

Methodist Homes Abbey Park

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the Service: Abbey Park is a nursing home that can support up to 84 older people who require personal or specialist nursing care, rehabilitation and dementia care. The home provides care in a number of separate units situated over two floors.

People's experience of using this service:

- People felt safe but risk management plans were not always available to ensure a consistent and safe approach by staff in managing risk.
- Staff knew people well and there were enough care and nursing staff on duty to meet people's needs.
- Staff were recruited safely and received comprehensive training and support to care for people effectively. This included checks to ensure nurses were appropriately registered to work at the home.
- The environment was clean and staff followed good infection control practice.
- Overall medicines were managed safely, and people had access to healthcare professionals when needed.
- People's needs were assessed before they moved into the home to make sure their needs could be met.
- People's nutritional and hydration needs were met as staff supported those who needed assistance.
- Staff cared about people and were responsive to their needs. Overall, care plans supported staff to provide personalised care.
- People were supported to be independent, their privacy was respected, and their dignity was maintained.
- People's end of life wishes were identified and within care records to help ensure their wishes were respected at the end stage of life and following their death.
- People had access to a variety of activities and had some opportunities to maintain links with the community.
- People were happy with the care they received and with the management of the service.
- Complaints were managed in accordance with the provider's procedure.
- There were systems to monitor the quality and safety of the service and views shared with us were mostly positive, although some people and relatives didn't feel they were provided with opportunities to share their views.
- Staff were given opportunities to discuss areas of improvement to learn lessons when things had gone wrong.
- Feedback people had provided at meetings had been listened to and action taken where possible in response to this.

At this inspection we found the evidence supported an overall rating of 'Good'. More information in 'Detailed Findings' below.

Rating at last inspection: At our last inspection we rated the service as 'Requires improvement' overall. The report was published on 9 February 2018.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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 consistently safe.	Requires Improvement ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well led.	Good ●

Abbey Park

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection took place on 11 February 2019 and was carried out by four inspectors, two experts by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. A specialist advisor is a qualified healthcare professional. Two of the inspectors only attended during the morning with their primary purpose to speak with people and complete observations on the units.

Service and service type

Abbey Park is a care home offering care for up to 84 people who require personal or specialist nursing care, rehabilitation and dementia care. The home provides care in a number of separate units over two floors. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection, we reviewed information we had received about the service since their previous inspection. This included details about incidents the provider must notify us about, such as serious

accidents and deaths. We sought feedback from the local authority and professionals who work with the service. We used this information to plan our inspection. We also considered the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to give us key information about the service such as what it does well and any improvements they plan to make.

During the inspection, we spoke with twelve people who used the service, nine relatives, the chaplain, administration manager, seven members of care staff, four nurses, two activity organisers, the deputy manager and the registered manager. We also observed the communal areas on each of the units and visited some people in their rooms to assess how people were supported by staff. 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 looked at nine care records and records that related to the management and running of the service such as audits and quality monitoring records. We looked at 14 Medicine Administration Records (MAR) and checked how medicines were stored and administered. We looked at incident and accident records, safeguarding records, complaints and thankyou letters.

Is the service safe?

Our findings

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

Requires Improvement: 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. At our last inspection this key question was rated as 'Requires Improvement'. Known risks had not been managed consistently and sufficient numbers of staff were not on duty. At this inspection improvements had been made in some areas but there remained some areas of risk that were not managed effectively.

