

Abbotsford Care Home Limited

Abbotsford Care Home - Manchester

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Abbotsford Care Home - Manchester is a residential care home. At the time of this inspection the home was registered to provide personal and nursing care nursing care. In May 2021 the provider had made the decision to provide residential care only and nurses were no longer employed by the service.

People receiving care and support at the time of this inspection did not require nursing care and all personal care needs were met by the service and other external health professionals. The service was providing personal care to 30 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

Medicines were now being managed safely. Systems were in place to protect people from abuse. Practices and processes had improved. Risks to people's health, safety and well-being associated with their care needs were assessed and management plans were in place to ensure risks were reduced wherever possible. Premises checks and all maintenance records were up to date. Required test and safety certificates were in place.

People had their care and support needs met by sufficient numbers of suitably trained staff. The care environment was clean, and a programme of redecoration was in progress. Infection control procedures were in place and staff used PPE effectively. Cleaning regimes were in place to help manage the COVID-19 pandemic.

People were complimentary about the food on offer. Communal areas were comfortable, although we judged that the dining room décor could be improved to maximise a positive dining experience for people. There was signage and equipment to help support and orientate people living at Abbotsford, including signage for people whose first language was Cantonese.

Electronic care plans guided staff as to people's care needs and preferences. The service was progressing with making care plans more person-centred. Electronic care plans and risk assessments provided staff with relevant information so that appropriate care could be provided for people. The service had good working relationships with local GP practices and healthcare professionals. The service worked in partnership with people, their families and staff. We received positive feedback from people and staff about the service.

People were complimentary of the care they received. People and their relatives had appreciated the efforts of the home during the COVID-19 pandemic. The service was keen to re-establish partnerships with professionals following the COVID-19 pandemic.

The service had good governance arrangements in place and completed regular internal quality checks at manager and provider level. Systems and processes for audit and quality assurance were in place. Findings

from audits carried out by the nominated individual were reviewed by management and used to improve practice within the service.

We discussed the registration status of the home and the nominated individual addressed this during the inspection.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 November 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 22, 23 and 29 October 2019. Five breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and improper treatment, premises and equipment, fit and persons employed and good governance.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

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.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbotsford Nursing Home on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Good ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Abbotsford Care Home - Manchester

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.

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 two inspectors, an Expert by Experience and an interpreter. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The interpreter was fluent in Cantonese and could speak to people living in the home whose first language was Cantonese. They were also able to translate these conversations to the Expert by Experience.

Service and service type

Abbotsford Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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; they were not yet registered with the Care Quality Commission at the time of the inspection but had submitted an application. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection because of the COVID-19 pandemic.

What we did before 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 did not ask the provider to send the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with 11 members of staff including the manager, administration manager, a senior carer, two care workers, an interpreter, the activity co-ordinator, chef, maintenance staff and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed staff interacting with people throughout the inspection and reviewed a range of records. This included a range of electronic care records and multiple medication records. A variety of records relating to the management of the service, including quality assurance systems, maintenance records and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at vaccination records, lessons learned, policies and procedures and audit records. We contacted members of the care team who work nights within the service for feedback.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed and a sample of medicines checked demonstrated that records were correct. Photographs were in place on Medicine Administration Records to help staff identify people and minimise errors.
- Individual guidance was mostly in place for managing people's 'when required' medicines to help ensure these were used correctly. A care plan for agitation or aggression did not describe when a prescribed medicine may be needed. We brought this to the senior carer's attention.
- Staff were trained and competent to administer medicines. Medicines administration systems were robust, well organised and regularly reviewed.
- Medicines were safely and securely stored. However, staff had not reset the room thermometer, so the daily maximum and minimum temperature was not correctly recorded. This was addressed, re-checked during the inspection and within acceptable temperatures.
- The service had ceased to provide care to people with nursing needs. There was improved oversight, medicines were less complex, and these were now safely managed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection safeguarding processes were not robust enough to ensure reasonable actions were taken to help ensure people were protected from the risk of harm and abuse. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff said they would report any incident to the manager or senior staff in their absence.
- Staff updated the electronic care system with details of any accidents or incidents through hand-held devices. Electronic records were updated in real time.
- Incidents had been notified to the safeguarding authorities and the CQC appropriately.

