurance checks.

# 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 on 26 August 2023 risk management plans were not robust to mitigate potential risks to people in relation to nutrition and hydration and falls. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the required improvements and was no longer in breach of regulation 12.

- Risks to people were identified, assessed, documented and reviewed to ensure their needs were safely and appropriately met.
- People and their relatives spoke positively about the support they received to manage their risks and said they felt safe. One person commented, "I feel perfectly safe. There are people around all the time. The staff are all good, they are all very kind and respectful." A relative told us, "Yes, I think [relative] is safe here. The staff have the expertise and genuine care and awareness of [relative] situation. There are amazing carers. There is a special set of people here. All the people are interested in [relative] and us."
- Care plans contained assessments of risks to people's health and well-being. These provided staff with up to date information about how individual risks should best be managed to help keep people safe.
- Risk assessments covered areas of risks such as nutrition and hydration, medicines management, moving and handling, skin care and falls amongst others. Where risks were identified, for example, with mobility and falls management, we saw the provider had appropriate systems in place to manage falls risks such as, risk plans, falls policy, post falls protocol and post falls observations where required. We observed that staff followed guidance provided by health and social care professionals and worked with them and the falls prevention service.
- Risks associated with people's nutrition and hydration needs were monitored, mitigated and met. People's dietary intake was documented frequently to ensure good nutrition and health. Staff we spoke with knew people well and understood their dietary and nutritional needs. Information and visual prompts about people's modified food requirements were available to staff in the kitchen and on each unit. People had a 'meal time' form in place which documented any specific dietary needs, modified diets and allergies they had. Staff followed best practice and health care professionals guidelines to ensure textured modified foods and thickened liquids for people with dysphagia or choking risks were managed and provided for safely.
- People's nutrition, hydration, preferences, and cultural needs were met and most people told us they enjoyed the food on offer. One person commented, "There is a choice of two meals and a salad. I always get what I want. The food is good." Another person told us, "They [staff] come and ask me the day before what I would like, except for breakfast and that is pretty standard, eggs, cereal, toast. I always get what I want, and you can change your mind if you want to. I usually go to the dining room for my meals but staff will always

come and ask me where I want to eat."

- Health and social care professionals, such as dietitians and speech and language therapists were involved if staff had any concerns. Staff completed food and fluid monitoring charts where required and discussed people's fluid intakes during staff meetings. Improvements had been made since the last inspection regarding people's meal time experience and menu choices offered. We observed how people were supported at lunch time within communal dining areas and when eating in their rooms. The atmosphere in dining areas was relaxed and staff were attentive to people's needs. Where people required support from staff to eat their meals safely, we observed that support was provided appropriately and with dignity. People were offered choice from rotational menus and sample plates and staff had sought people's choices the day before but people were free to change their mind on the day.

### Staffing and recruitment

At our last inspection on 26 August 2023 staff were not always deployed effectively to ensure people's needs were met promptly and safely, call bell response times were not always analysed to understand patterns and trends and the providers staff dependency process was not robust. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the required improvements and was no longer in breach of regulation 18.

- Throughout our inspection, we observed there were enough staff to meet people's needs in a timely manner and call bells were answered promptly. People told us they felt generally there were enough staff to support them promptly but sometimes staff were busy. Comments included, "They [staff] might be busy at the time I call but they will get here eventually", "If I press my buzzer someone comes quite quickly", "In an ideal world staff would want more time to get everything just so. I can't fault the carers", "Staff do come quickly unless there has been a fall and you have to wait a bit longer", and, "I think staff come quite quickly."
- Staff we spoke with told us that some staffing levels had improved and management were accommodating in staffing rotas. One member of staff commented, "It's a happy place to work. Staff allocation hasn't changed much and people are much frailer than in the past. Staff numbers have increased on the nursing units but sometimes things do not run as smoothly at weekends when management are not there." Another staff member commented, "There are enough staff to make sure people are safe and well cared for but it's always nice to have more so you can spend more quality time with people."
- We looked at the providers call bell analysis records for May 2023. We saw reports which looked at calls that were answered after the providers preferred 8 minute answering time. The manager told us there were significant improvements in call bell response times and call bell records were sent to each unit every week so unit managers could respond and justify if a call was over 8 minutes. The manager told us that the provider was in the process of purchasing a new call bell system which would allow them to further monitor and analyse response times and staffing deployment.
- The provider used a dependency tool to help calculate individuals needs and to establish staff levels accordingly. People's needs were assessed before arrival and reviewed continually to ensure the right amount of support was provided. We looked at the staffing allocation for weeks in May 2023 and noted there was enough staff for 115 residents. We saw that week the service had 113 residents, which meant there was extra capacity in the service as a whole.
- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, applicant's full employment history, employment references, Disclosure and Barring Service (DBS) checks, health declarations and proof of identification. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.



## Using medicines safely

At our last inspection on 26 August 2023 medicines were not always managed safely.

At this inspection we found the provider had made improvements.

- Medicines were safely managed and people received their medicines as prescribed. One person told us, "Oh yes, I get them on time definitely. I've had no problems at all." Another person commented, "Yes, I get my medicines. The Nurses are very good. There haven't been any problems."
- There were systems in place to ensure people's medicines were managed safely and in line with best practice. Staff followed guidance for managing 'when required' medicines and documented the reasons why they had administered these medicines.
- Medicines were stored safely and daily medicines fridge and room temperature monitoring was in place with recordings noted to be in the appropriate range and safe for use.
- Staff managing and administering medicines were appropriately trained and assessed as competent to manage medicines safely.
- Regular audits were conducted to ensure safe medicines systems; medicines management and processes were followed.