Assessing risk, safety monitoring and management

- Most people had risk management plans with instructions for staff to follow to ensure risks associated with their care were safely managed. However, one person's care records did not show their care was effectively managed. The person was fed by a tube directly into their stomach and there were instructions on how this should be managed to reduce the risk of infection. However, records did not show the instructions were followed. There was no oral healthcare plan for the person to ensure their mouth care was addressed. People who cannot consume food through their mouth are susceptible to bacterial infections and good oral hygiene is therefore essential. Advice from a dentist provided in November 2018 had not been followed. These issues were discussed with the nurse in charge who assured us they would address them with immediate effect.
- A person who was diabetic did not have a care plan to show how this should be managed. This was important so that staff would know how to recognise symptoms of high and low blood sugar levels and what to do in response. The same person did not have a clear plan to show how a continence problem should be managed. The person had a healthcare problem that placed them at risk of seizures but there was no plan to tell staff what they should do to monitor and respond to them. We raised this with the nurse who stated these issues would also be addressed with immediate effect.
- Regular equipment checks were carried out such as sensor mats and specialist mattresses to ensure these were safe for people to use. However, we saw one mattress was not on the correct setting as stated in their records to help prevent the person from developing skin damage. We brought this to the attention of the nurse. The nurse said sometimes people in the unit walked into other people's rooms and they may have changed the setting. They put the mattress on the right setting. Mattresses were checked on a weekly basis, as opposed to a daily basis which meant there was a risk these types of issues may not be identified swiftly to keep people safe. The registered manager said they would review this.
- Staff knew some people living with dementia became anxious at times and there was a risk they could become unsettled if the triggers to their anxiety were not identified and managed. Staff were calm in their approach to people as they knew this would help reduce the risk of any escalating behaviours that could unsettle people.
- Audit checks of the premises and equipment were undertaken by employed maintenance people and records were kept to confirm the dates of these.

Using medicines safely

- People received their medicines by suitably trained staff when they needed them. This included medicines

that had to be administered at a specific time. Medicines were stored safely and where medicines were crushed, to enable people to take them, safe procedures were followed. This included consultation with relevant health professionals around the safety of doing this.

- Most records we checked showed there were clear protocols for staff to follow in relation to medicines prescribed "PRN" (as required). One person had a medicine prescribed that was not on the Medicine Administration Record (MAR). This meant there was a risk it may not be given to the person. We brought this to the attention of the nurse who found information on the previous MAR had not been transferred onto the new one. The nurse amended this.
- When we checked the medicine counts on one unit, the numbers recorded on the MAR did not correspond with what was available. As we were satisfied people had received their medicines as prescribed, it suggested the medicines had not been checked correctly.
- Where people were unable to verbalise they were in pain, care plans contained descriptions of gestures people used to show they were experiencing pain or discomfort. This assisted staff in ensuring people's pain relief was addressed.
- One person was prescribed a thickening agent to be added to their drinks to help them swallow. Thickening agents are usually prescribed to be given at a specific consistency that is safe for the person. However, when a staff member found the person was not swallowing it, they changed the consistency to make it less thick which made the person cough and placed them at risk of choking. We raised this with the registered manager so it could be addressed.

Staffing and recruitment

- There were mixed views about the availability of staff because sometimes staff were not in the lounge, but overall, people felt staff were available to respond to their needs. One person told us, "If you want anything, they go straight off and get it." A relative told us, "To me, they could do with another carer. I've seen the lounge empty of staff while they take someone to the toilet. Someone could have got up and fallen."
- Overall, staff felt staffing levels were adequate but said it could be more challenging at busy times of the day. One staff member told us, "I would say there are enough but there are times you get that hectic period and you feel you need another member of staff." We observed staff were available to people during our visit.
- Staff were recruited safely and did not start work until the provider's required checks had been completed.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibility to safeguard people from the risk of abuse. Staff completed safeguarding training and knew how and when to report any concerns. People told us they felt safe living at Abbey Park. One told us, "The staff here make me feel safe, there is always someone here." Another said, "Yes, (they felt safe) because everybody is around you and the staff are very good. I have no worries about anything."
- The registered manager had referred safeguarding concerns to the local authority when people had been placed at risk. Allegations of abuse had been investigated to keep people as safe as possible.

Preventing and controlling infection

- All areas of the home were clean and all staff were required to follow the provider's infection control policy.
- Staff completed training in the control and prevention of infection and understood their responsibilities in relation to this. For example, a nurse explained they checked mattresses for damage because any damage could lead to the spread of health-care acquired infections.
- Staff wore personal protective equipment, such as gloves and aprons, when necessary which protected people from the risk of infection.