- Staff completed safeguarding training and would report concerns to line managers or the manager.
- Policies and procedures were in place for staff to follow.

Staffing and recruitment

At our last inspection the provider was not operating robust procedures to ensure staff employed were of good character. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were safely recruited with all pre-employment checks completed prior to starting work.
- References had been sought to verify people were of good character. Identity checks and criminal record checks had been obtained for newly appointed staff. These verified staff were suitable to work with vulnerable adults.
- The home ensured staff had the necessary skills to meet people's needs. There were enough staff on duty to meet people's needs.

Assessing risk, safety monitoring and management

- Risk management plans were in place and contained information staff needed to manage and mitigate risks posed to people. People at risk of skin damage, for example, had specialist mattresses and were regularly repositioned to reduce the risk of skin break down.
- Written directives were also in place outlining action staff should take if someone displayed symptoms of low blood glucose, so that they remained safe and well.
- Staff confirmed they had access to risk information on electronic devices. These devices were used to document when people received personal care, including re-positioning if confined to bed and when they received food or fluids.
- Equipment was serviced, checked and maintained in line with regulations and manufacturer's instructions.

Preventing and controlling infection

- The home was visibly clean, and staff were observed wearing the correct personal protective equipment (PPE). We were assured that the provider was using PPE effectively and safely and encouraging the use of this.
- Measures were taken prior to visits taking place to make sure visitors were clear of infection. We were assured that the provider was preventing any visitors from catching and spreading infections.
- All staff had completed mandatory COVID-19 training. Infection control training had also been completed by all staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The manager and nominated individual reviewed incidents for themes and patterns and liaised with relevant healthcare professionals as and when required.
- The nominated individual shared the outcomes of safeguarding and incidents that had occurred at other homes in the group for learning purposes.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to take reasonable steps to ensure risks were not posed by the home environment or equipment used. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

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

- Access to areas that were potentially unsafe, such as stairways and sluice areas, were limited to people. Coded keypads and locked doors ensured risks were minimised.
- The home had undergone a programme of redecoration. Maintenance staff were carrying out further improvements at the time of this inspection. We judged the dining room area would benefit from redecoration to improve the dining experience for people and discussed this with management.
- There was some signage to support people living at Abbotsford with a diagnosis of dementia.
- There was appropriate signage around the home for those living at Abbotsford whose first language was not English; these signs were in Cantonese.
- Communal areas were well used by people taking part in activities or watching the television.

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

- Peoples care, and support were delivered in line with current standards and guidance.
- People's needs were assessed before the service started to support them to ensure that they could meet the individual's needs.
- Due to the COVID-19 pandemic senior staff had not been able to carry out face-to-face assessments. They had relied on information supplied by commissioners of care, for example social workers and hospital discharge co-ordinators.

Staff support: induction, training, skills and experience

- Staff were positive about the training and could tell us about the on-line subjects that they completed, including moving and positioning, safeguarding, dementia and fire safety.
- Senior care staff were trained in administering medicines and checks were done to verify their competency. People told us they considered care staff were appropriately trained. One person told us, "Yes, I have tablets three times a day, on time and no problems."
- Face to face training was due to re-start soon after the inspection. Oral health training sessions had been

arranged for those staff who needed refresher training.

- Staff meetings and 'flash' meetings had been held during the pandemic. These had been limited to smaller groups of staff to ensure social distancing was maintained and staff were kept safe.

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

- People were supported to receive appropriate healthcare support.
- Care records evidenced ongoing involvement of health professionals.
- On site visits had been limited during the pandemic however, we saw evidence of appropriate contacts with speech and language professionals, GP surgeries and occupational therapists.

