

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

Abbeywood

Wharf Road, Ash Vale, GU12 5AX

Date of Inspection: 21 August 2014

Date of Publication:
September 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

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

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Anchor Trust
Registered Manager	Mrs Totka Encheva Zhelyazkova
Overview of the service	Abbeywood is a purpose-built care home which provides care and accommodation for up to fifty people. The home provides single bedrooms and communal facilities in each of their five units.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 21 August 2014, 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

This inspection was carried out in response to concerns raised with the Commission. These related to one aspect of care and welfare. We also inspected outcomes not related to the concerns as part of our scheduled inspection programme.

The summary is based on our observations during the inspection, speaking with people who used the service and their relatives, the staff who supported them and from looking at records.

If you wish to see the detailed evidence supporting our summary please read our full report.

We considered our inspection findings to answer questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

Is the service safe?

People were protected from the risk of inappropriate or unsafe care. We found that since the concerns had been raised the provider had taken action which ensured people received appropriate and safe care.

The provider had effective systems in place to assess, plan, review and monitor the care and support provided to people who used the service. In addition procedures were in place to identify, assess and manage risks to the health, safety and welfare of people and staff in relation to activities and incidents.

Relatives of people who used the service gave positive views about the care at this home.

One relative told us "It's a nice place here. The staff are very good and they always phone me to keep in touch with how X is doing." Another relative said, "There is nothing they could improve on. We have been told how we can complain if we need to but the care is very good".

Seven of the eight staff stated that there were enough staff on duty to care for people safely and to meet their needs. One member of staff disagreed with this view and felt more staff would enable them to spend longer with people. Our observations showed that people were having their needs met at the times they preferred and staff spent time encouraging people to participate in activities.

Is the service effective?

People's care needs were assessed with them and their relative or representative when appropriate. We noted that care plans had been reviewed recently and reflected peoples care, support and health needs and wishes.

Staff had received training to meet the needs of the people who used the service. Examples of training included infection control, the safeguarding of vulnerable adults (SOVA), safe moving and handling, the Mental Capacity Act 2005 and fire safety.

We spoke with eight people and three relatives of people who used the service. They were complimentary about the care they received. One person said, "They always help me and there is plenty to do." It was clear from our observations that the acting manager and the staff had a good understanding of people's care, health and social needs.

All of the people who used the service were registered with a G.P practice and we saw that health was included in the care plans. One relative that we spoke with told us, "The care here is very good and they call the doctor when X is unwell. One person who used the service said, "I can see a doctor anytime I need to and the staff keep an eye on my health".

Is the service caring?

People were supported by kind and supportive staff. We witnessed numerous interactions between people and staff and the support was provided in a caring way that promoted people's independence and upheld their dignity. One person said, "They are all so kind. They help with anything I want and are so good to me". Another person said, "The staff here are lovely, kind and caring."

Relatives confirmed the caring approach taken towards them and their relatives. One relative said, "The staff are so kind, they always make me welcome and I can talk to them at any time." Another relative said, "They are lovely, they always keep in touch and tell us about how X is."

In conversation with one care worker they told us, "We know each person well and what they like or don't like and we make sure we ask them. The carers here are brilliant and we work as a team to offer good care".

Is the service responsive?

There were systems in place to ensure people who used the service and their relatives could provide feedback to the provider about the quality of the service they received.

People and their relatives were confident that when concerns were raised these had been addressed.

The service had a number of effective systems in place to monitor care quality including regular audits, the care plan review process, the accident and incident recording process and complaints and comments. Activities and the food were also assessed for effectiveness and satisfaction levels. We saw evidence that the service had made changes in response to people's feedback.

Staff meetings were held to discuss care issues and related matters. The provider had sought feedback from relatives. The acting manager told us, "We communicate with people's families regularly and if there are any problems we deal with them straight away. One relative that we spoke with told us, "We can talk to the staff and manager at any time. They let me know about things and they always respond quickly when I contact them".

The acting manager responded quickly, during the inspection, to an issue that had arisen by arranging additional staff to ensure that people's safety was maintained.

