Abbeygate Rest Homes Limited

Abbeygate Rest Home

Inspection report

North Street
Crowland
Lincolnshire
PE6 0EG

Tel: 01733211429

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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

Abbeygate Rest Home is registered to provide accommodation and personal care for up to 24 older people. The registered provider also offers day care support in the same building as the care home although this type of service is not regulated by the Care Quality Commission (CQC).

We carried out our inspection on 2 and 24 August 2017. The inspection was unannounced. There were 20 people living in the home on the first day of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider') they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in July 2015 we rated the home as Good. Following this inspection the rating remains as Good.

Action was required to improve the provision of communal activities and other forms of stimulation and occupation. In all other areas however, the provider was meeting people's needs effectively.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection no one living in the home was subject to a DoLS authorisation or application. Staff had a clear understanding of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people. Decisions that staff had made as being in people's best interests were correctly documented.

In her relatively short time in post, the registered manager had won the loyalty and respect of her staff. She demonstrated a positive and forward-looking approach and was committed to the continuous improvement of the home in the future. A range of auditing and monitoring systems was in place to monitor the quality and safety of service provision.

There was a warm, relaxed atmosphere and staff supported people in a kind and friendly way. Staff knew and respected people as individuals and provided responsive, person-centred care. People were provided with food and drink of good quality that met their individual needs and preferences.

There were sufficient staff to keep people safe and meet their needs, although the provider agreed to take action to improve call bell response times. Staff worked together in a well-coordinated and mutually supportive way. There was a varied training programme in place to provide staff with the knowledge and skills they required to meet people's needs effectively.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The provision of communal activities and other forms of stimulation was inconsistent and did not fully meet people's needs and preferences.

The provider's approach to care planning was effective.

Any complaints or concerns were managed well.

Is the service well-led?

Good

The service remains Good.

Abbeygate Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Abbeygate Rest Home on 2 and 24 August 2017. 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. The inspection was unannounced. The registered manager was on leave on the first day of our inspection and we wanted to talk with her before completing our inspection. We therefore agreed the date for the second day with her, to ensure she was available to talk with us when we returned.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

In preparation for our visit we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with 10 people who lived in the home, two visiting relatives, the registered manager, one of the directors of the registered provider, three members of the care staff team and one member of the catering team.

We looked at a range of documents and written records including people's care files and staff recruitment and training records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living in the home and that staff treated them well. For example, one person said, "It's very safe. It's down to the staff and the whole place being good." Another person told us, "I'm safer here than I was at home."

Staff were aware of how to report any concerns relating to people's welfare, including how to contact the local authority safeguarding team or the Care Quality Commission (CQC), should this ever be necessary. Advice to people and their relatives about how to contact these external agencies was provided on one of the noticeboards in the reception area of the home.

The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed. Each person's care record detailed the actions taken to address any risks that had been identified. For example, staff had assessed one person as being at risk of weight loss. Specialist advice had been sought and a range of measures put in place to reduce the risk. Senior staff reviewed people's risk assessments regularly to take account of any changes in their needs.

The registered manager told us that she kept staffing levels under regular review and had recently increased the number of night staff to reflect the changing needs of the people living in the home. Commenting positively on this change, one member of the care staff team said, "It does help having a night shift with three on. It changed about two months ago. It's much better." Following a further review of people's needs, the registered manager had recently initiated a recruitment campaign to provide an additional staff member on some day and evening shifts also.

Most people told us that the provider employed sufficient staff to keep them safe and meet their needs. For example, one person said, "They keep a good eye on me and often pop in day and night." Another person said, "We are well cared for and kept an eye on wherever we are." However, although generally satisfied with staffing levels in the home, some people told us they sometimes experienced a delay in response when they used their call bell. For example, one person said, "I need toilet help, so buzz. They say they'll come as fast as they can but I do often wait a bit." Another person told us, "Sometimes after [lunch] it can be a long wait. You hear bells going all the time." When we shared this feedback with the registered manager she responded in a very open and positive way. Commenting, "There's no way I can ignore that", she took immediate steps to amend her recruitment plan to increase staffing on every day and evening shift, as a means of ensuring a more timely response when people rang for assistance.

We reviewed two staff personnel files and saw that suitable references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the provider had employed people who were suitable to work with the people who lived in the home. Although we were satisfied that the provider's recruitment practice was safe, the registered manager told us she was in the process of updating staff files to include a checklist to make it easier to track the progress of the various administrative processes involved in recruiting a new employee.

We reviewed the arrangements for the storage, administration and disposal of people's medicines and found that these were in line with good practice and national guidance. Expressing their satisfaction with the support they received from staff in this area, one person said, "I get [my medicines] on time and they wait with me [whilst I take them]." Medication administration record sheets (MARs) came pre-printed from the supplying pharmacy and were used by staff to maintain an accurate record of medicines administered. Reflecting feedback from our inspector on the first day of our inspection, the provider agreed to ask the pharmacy to supply separate MARs that could be kept in people's rooms and used to provide a more accurate record of the administration of any creams applied by staff when providing people with personal care. On the second day of our inspection we were pleased to see that this new system had already been implemented and was working well.