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

- People told us that the food was generally good and that there was plenty to eat. Two people we spoke with said there could be more choice. The new menus we saw offered daily choices.
- Diet notification sheets were located in the kitchen. These outlined any specific diets, such as sugar free, low fat and the required consistency of the food people needed to stay safe.
- Food likes and dislikes were not fully completed although the new activity co-ordinator was tasked with speaking to people and recording this.
 - People's weights were monitored. Nutritional assessments were undertaken where people had lost weight and at risk of malnourishment and referrals made to the dietician where warranted.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found people were being deprived of their liberty and the manager told us that applications had been made to the local authority. These had been notified to the Commission.
- Staff had completed on-line training in MCA and were clear how to support people with their decision making. Throughout the inspection we observed staff offering people choices and listening to their wishes.
- People with capacity had their decisions respected and where people lacked capacity, best interest decisions had been made with the relevant people involved.

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 requires improvement. At this inspection this key question has improved to good. 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 able to spend time helping people at mealtimes. Staff were observed to be caring and respectful whilst assisting people with meals. We heard staff offering words of encouragement.
- The introduction of new menus demonstrated people's religious and cultural needs were considered and respected. Meal choices on offer ensured people's cultural dietary requirements were met.
- People we spoke to were complimentary about the care and support provided. One person said, "The care here is very good. It's because of the carers." People told us that they liked the staff as they were aware of their wants and needs.

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

- People were involved in their care and we observed staff offering people choices.
- Staff could tell us about individual people, what they enjoyed and what was important to them. Staff were able to access electronic care plans via a hand-held electronic device. One member of staff explained how one person liked to sit in the large lounge near the window to watch the wildlife. This was important to them.
- Another person had found it hard to settle into the home and their sleep had been disrupted. They requested a mattress be brought from home to help and the home facilitated this.
- Families were kept up to date with the latest guidelines and visits had been facilitated when national or local restrictions permitted.

Respecting and promoting people's privacy, dignity and independence

- Staff were clear about the importance of privacy and gave people time and space when they needed it.
- People told us staff promoted their independence where possible; staff were observed encouraging people to do tasks for themselves and supervising from a distance when safe to do so.
- People were treated with dignity and respect. One person told us, "It is like a family here and it is a nice environment; they are kind to me." Others considered staff to be kind and respectful.

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider was taking steps to reconfigure a bedroom for two people being admitted to the home on the first day of inspection. This was so that their needs could be met according to their wishes, as their choice was to share a room.
- Staff knew people's needs, routines, their background and life history. Whilst some of this was contained within care plans the service had not fully explored people's preferences. For example, care plans did not contain everyone's social or food preferences. We discussed this with the manager and nominated individual, who told us formally gathering this information would be a priority.
- Daily handovers provided staff with up to date, relevant information about everyone living at Abbotsford. This helped to ensure people's needs were appropriately met.
- Electronic care plans contained information for staff to follow to support people, whilst encouraging people to maintain established levels of independence.

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.

- People's communication needs were identified in their care plans. Information was shared verbally with people if this was their preferred this method of communication.
- The home ensured staff had the necessary skills to meet people's communication needs. For example, the service employed two interpreters. They could communicate with people in their first or preferred language of Cantonese and rotas reflected seven-day cover of the service.
- Information could be printed for those people who preferred it in this format. This meant they were able to read it several times, understand it and ask staff about it if they needed too.

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

- An audit undertaken in May 2021 identified more activities would be beneficial for people. We met with the activities coordinator who had recently been appointed to the new role.
- The home subscribed to Cantonese television channels so that people whose first or preferred language was Cantonese had a choice of entertainment. We saw people watching these culturally relevant channels and enjoying the music programme.

- Staff tried to encourage people to participate in either group or one to one activities. We saw people enjoying a music session during this inspection. An interpreter was on hand so that the session was as inclusive as possible. Everyone in the lounge joined in.
- Obtaining people's preferences, for example in relation to meals, and formally recording these was a priority for the new activity co-ordinator. An officer from the local authority was providing advice and support to the service regarding the delivery of best practice person-centred care.
- The service had encouraged people to maintain contact with relatives and others important to them during the COVID-19 pandemic. The home was following government guidance to allow relatives to have safe visits with people at the time of this inspection.

