

Abbeygate Rest Homes Limited

# Abbeygate Retirement Home

## 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

Abbeygate Retirement Home is a residential care home providing accommodation and personal care to 25 people aged 65 and over at the time of the inspection. The service is registered to support 27 people. In practice only 26 people are accommodated at any one time.

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

People received care from staff who were well trained and committed to providing a high-quality service.

Not all safety checks were being recorded and improvements were needed to the way risks including risks associated with medicines were assessed and minimised. We have made recommendations regarding environmental risks and medicines handling.

Effective management systems were in place. Managers took positive steps to make sure lessons were learnt and action taken to make improvements. People were positive about the management of the service and staff enjoyed their work. Relatives were involved, and people felt any concerns they raised would be responded to promptly.

Staff were kind, knew people well and treated them with respect. People were encouraged and supported to take part in a wide range of activities and do the things they enjoyed. People had access to healthcare services and professionals and were supported with their nutritional needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

### Rating at last inspection.

The last rating for this service was good (published 21 February 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### 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 well-led.

Details are in our well-Led findings below.

**Good** ●

# Abbeygate Retirement 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 Care Act 2014.

#### Inspection team

Two inspectors carried out the inspection.

#### Service and service type

Abbeygate Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of this inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a provider information return before 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.

During the inspection-

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with members of staff including the registered manager, deputy, senior care workers, care workers, a housekeeper and maintenance staff. We asked three visiting health professionals for their feedback about the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including maintenance checks and policies and procedures were reviewed. We looked round the building and observed the lunchtime experience and activities on both days of the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people within the environment were not always appropriately assessed or controlled. Improvements were needed to address legionella testing at the service.
- A fire risk assessment had been completed but had not been reviewed and updated in line with guidance from the local fire and rescue service. This was to ensure adequate and appropriate fire safety measures were in place to minimise risk of injury in the event of a fire.

We recommend the provider considers current guidance on how they assess, record and manage environmental risks.

The environment was very clean and well maintained.

Using medicines safely

- We found shortfalls in the completion of medicine records. Staff were not following safe practices supporting people to take their medicines before they signed the medicine administration record (MAR). Records did not always contain full and accurate prescribing instructions; medicine stock records were not consistently recorded.
- Medicines handling needed updating to ensure staff followed best practice guidance. For example, where people were prescribed 'as required' medicines. The registered manager took immediate action to address these concerns.

We recommend the provider consider best practice guidance on medicines handling and act to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us they would speak with one of the staff if they were worried or upset, "They are very kind."
- Staff had completed safeguarding training and understood how to recognise and report abuse.

Staffing and recruitment

- Staffing levels were consistently maintained. People were positive about staffing levels and said staff were patient and unrushed in the way they supported them. One said, "We sometimes have to wait in a morning (to get up) but we know they are busy. They are good lasses."
- Safe recruitment practices were followed.

### Learning lessons when things go wrong

- Systems were in place to record accidents and incidents.
- The registered manager and deputy demonstrated an open and transparent attitude to learning lessons when things went wrong.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant 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 received effective care to meet their needs.
- Assessments were completed before people moved into Abbeygate Retirement Home or on discharge from hospital. This helped identify what support was needed and guided staff on how best to meet their needs.
- Care plans were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- Staff were trained. A healthcare professional told us, "Very impressed with the training and happy with the care they provide, we have a very good relationship with [name of registered manager] and the staff."
- Staff confirmed they were well supported and had completed training in a range of topics. Information regarding training events was shared at residents meeting and people could attend if they wished.

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

- The atmosphere at mealtimes was relaxed and unrushed. The food was hot and nicely presented. Where people required support, staff provided this discreetly.
- People reported the quality of food had improved. One person told us, "Cooking has improved. It went through a bit of a rocky period with changes of kitchen staff, but they are getting there now, I think."
- People told us they could take their meals in the dining room or in private in their own room. One person said, "They [staff] bring me my meals here; you can go into the dining room if you want but I like it in here."

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

- People received effective care. Staff sought medical advice and guidance to maintain people's health and wellbeing.
- A visiting healthcare professional reported, "[Staff] always follow my advice to the letter. I can see it in the improvements people make."