Is the service well-led?

The acting manager demonstrated a thorough knowledge of their role. They were open with us about the issues they had in recruiting enough staff and improving the standard of care at the service and the actions they had taken to address these.

During our inspection we were informed by the provider's representative that a permanent manager had been appointed and they would work with the acting manager towards an effective handover of the service.

The acting manager was supported by a team of staff from the provider's organisation who monitored the service, suggested actions to improve the quality of care for people who used the service and followed these through to ensure they had been put into practice.

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

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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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The care plans we saw included a pre admission assessment which had been carried out prior to a person moving to the home. This had been used to develop a more detailed plan of care. The care plans included people's personal care needs, their health and social needs. People had been asked about their preferences with regards to their care and these had been recorded. We observed a member of staff discussing one person's care needs with their relatives following their admission.

The care plans had been reviewed and updated in the last two months. One member of staff told us the care plans were reviewed monthly in consultation with the person and if possible their family. They said that a more detailed review took place every six months when other professionals such as an occupational therapist or a G.P were invited to contribute. This member of staff said that further reviews took place as required and when someone's health or needs changed. For example one person's health had deteriorated the day before the inspection and a review of their care had taken place with input from a district nurse.

The staff we spoke with knew each person's needs and they were able to describe the care they provided to meet those needs. We observed appropriate care being delivered which was consistent with people's recorded plan of care.

The concern that had been raised with the Commission related to the way the staff managed continence care for people, particularly at night. Since then the acting manager had taken action to address the issues. A member of staff had been identified as a continence coordinator. In consultation with the acting manager and staff a new continence management system had been introduced. We saw the records and checks which related to this system and how this was being put into practice. This ensured that people's continence needs had been reassessed. Following this staff had received further

training and the way the stock of continence products was managed had changed to make sure staff had the correct stocks in place to support people. The system was monitored to ensure people's continence needs continued to be met.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The care plans contained risk assessments which related to people's safety. These included the risk of developing pressure sores, of experiencing falls or of becoming dehydrated. The staff had taken action which ensured people's needs had been met safely. We observed staff assisting people to move using appropriate equipment and offering people drinks throughout the day. When staff left a room we saw they had ensured people had drinks and their call bell within their reach.

There were arrangements in place to deal with foreseeable emergencies.

The staff had completed regular training in protecting people from emergency events. There was a fire plan in place and appropriate signage around the home to guide people, staff and visitors. The staff had taken part in first aid training and there was appropriate first aid equipment stationed in different areas of the home. The acting manager had introduced radio units which the staff carried with them so they were able to seek assistance when caring for people or in the event of an emergency. This meant the staff had been trained and had appropriate equipment to protect people in the event of an emergency.

People who used the service were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards.

The acting manager told us one person had been referred for a best interest decision and a multi-agency meeting had taken place as the restriction was required to protect the person's health. The records confirmed that the decision had been taken and the staff were aware of this person's needs. The staff had a basic understanding of the deprivation of liberty safeguards and they were able to access guidance or seek advice from the senior staff regarding any restrictions that may be required in people's best interests for their safety.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People we spoke with, apart from one, told us they felt safe at this home. One person said, "I feel safe here the staff look after me." Another person said, "I would speak to the staff if I had any concerns at all."

The one person who disagreed with the majority view regarding safety spoke to us about a recent incident involving another person who lived with dementia. This person did tell us that they normally felt safe at the home but the recent incident had worried them. We spoke with the acting manager about their concerns and they were aware that one person required closer supervision to protect them and others. They had already made appropriate referrals to other agencies. During the inspection the acting manager made further arrangements to ensure there were enough staff to protect people, particularly at night. The staff had already spent time reassuring the person who had been affected. This meant the provider had taken steps to recognise the possibility of abuse and to prevent abuse from happening.

The relatives we spoke with told us they felt their family members were safe at the home. One relative said, "X tells me everything and I have no concerns." Another relative said, "I would report anything of concern to the manager or the team leader and I know they would listen to me."