Learning lessons when things go wrong

- The registered manager held 'reflective' sessions with staff when things went wrong such as when complaints were received. They told us, "We do it quite often. If we have had a complaint, we get them to sit and think about what we could do differently and what could have been communicated better."
- Accidents and incidents were recorded and monitored to identify any patterns or trends, so appropriate action could be taken to learn from them and minimise the risk of their reoccurrence.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they lived at Abbey Park. The views of people, their relatives, and healthcare professionals were also considered to ensure people's needs could be met.
- Assessments considered people's wishes and preferences and staff knew of these so they could provide care and support in accordance with people's choices.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction at the beginning of their employment which included working alongside other staff to help them get to know people and their needs.
- Staff received ongoing training to ensure that they were suitably skilled to work with the people. One staff member told us how they completed training linked to people's needs such as how to support people who became anxious and struggled to communicate their feelings. They told us they now felt more confident in such situations.
- Nurses updated their clinical skills through regular training so they could support people's specialist nursing needs effectively.
- People and relatives felt staff were suitably trained. One relative told us, "I have a lot of confidence in the staff here."
- Staff felt confident in their role because they received individual support through regular one to one meetings to help guide them with their work. These meetings were also used to discuss any areas staff needed to improve.

Supporting people to eat and drink enough with choice in a balanced diet

- People's nutritional needs were met. People were provided with enough to eat and drink. One person told us, "I enjoy my meals, there is not much choice but I do have enough to eat. If I am hungry between meals, which I am sometimes, they will give me something." Another said, "The lunch is alright,there is a choice."
- The lunchtime experience in most dining rooms was positive. People sat at dining tables laid with flowers, table cloths, napkins and cutlery. Background music was played, although in one dining room, the music was loud and staff turned it off without asking people.
- Staff were supportive and observant during mealtimes. For example, they helped people to cut up their food, so they could eat independently. Most of the interactions with people were positive although in one unit, the interaction was more meal related.
- Specific dietary requirements were met and catered for. For example, where people required soft or pureed diets, these were prepared and served in accordance with people's needs.

- People who needed support to eat were assisted by staff at a pace suited to the person to make it a pleasant mealtime experience for them.
- The registered manager monitored people's weights to identify any concerns with weight loss and possible risk of malnutrition. Arrangements had been made for one person to see a dietician where a weight loss had been identified.

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

- People received support from healthcare professionals when needed. One person told us, "I can see a GP, we see an optician and chiropodist if we want." A relative told us a doctor visited the home weekly to support their family member with a health condition and the dentist had been contacted about a mouth problem.
- Commissioners spoke positively of the service stating they shared good communication with the service and had no current concerns about the care people received.
- Staff monitored people's health and understood their responsibility to obtain further advice or support if they noticed any changes or signs of illness.
- Staff shared information with each other about people's care and any changes in their needs at a handover meeting at the start of each shift.

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

- Abbey Park is a purpose-built home with wide corridors, spacious bathrooms with assisted baths, and open plan units with a sitting area, dining area and kitchenette to support people's needs.
- Consideration had been given on how the environment could support people living with dementia. On Greyfriars unit, people could walk around safely and there were lots of items of interest for them to look at, touch, and pick up in line with good dementia care guidance. Staff could access drinks and snacks promptly for people when they were thirsty and hungry. However, on Meadow unit where there were also people living with dementia, there was not the same items of interest to support people. There were no names or pictures to help people to find their rooms more easily and all the doors were white. The registered manager told us of plans to make changes to this unit.
- Where people were more independent, they could go into the kitchenettes to carry out domestic tasks of their choosing. For example, we saw one person enjoyed washing up their cups and glasses. A relative told us they frequently made drinks using the kitchenette.
- People had access to assistive technology in their rooms such as sensor mats, which set off an alarm when people stood on them, and call bells to alert staff if they needed assistance.
- The provider told us in their 'Provider Information Return' sent to us prior to the inspection visit, the gardens had been updated to include a bandstand, water features and musical instruments for people to enjoy.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of consent and asked people for their permission before they provided care and support.
- People were offered choices and were supported to make decisions in their best interests. For example, a nurse told us about a person who lacked capacity and received their medicine covertly (disguised in food). The nurse was aware of the process to follow to ensure this decision was made in the person's best interests. This included obtaining the agreement of the GP.
- The registered manager had made referrals to the Local Authority where people were being deprived of their liberty to ensure that this was done lawfully and in the least restrictive way.
- Where people had been assessed as not having capacity to make their own decisions, some relatives had applied for the legal authority to make decisions on their behalf.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff treated them well and many stated staff were kind, polite and thoughtful. One person said, "The staff are very nice. Very caring I think." Others commented, "I have found it very nice, very friendly, nice people" and, "The girls are lovely, so kind. They are brilliant, they help you with anything."
- A relative told us, "It did not take long for the staff to get used to Dad. They are so caring."
- Interactions between staff and people were warm and respectful and responsive. On Greyfriars unit where people lived with dementia, staff sat with people and talked about their past lives. One person had a doll who they considered was their baby. A member of staff told them their baby was beautiful.
- People's care plans took into consideration their diverse needs and choices. The registered manager told us how staff were allocated to the same units so that people experienced continuity of care.
- Staff commented positively about people's appearance which gave people a sense of wellbeing. For example, they told one person, "Your cardigan today looks lovely [Name]." Staff acknowledged people as they passed them and enquired how they were feeling.
- The staff who provided activities told us they had planned activities for Valentine's Day and how this included talking about love and "previous forbidden love". They said they had found out about a person in another care home that had not felt until the age of 80 they could "come out" as gay because of past stigma. They told us the gay staff from the home were planning discussions with people on Valentine's Day to bring the issue into the open to enable people who lived there to feel safe to discuss this if they wanted to.