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

- People benefited from a warm, welcoming and homely atmosphere. Accommodation was provided on the ground floor, which meant people could access their rooms with ease.
- Doors were kept open to allow fresh air into the home; there was plenty of seating for people who liked to



go outside and spend time in the garden. Several people told us they appreciated this feature. One said, "I couldn't stand being locked in. I need to be out and about and that's important to me." Another told us, "It's the lack of smells and the fresh air. It's what I've been used to all my life. It was a big thing in choosing this home, the lack of any smell."

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 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.

- People told us they were involved in decisions about their care.
- The registered manager told us people were relatively independent and able. No one currently lacked capacity necessitating a DoLS authorisation.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were trained to support people in ways that helped them to express their identity and enhance their feelings of self-worth.
- People benefited from the kind and caring support staff provided. One person who had recently moved into the service said, "I couldn't be happier."
- Ancillary staff told they were encouraged to spend time with people. One told us, "I pick up the papers and run errands for people. The manager encourages it and says residents come first; it is a lovely place to work. I love my job and I love the people here. It is like one big family."

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

- People were supported to have choice and control over their care and support.
- Staff knew people very well; they had a good understanding of people's needs and how they communicated.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff spoke about people respectfully and could describe how they supported people's privacy and dignity.
- Staff encouraged people to maintain their independence. For example, allowing people time to accomplish tasks for themselves.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 person-centred care from staff. A visiting professional told us staff were very responsive to people's needs. They said, "The staff are very caring, they know [people] well, are on good terms with them and people seem very easy and happy with staff and happy to be here."
- Staff understood people's needs and were skilled at recognising what was important to people and making them feel valued.
- Staff recorded important information about the care and support provided to monitor and make sure people's needs were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Although not all information had been provided in an accessible format people confirmed they had the information they needed to make decisions.
- Staff understood people's communication needs and how best to share information in a way they could understand.

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

- We received positive feedback regarding the number and quality of meaningful activities offered. There was a full programme of activities daily and staff supported people to access the local facilities on both days we visited.
- People told us activities had a positive impact on their lives and people told us they particularly liked games, which stimulated and engaged their minds. One person told us, "We join in activities such as quizzes. We prefer things which keep the brain active." Other people told us they liked trips to local shops and cafes and enjoying the beautifully tended garden. One person was proud to point out they had helped plant out some of the sweet peas and bedding plants around the home.
- Contact with other community resources and support networks was encouraged and sustained. For example, people visited the local parent and toddler group and children regularly visited.

Improving care quality in response to complaints or concerns

- There was a robust complaints procedure. People told us they had not need to make a complaint but

knew who to speak with if they needed to do so. One person said, "No complaints here."

- Managers were in daily contact with people and were available to discuss their care and any concerns they may have.

#### End of life care and support

- Staff were skilled at helping people and families to explore and record their wishes regarding end of life care.
- The registered manager worked hard to support people's families, other people who used the service and staff when someone died. Families could maintain close contact with the service if they wanted, and mementos were kept on site to encourage people to share their memories.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was a visible presence at Abbeygate Retirement Home.
- Staff were positive about their work. One said, "I wasn't sure I would take to it, but I love it. The best bit is meeting all the people."
- Visiting professionals told us the registered manager and staff were approachable. One said, "I've always been very pleased with the home and would be happy to be a resident here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and transparent; they understood their responsibility to apologise to people and give feedback if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to monitor the quality of the service. Although we identified some shortfalls in the safe section we were satisfied from our discussions with the registered manager and feedback from a range of sources the service was well led. The registered manager addressed each concern promptly.
- Regular audits helped identify where changes or improvements could be made and were used to support continual improvement.
- Staff praised the support they received from managers. They told us they had the training, information and resources need to provide good care.
- The provider was committed to continually improving the service and providing high quality care.
- The registered manager and deputy were clear in their aim to learn and continually improve the quality of service people received.

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

- People were kept informed through newsletters and regular meetings.
- The registered manager and staff worked in partnership with other organisations. A professional told us, "It's an excellent service and I see people are happy and content."
- The provider supported a local charity dementia group. This gave carers time to share experiences, learn

and build relationships. The service offered day care services as a time for pampering and taking people out while also allowing carers some free time.

- Staff shared effective working relationships with professional and worked collaboratively to meet people's needs. A professional explained, "I feedback to staff on any issues I spot. For example, I noticed a dressing needed changing but staff had already recognised the problem and reported it to the nurses."