Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Abbey Care Complex

23-29 Abbey Road, Newbury Park, Ilford, IG2 7NE

Tel: 02085543743

Date of Inspection: 20 March 2013

Date of Publication: April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Abbey Care Complex Limited
Registered Managers	Mrs. Susan Mary Apps Ms. Mandy Lovell
Overview of the service	Abbey Care Complex is registered to provide accommodation for persons who require nursing or personal care for a maximum of 50 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People expressed their views and were involved in making decisions about their care and treatment. One person said "they do give choice here, they're very good." We saw that care plans were in place for people and care was delivered in line with the care plans. People were happy with the care they received. One person told us "so far I've been quite satisfied." We saw that staff treated people well and showed a good understanding of how to support people. The activities coordinator arranged a wide variety of activities for people to participate in.

There were enough qualified, skilled and experienced staff to meet people's needs. One member of staff said "we have enough staff to do a good job." People we spoke to expressed satisfaction with the staff. They told us that staff treated them well and supported them to meet their needs. One person told us "people here are very caring, very patient." Staff received appropriate professional development. They received induction and ongoing training.

Staff said they felt well supported by the service. One member of staff said "we can be very open and (the management) do listen." A complaints policy and procedure was in place. Information about the complaints procedure and relevant contact details were provided to people on commencement of the service. We found that the provider took account of complaints and comments to improve the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. One person said "they do give choice here, they're very good." People told us that they were treated with dignity and respect and were able to make choices about their daily lives. Comments included "they (the care workers) always knock on the door first" and "if (my relative) refuses to take his medication they'll go away and try again later." This meant that people were able to make choices about their care.

People's diversity, values and human rights were respected. We saw that people had "memory boxes" next to the door to their rooms which contained items relating the person's life before coming to the home. This helped others to understand people's interests and values. People also had a choice as to the gender of the carer they preferred and this was indicated discreetly on their door. This promoted people's dignity and enabled people to make choices about their care.

Staff explained the importance of promoting choice, independence and privacy when providing support with personal care. They said they would speak to people and their family to understand their preferences and they respected people's choices about their daily lives. We noted that people were allowed to remain in bed if they chose to and there was flexibility about when people ate their meals.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People were happy with the care they received. One person told us "so far I've been quite satisfied."

Comprehensive care plans and risk assessments were in place for each person. They had been reviewed and updated when needed to ensure that there was up to date information about people's needs and how to meet them as safely as possible. Relatives were encouraged to participate in the review of careplans. When there were concerns about a person's health, action had been taken to address the concerns by contacting the relevant health professionals. This meant that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

The activities coordinator arranged a wide variety of activities for people to participate in. There was a poster on the wall which detailed the weekly timetable. On the day of our visit residents were taking part in "reminiscence", an activity recollecting past experiences or events. A "Vera Lynn party" also took place later that day. This meant that people's wellbeing was promoted by taking account of their social and daytime activity needs.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People we spoke to expressed satisfaction with the staff. They told us that staff treated them well and supported them to meet their needs. One person told us "staff here are lovely, marvellous" and another said "people here are very caring, very patient."

There were enough qualified, skilled and experienced staff to meet people's needs. People said that they did not have to wait too long for staff to attend to them when they called. We saw that staff were not rushed and had enough time to attend to people's needs. When staff helped people to eat they were able to assist one person at a time and were able to respond to buzzers within a reasonable time frame.

Staffing levels were planned in accordance with the number of people and their needs. One member of staff said "we have enough staff to do a good job." This meant there were enough staff working at the service to meet people's needs.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. They received induction and ongoing training. They told us that the induction programme was good and that it prepared them well for doing the job.

Staff were able, from time to time, to obtain further relevant qualifications. There was an ongoing programme of training and we noticed that upcoming training programmes were advertised on the walls of the nurse's stations so that staff were aware of them. The courses were suitable and relevant to people's needs. Subjects included dementia, medication, wound management and palliative care courses. The roles of nurses and care assistants were clearly defined and only trained staff were able to carry out specified procedures.

Staff were properly supported to provide care and treatment to people who use the service. Staff supervision took place regularly and staff were able to raise any issues or needs they had and were able to receive feedback from management. Staff said they felt safe and well supported by the service and that there was an open culture which allowed them to raise any concerns freely. One member of staff said "we can be very open and (the management) do listen."

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

A complaints policy and procedure was in place. Information about the complaints procedure and relevant contact details was provided to people on commencement of the service. It was included in the service user guide, statement of purpose and the staff handbook. A relative said "I would speak to the manager if I had a complaint" and another said "I know about the complaints procedure but I don't want to complain about anything."

Relatives were confident that their complaints would be listened to and resolved. The service maintained a record of the complaints received and the action taken to address them. The manager told us any minor complaints were addressed as soon as possible to prevent them from becoming major issues. Records checked showed that written complaints were fully investigated and responded to with in the stated timescales. We found that the provider took account of complaints and comments to improve the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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