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

- This inspection was prompted in part due to concerns we received in relation to the management of risk and safeguarding people. We found people were protected from the risk of abuse and systems were in place to protect people from abuse or harm.
- People told us they felt safe with the care they received. One person said, "The ordinary staff are brilliant and they look after you. There are some wonderful girls here." Another person commented, "I do feel safe with all the staff they are all very nice and it can't be an easy job."
- Policies and procedures to help keep people safe were in place and up to date. Staff knew how to identify any safeguarding concerns and how to act on them appropriately. We saw that where safeguarding concerns had been raised staff and the provider worked effectively with local authorities and health and social care professionals to address concerns.
- Staff received safeguarding training and were aware of their responsibilities to report and respond to concerns. Staff were aware of the provider's whistleblowing policy and how to report issues of poor practice. One member of staff told us, "We receive regular training and always discuss safeguarding and keeping people safe in meetings. We all work well as a team to help keep people safe."
- Management understood their responsibility to protect people in their care from harm and to report any concerns of abuse to the local authority safeguarding team and CQC.
- When things went wrong, clear processes were in place to ensure lessons were learnt from them. These lessons were communicated to the staffing team.

## Learning lessons when things go wrong

- Accidents and incidents were monitored regularly to identify themes and trends as a way of preventing reoccurrence. Any lessons learnt were shared with the staff team through staff meetings and supervisions to ensure actions and precautions could be taken to reduce the risk of reoccurrence.
- There were systems in place to oversee and support learning from accidents, incidents and safeguarding. Staff had identified risks to ensure people were safe and understood the importance of reporting and recording accidents and incidents. Records demonstrated that staff took appropriate actions to address accidents and incidents including seeking support from health care professionals and referring to local authorities and the CQC where required.

## 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's infection prevention and control policy was up to date.
- People were able to have visitors in the service when they wanted and visits were carried out safely and in line with best practices.

# 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; continuous learning and improving care

At our last inspection the provider did not have an effective oversight of the service and quality assurance systems had failed to identify and correct issues in relation to risk management, staffing and medicines management. 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 provider had made the required improvements and was no longer in breach of regulation 17.

- The service had a new registered manager in post since our last inspection of the service. There was also a home manager and they were in the process of registering with the CQC to become the registered manager for the service. We found improvements in the service had been made. The registered manager and home manager were aware of the registration requirements with CQC and the legal requirement to display their CQC rating. The registered manager and home manager understood the importance of quality monitoring and continuous learning and improvement within the service.
- The quality and safety of the service was routinely monitored by the regional director, clinical director, registered manager, home manager and deputy manager and improvements were made where required. The provider had systems in place which facilitated an effective oversight of the service in that it highlighted any omissions or errors. Checks and audit systems in place covered areas such as, care records, medicines management, staffing, accident and incidents, complaints, safeguarding and call bells amongst others. Audits we reviewed were up to date, conducted frequently and actions were taken when necessary to ensure that care was provided safely and appropriately and in line with best practice and guidance.
- The service was organised and had a clear staffing structure in place. Staff told us they felt supported by the home manager and provider. Comments included, "Things have improved and we are getting more staff", "I feel supported, the manager is nice", and, "We all do our best for everyone, we do work well as a team."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Throughout our inspection we observed positive caring interactions between people and staff.
- The registered manager and home manager were aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout our inspection. The Duty of Candour is a regulation that all providers must adhere to.
- Staff felt supported in their roles and told us they were able to speak up and raise concerns, if they had any. Staff also said teamwork had improved and they shared advice and information at daily held meetings.
- There were staff incentive and recognition schemes in place to recognise and celebrate achievements and staff efforts, for example, an employee of the month award.
- People, and their relatives spoke positively about staff and how the service was managed. Comments included, "I think it is well run. Everything is on time", "We think that they [staff] do a good job", "Yes, we have new managers here now and they have come around a couple of times to introduce themselves", "They [staff] are all approachable. The girls on reception are very helpful", "I'm quite happy. Its friendly and has the most gorgeous gardens", and, "On the whole it's very good."
- There were systems in place to ensure the service sought the views of people and their relatives through regular reviews of their care, resident of the day, resident coffee mornings, relatives' meetings, comments and suggestion boxes, provider newsletters, 'You said, we did' surveys and service surveys that were conducted.
- During our inspection management demonstrated a commitment to continually improve the care and support people received. We observed good communication between management and staff and there was an inclusive respectful culture, where people, their relatives and staff were encouraged to communicate openly to achieved good outcomes.

#### Working in partnership with others

- The service worked effectively in partnership with health and social care professionals and key organisations including local authorities, mental health teams, hospices and GP's amongst others to ensure people received a good standard of care. Records showed that staff contacted health and social care professionals when required. One person commented, "The Parkinson's nurse visits me here regularly. I don't have to ask as the nurses they will automatically ring for me If I need to see the GP."
- The home manager told us and we saw that they attended monthly multi-disciplinary meetings with GP's, dieticians, mental health teams, speech and language therapists and the local authority so any issues with people's care and support could be discussed and appropriate actions taken.