Improving care quality in response to complaints or concerns

- The service had a formal complaints policy in place. Any complaints received were investigated and a response provided.
- People told us they would be comfortable in raising a complaint. One person said, "I don't feel unhappy about anything, but I would ask the staff if I did." Another said they would raise any complaints they had with the interpreter who would then raise it on their behalf.
- People and their relatives told us they felt the service was approachable and thought that management would respond positively to any issues raised.

End of life care and support

- People were supported to remain at Abbotsford if this was their wish when approaching end of life.
- The home could access other health professionals to help with this, such as the nursing home team and GPs. Staff were accessing training around end of life care during December 2021, provided by the Macmillan team.
- Some care plans contained information outlining what was important to them at the end of their life. Additional training on end of life care planning was scheduled for January 2022.
- The home had received thank you cards for the end of life care provided to people during the pandemic.

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

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

At our last inspection we identified systems were not robust enough to demonstrate medicines were safely being managed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The manager of the home was waiting to be registered at the time of this inspection. Registration was approved soon after this inspection. The nominated individual was on site regularly and provided support to the manager.
- Other support functions based in the home included an administration manager with recruitment and administration responsibilities.
- Quality assurance systems in place had improved, assisted with the use of electronic care planning. This aided oversight and management as the system indicated to management when reviews of care were due. Timely reviews of care had taken place.
- The medicines optimisation team had carried out an audit and observed medicines administration on the 3 November 2021. The provider had started to address the recommendations made in their report, for example, a new air conditioning unit had been ordered for the treatment room.
- The home was registered to provide nursing care. In May 2021 the provider had made the decision to provide residential care only and nurses were no longer employed by the service. We discussed this with the nominated individual, who submitted an application to deregister the nursing element during the inspection.

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

- The manager and nominated individual promoted a positive culture. Staff were complimented when audits undertaken by the nominated individual identified the delivery of good quality care.
- The manager was supported by a more consistent team of staff and this was reflected in feedback sought from people we spoke with. Staff appreciated positive feedback and said, "It's far better; it's more relaxed"; "It's a happy place," and "The manager thanks us; it's those little things - (make us) feel appreciated."

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

- People were complimentary about the manager and wider senior team. A recent questionnaire given to people showed they were consulted. We saw that people had access to the manager and knew who they were. One response said, "We talk a lot in my room." As a result of this survey cheese and onion pie had been added to the new menus as it had been requested.
- The manager consulted external healthcare professionals to help with reviews of care.
- People were given the opportunity to discuss their care and support and could nominate relatives or representatives to be involved, if this was their wish.
- The administration manager held 'flash' meetings. These were short, sharp meetings held with specific cohorts of staff, for example kitchen staff or interpreters. Information was shared with staff and they were consulted about aspects of the service relevant to their role.
- Staff we spoke with felt supported at work and listened to.

Working in partnership with others

- The manager and nominated individual had worked in partnership with the local authority and local public health team throughout the COVID-19 pandemic.
- The service worked collaboratively with other healthcare services to meet people's needs and address individual risks. Local authority officers were offering support and advice about best practice person centred care and dementia care.
- The manager had established good relationships with GPs and the pharmacist.

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 provider was aware of their responsibilities in relation to the duty of candour. The manager kept an overview of all accidents, incidents and safeguarding concerns.
- The manager was aware of the legal requirement to notify the Commission of any authorised DoLS, potential safeguards or significant injuries to people using the service and appropriate notifications had been submitted.

Continuous learning and improving care.

- The provider was keen to continuously learn and improve care. Weekly meetings with leads and heads of units were beneficial for the management team.
- Staff we spoke with were optimistic. They were complimentary of management and felt they supported each other and were working well as a team.
- Opportunities to work closely with some external health professionals had been limited due to the COVID-19 pandemic. Reviews and meetings had taken place on-line. The service was re-establishing working partnerships with external health and social care professionals.