Respecting and promoting people's privacy, dignity and independence

- Staff were discreet when people needed assistance with personal care and provided reassurance to people during interventions. For example, a staff member noticed a person's cardigan was not fully in the correct position, they asked the person if they could re-adjust it so it looked right. When this same person spilled a drink over their clothes, the staff member quickly made sure the person went to their bedroom to get changed so their comfort and dignity was maintained.
- Staff recognised the importance of knocking on people's doors and seeking permission to enter to be respectful to people. However, a relative did not know why their family member's door to their room was locked. They told us it sometimes took them a while to find a staff member to open the door. A staff member told us, "All the doors are locked because we have residents who wander in and out of people's rooms." We raised this matter with the registered manager who advised they would look into it.

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

- People made choices about their daily lives such as what time they got up in the morning and what time they went to bed. One person told us, "I wake up early in the morning and go to bed at 9.00pm. If you don't want to do anything, you don't have to do it." Another told us, "Staff have sat and discussed my care plan

and my needs with me."

- People had informed staff of their likes and dislikes and said staff respected decisions they made. For example, one person had made a decision they did not want to leave their room and their decision to stay in their room had been respected.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

At our last inspection on 27 and 28 September 2017 this key question was rated, 'Requires Improvement.'

People did not always experience care and treatment to meet their needs and preferences. At this inspection improvements had been made. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us their care was provided in accordance with their preferences. People who could not communicate their views, were supported in a calm environment and staff were responsive to their needs.
- Staff recognised the importance of working together to support people's physical as well as mental health needs. One staff member explained, "You have to work as a team, if you don't, it doesn't work. You also have to communicate and liaise with your team and that is what we do here."
- Care plans informed staff how they should support people in ways they preferred.
- Overall, relatives were positive about their involvement in their family member's care. However, one relative told us they had discussed their family member's care when the person had moved in, but had not been invited to attend any reviews since.
- Staff knew about people's daily preferences such as how they liked to dress and what they liked to eat and drink. One staff member told us, "You have to know the residents really well as some residents can't tell you what is wrong but you can tell by little changes in their behaviours that something is not right."
- There were social activities provided every day. One person told us, "It is good, there is plenty to do, plenty of entertainment." Another told us, "I like to sit and read the paper and watch TV. There's a weekly activity plan. I do some of them if I fancy it."
- For people who were cared for in bed, one of the three activity workers completed one-to-one activities with them in their own environments. This included reading, talking and reminiscing.
- Activity workers had started to compile 'memory books'. These included photographs of activities people had enjoyed. For example, one person's book contained pictures of their visit to the car museum in Coventry.
- We noted there were variances in regards to the access of activities across the two units that supported people living with dementia. However, we were made aware of plans to address this.
- People had access to music therapy, tai chi and fitness sessions and photos around the home showed people smiling and enjoying the activities provided. These included activities of daily living such as peeling vegetables and vacuuming.
- Religious and cultural needs of people were identified, supported and respected. A full-time chaplain provided spiritual and emotional support to people.