The staff had completed regular training in protecting people from abuse and they were able to describe different types of abuse and how they would report any concerns to senior staff or to the local authority. We saw information leaflets about protection from abuse and guidance that the staff and visitors were able to access as required. The staff told us they knew about the whistle blowing policy and how to report concerns about a colleagues conduct. They said they could approach the acting manager at any time to report any abuse. This meant the staff had the training and guidance they required to recognise abuse and respond appropriately to protect people from harm.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

We looked at five staff files. These all contained records that staff's employment history, identity, suitability and qualifications had been checked prior to them starting work at the home. The file included verification that staff had been checked through the Disclosure and Baring service to ensure they were suitable to work with vulnerable people.

The staff we spoke with confirmed these checks had been carried out.

There were effective recruitment and selection processes in place.

The acting manager told us that the recruitment procedures and checks were carried out by a central human resources team at the provider's head office. We saw that a checklist had been completed in the staff files which confirmed that the recruitment procedure had been completed at each stage and the documents to verify this were included in the files. This meant people had been protected from harm because an appropriate recruitment process had been followed.

New staff told us they were in the process of completing or had completed their induction training. The acting manager said that eight staff were working towards the Qualification and Credit Framework (QCF) in health and social care and six more staff were waiting to start their courses. Staff had taken part in a variety of relevant courses including dementia awareness. The activities co-ordinator had completed specialist training with regards to the needs of people living with dementia. This meant that people were cared for by suitably qualified and skilled staff.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

People who used the service told us that they were often asked for their views and they felt able to tell the staff their opinion of the service. One person said, "The staff ask every day if I am alright and if there is anything else they can do for me". One relative we spoke with said, "I have seen and done questionnaires about the care and service and I speak to the staff often".

We observed staff asking people throughout the day for their choices, opinion and wishes and the staff listened and acted on people's views.

There had been residents and relatives meetings. From the minutes we could see that people had shared their views and action had been taken to improve the service. As a result of people's feedback regarding the meals the chef regularly sought people's opinions about the food and made changes to the menu or to individual choices. The chef also attended the last residents' meeting to hear people's views about the food provision.

There were a number of systems in place to monitor and review the quality of the service. These included regular staff, team leader and heads of department meetings where from the minutes we saw the quality of service had been discussed and actions taken to improve the care people received. We saw a record of regular audits which measured aspects of the service including health and safety, staff training and the quality of the care planning process. We could see from the audits that where shortfalls had been identified action had been taken to improve and this had then been followed up which ensured the improvements or changes had been sustained.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

The acting manager showed us records which demonstrated there were systems in place to monitor any accidents and incidents. Each accident or incident had been reviewed and

lessons had been learnt from these. This had included additional staff training or one to one supervision having taken place to retrain staff or a change to care practices to prevent an incident reoccurring. Where people had experienced falls, referrals had been made to a falls advisory team, their needs had been reassessed and where appropriate new equipment had been obtained to attempt to prevent further falls. This meant that people were protected because the provider took notice of any accidents or incidents and tried to prevent these occurring again.

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

People were made aware of the complaints system. This was provided in a format that met their needs.

We saw the complaints procedure was displayed in the home and the relatives we spoke with knew where this was. Two people we spoke with remembered being given information about how they could complain. For people living with dementia we heard the staff asking them if everything was alright, therefore, giving them an opportunity to express any complaints.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

People we spoke with told us they were confident about being able to raise any complaints with the staff. One relative said, "We have been told how to complain and there is a form we could use if we needed to but we are happy to speak to the staff to sort things out".

People's complaints were fully investigated and resolved, where possible, to their satisfaction.

We reviewed the complaints system and found that complaints had been managed effectively. Where complaints had been made the senior staff had attempted to resolve these as soon as possible. When a complaint had been made in writing there was a record of the written response and any action taken as a result of the complaint. For example, in July 2014 three people had complained about the laundry system. As a result a new method for supporting people with their laundry had been introduced and since July no further complaints had been received. This meant that people's complaints were taken seriously and acted on.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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