

Abbeyfield Newcastle Upon Tyne Society  
Limited(The)

# Abbeyfield Residential Care Home - The Grove

## Inspection report

40A The Grove  
Gosforth  
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Tyne and Wear  
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Tel: 01912857174

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30 March 2022

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## 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

Abbeyfield – The Grove is a residential care home providing personal care to up to 32 people. At the time of our inspection there were 30 people using the service.

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

Staff were recruited safely, trained appropriately and demonstrated good infection prevention and control practises. People said there were enough staff on duty and observations during the inspection supported this, however documentation did not show how staffing was calculated. We have made a recommendation about this.

Staff learnt from incidents and worked to continuously improve the service however this was not always well documented. We have made a recommendation about this.

People felt safe with the care staff. The provider had policies and procedures for dealing with safeguarding and whistle blowing concerns. Staff knew how to raise concerns and told us they would do so if needed.

Infection control had improved since our last inspection. Visiting was managed safely, staff wore appropriate PPE and additional cleaning was being undertaken.

Medicines management had improved since our last inspection. Staff competencies were regularly assessed. Robust documentation was in place for 'as and when required' medication. Some people administered their own medicines and were supported to do so by the service.

The service was managed well. People, relatives and visiting professionals all said that the management team were approachable and dealt with issues quickly.

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 and update

The last rating for this service was requires improvement (published 16 September 2021).

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.

At our last inspection we recommended that the provider reviewed the processes in place to calculate the number of staff required to support people safely. At this inspection we found that some improvement had been made. Further improvement is still required in this area.

### Why we inspected

We carried out an unannounced focussed inspection of this service on 16 February 21. 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, and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements.

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. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbeyfield – The Grove on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

### 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.

# Abbeyfield Residential Care Home - The Grove

## **Detailed findings**

### Background to this inspection

#### The Inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Abbeyfield – The Grove is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbeyfield – The Grove is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection we reviewed records and made observations around the home. We spoke to one person who used the service, the nominated individual, registered manager, activities coordinator, office assistant, deputy manager and two members of care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

### After the inspection

After the inspection we spoke to seven people who use the service and four relatives via telephone. We sought feedback from visiting professionals. We reviewed additional documents relating to staffing levels, infection control and staff training.

# 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.

### Preventing and controlling infection

At our last inspection the provider had failed to put in place robust infection control systems. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

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

- The service had procedures in place to keep people safe from infection. A robust process for auditing infection control had been introduced since the last inspection.
- Comprehensive cleaning schedules had been introduced since the last inspection, however were not consistently completed. The registered manager addressed this with cleaning staff during the inspection. One person said, "[the service] is absolutely clean, spotless and well maintained."
- Staff demonstrated knowledge of how and when PPE should be used to keep people safe. Spot checks were carried out on staff to ensure they were wearing PPE correctly and washing their hands. One person said, "the carers wear masks and aprons."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Assessing risk, safety monitoring and management; learning lessons when things go wrong

At our last inspection the provider had failed to fully assess risks to people which placed them at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

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

- Risks to people's safety had been effectively assessed. Risk assessments were regularly reviewed when people needs changed, or when new guidance was released by the government.
- New risk assessments for emollient creams had been introduced. A fire safety inspection had been carried out by the fire service since the last inspection, and their recommendations had been implemented by the registered manager.
- There were some example of lessons learnt following accidents and incidents. The registered manager was able to explain how they had taken action but this was not comprehensively documented. During the inspection the registered manager implemented a new system for documenting lessons learnt.

### Using medicines safely

At our last inspection the provider did not have safe systems in place for managing medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

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

- Medicines were managed safely. Staff were trained and competent in the administration of medicines with 6 monthly reviews of staff competencies taking place. The deputy manager was also the medicines champion and spoke about being proud of the changes made to the medicines process since the last inspection.
- The administration for 'as and when required' medicines was safe. The protocols in place had been reviewed and updated since the last inspection. Correct recording of the dispensation of 'as and when required' medication was taking place.
- Medicines audits were carried out on a regular basis. Some residents managed their own medication and they were enabled to do so safely.

### Staffing and recruitment

At the last inspection we recommended the provider reviewed the process in place to calculate the number of staff required to support people safely.

- The service employed sufficient staff to keep people safe. Dependency assessments were in place, however documentation was not available to show how this translated to the number of staff on duty.
- Staff rotas showed that staffing was maintained at the level the registered manager felt worked well. There was no evidence to suggest staffing levels were not appropriate. People and their relatives consistently told us there were sufficient staff who supported them in a timely manner. The registered manager confirmed they would put a new process in place as soon as possible.

We recommend that the provider continues to review the process in place to calculate the number of staff required to support people safely.

- The nominated individual said that recruitment was a challenge currently. They were regularly advertising to recruit staff and to reduce the number of agency staff being used.
- Staff were recruited safely. Employment checks were carried out in line with best practice guidance with staff having DBS checks in place. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions. The information helps employers make safer recruitment decisions.



Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Safeguarding policies were in place which were accessible to staff, people and relatives.
- Incidents were investigated thoroughly, people and their relatives were kept up to date during investigations.

Visiting in care homes

- People and their relatives were kept safe during visits. A separate entrance and visiting room was available due to an outbreak of COVID-19. Checks were in place to ensure visitors did not have COVID-19.
- Appointments needed to be made to ensure there were enough staff available to facilitate the visit, and to give time to clean the visiting room between visits. Relatives said, "When visiting I have to wear PPE", "They check my lateral flow test and make sure I wear a mask."

# 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 robust quality assurance processes in place, this is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

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

- Effective new quality assurance processes had been put in place since the last inspection. Care plans were person centred and included risk assessments for people's specific needs.
- Lessons had been learnt from incidents however these were not always well recorded or shared. During the inspection the registered manager introduced a new system for recording lessons learnt.

We recommend the provider continues to improve on their recording method for lessons learnt, to be able to demonstrate where action has been taken following accidents or incidents, and how this is shared with staff.

- Audits were in place to ensure people were kept safe. The provider had taken advice from external professionals to improve their auditing process for infection control.
- The registered manager had introduced medication audits in place since the last inspection. The registered manager and nominated individual spoke enthusiastically about the work they have undertaken since the last inspection to improve.

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

- Management understood the duty of candour and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were involved in the running of the service. Regular meetings for residents were held and a recent survey showed positive results.
- One person said, "They discuss my care plan with me." Another person said, "the [registered] manager's door is always open and I go and speak to her if need be." Another person said, "They ask my views, from day to day [the service] is excellent."
- Staff said that the nominated individual and registered manager were both open and approachable.

#### Working in partnership with others

- The registered manager and staff worked effectively with others. Staff involved external professionals when needed, a visiting professional said, "I have supported the service for a number of years, they are good communicators and let us know if there is a problem promptly, they carry out our instructions well."