Improving care quality in response to complaints or concerns

- There was a complaints policy available to people and complaints received had been documented and responded to. Overall people were satisfied with their care and said they did not have any concerns,

although one relative told us they felt their concerns had not been dealt with in a positive way. Another had told us, "Anything which we as family may have been concerned about in regard to [Name's] care has been addressed. [Name] is more settled here now."

End of life care and support

- Nurses spoke passionately about providing the best care possible for all people, and in particular about those at the end of their life. Staff understood the importance of supporting relatives and respecting how much they wished to be involved at that stage. A nurse told us, "We are able to provide accommodation for relatives who wish to stay" and stated, "When you have cared for someone for a long time you feel it when they pass and you grieve with the relatives."
- People had end of life plans which had been developed to show how the person wished to be supported at this stage of their life. If the person did not have capacity, people's next of kin had been involved in the decision-making process as appropriate. ReSPECT documents were also available for people. These were documents which contained information about the kind of treatments and care people would want in the case of an emergency.
- There were numerous letters from relatives on display complimenting the service about their end of life care. Comments included: "You all made these last weeks of her life more pleasurable" and, "Aunt was able to pass peacefully and with dignity and you were so kind to all of us, ensuring we knew what was happening every step of the way."

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection on 27 and 28 September 2017 this key question was rated, 'Requires Improvement' as the provider's quality monitoring checks had not been consistent in identifying areas needing improvement. This had improved during this inspection.

Planning and promoting person-centred, high-quality care and support, and how the provider understands and acts on duty of candour responsibility.

- The registered manager and staff recognised the importance of person centred care and involving people in decisions and ensuring people had care plans reflecting their preferences for care.
- The service was rated 9.9 out of 10 on a care comparison website demonstrating people's satisfaction. One person had commented, "Extremely pleased with the outstanding care my mother receives. The dedication of care staff and nursing staff, their understanding of the complex needs of not only my mother but all residents."
- Most people spoken with did not know who the registered manager was, but despite this, spoke positively of their experiences of living at the home.
- Staff said they received the support they needed from management staff and the registered manager. One staff member told us, "She (registered manager) is very supportive. Her door is always open if you have a problem."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider had a clearly defined management structure to support the effective management of the home.
- All staff felt supported and able to discuss any concerns or problems they had with their manager.
- The office manager showed us the reporting systems used to monitor the quality of care and services provided. This information showed emerging trends related to people's needs such as people's weight loss, or repeated falls so that these could be promptly acted upon.
- Medicine audits were regularly completed to help identify errors and ensure they were addressed.

Engaging and involving people using the service, the public and staff

- The provider displayed the names and photos of the staff working on the units to support people and relatives to understand staff responsibilities and to help develop relationships with them.
- Staff meetings were held every six months in addition to daily meetings to keep staff informed about issues related to the running of the home. Daily meetings were attended by staff from all units plus the registered manager to share any important information related to that day.

- Feedback was collated from people and their relatives in the form of "resident/relative" meetings that took place every two months. The registered manager told us "Everyone is invited to attend" although, some people spoken with, were not aware of them. Where opinions had been shared actions had been taken in response, for example, people had raised issues about the food provided and as a result the chef had been asked to hold a meeting with people and their families. A staff member told us, "The kitchen manager is always happy to help and if he can get it (a requested food item) he will get it or get an alternative. We ask [kitchen manager] to come up and talk to people himself if we are not sure what they want."

- A satisfaction survey had been sent to people in October 2018 by the provider and we were told the results were not yet available to identify any areas of possible improvement.

Continuous learning and improving care

- The registered manager and the management team were committed to continually improve the home and ensure people experienced positive care and support.

- The provider and registered manager understood their responsibility to be open and honest when things went wrong. Learning had been shared through reflective sessions with staff, to prevent reoccurrence.

- There was a culture of continuous learning and development of staff to help them provide people with the best possible care.

Working in partnership with others

- The management team worked with other organisations to support people's needs and improve outcomes for people.

- People had opportunities to maintain links with the local community, families and friends.

- Representatives from different faith groups and local school children visited the home to spend time with people who lived at Abbey Park.