Good

Is the service effective?

Our findings

Everyone with spoke with told us that staff had the right knowledge and skills to meet their needs effectively. One person said, "I can't fault them." Another person told us, "They look after me how I like it to be."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Reflecting positively on their induction, one recently recruited staff member told us, "I had an [induction] sheet and went through it with the seniors. I was signed off after two weeks [but] if I didn't feel confident … I could still go back to the seniors. Always, at any time." The provider had adopted the National Care Certificate which sets out common induction standards for social care staff and incorporated it into the induction process for all newly recruited care staff.

The provider maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs. The registered manager told us that she had recently taken action to review and refresh training provision in the home. Speaking positively of their personal experience of recent training events, one member of staff told us, "It's useful. [We are] always learning something new. You don't know everything. Things change [and] it's nice to have a refresher." Looking ahead, the registered manager said she was in the process of organising a number of additional courses, in areas including leadership and dementia care, to develop further the knowledge and skills of her team. The provider encouraged staff to study for nationally recognised qualifications. One member of staff said, "I am starting to do my NVQ Level 3. [The registered manager] encouraged me to it. I finished off Level 2 last October."

Staff received one-to-one supervision from the registered manager personally. Staff told us that they found this a helpful opportunity to discuss their work, including any longer-term career plans. For example, one member of staff said, "[The registered manager] gives me supervision. The last one was about three months ago. We discussed [me] becoming a senior. I said I'd like to take it gradually and she wasn't too pushy." Talking positively of the day-to-day supervision and support she received from one of the senior care staff, another staff member told us, "[Name] is very good. Very knowledgeable. People call her strict but she just likes to do the job thoroughly and properly."

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. The 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. Describing their approach in this area, one staff member said, "We encourage [people] to make their own choices. We wouldn't decide for [them]. You've got to give [people] time to make decisions for themselves." Confirming the approach of staff, one person told us, "They'll ask me first and then we'll carry on." The registered manager made use of best interests decision-making processes to support people who lacked capacity to make some significant decisions for themselves, although she agreed to review the forms used by the provider to record such decisions to make

it clearer when they had been made.

Most people told us they enjoyed the food provided in the home. For example, one person said, "It's very good food with a nice choice." People were provided with a continental breakfast, with the option of a full cooked breakfast on Wednesdays and Saturdays. A variety of hot and cold choices was available at teatime, including homemade cakes. For lunch, people had a choice of two main course options although the senior cook told us that kitchen staff were always happy to make an alternative if requested. Confirming the provider's approach in this area, one person said, "I never eat chicken or shellfish so they offer me other things instead. Like today, I am having a cheese jacket potato."

Kitchen staff understood people's preferences and used this to guide them in their menu planning and meal preparation. For example, the cook told us, following feedback from people and their relatives, that she now prepared all the vegetables herself, rather than buying them in pre-prepared. Staff also had a good understanding of people's nutritional requirements, for example people who had allergies or who followed particular diets. Commenting positively on the support they received with their dietary requirements, one person said, "I'm gluten free and get a choice of meals. I never go hungry!" Staff were also aware of the importance of encouraging people to drink regularly, to prevent urinary tract infections and other health problems. One person commented, "I have plenty of drinks left for me. The straw helps."

The provider ensured people had the support of local healthcare services whenever this was necessary. From talking to people and looking at their care records, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses and therapists. Expressing satisfaction with the provider's approach in this, one person said, "They get the doctor out quickly. The chiropodist [comes in] about every six weeks and I have the optician now and then."

Good

Is the service caring?

Our findings

Everyone we spoke with told us that the staff who worked in the home were caring and kind. For example, one person said, "The staff are all fine with me. Very kind." Another person told us, "They are kind and so funny. Always making a joke with us."

There was a quiet, relaxed atmosphere in the home and throughout our inspection we saw staff interacting with people in kind and caring ways. For example, we observed one member of staff taking the time to compliment one person on their appearance, including their choice of necklace. On another occasion, we saw a member of staff comforting someone who had become upset. The staff member stayed with the person until they were calm, hugging them and offering gentle words of reassurance throughout. Describing their relationship with staff, one person told us, "I feel very comfortable."

Staff understood the importance of promoting people's independence and reflected this in the way they delivered care and support. For example, talking of one person they worked with, one staff member said, "I encourage her to stand and move a little. I don't want to take her independence away by [hoisting] her all the time." Another staff member told us, "You can't just have someone doing things for you all the time. For instance, if they are able to do their buttons up. It might take a few minutes longer but [it's] better than taking over." This approach was clearly valued by the people living in the home. For example, one person told us, "They let me try to do as much as I can." Another person said, "They encourage me to walk as much as possible."

People told us that staff also encouraged them to exercise as much choice and control over their lives as possible. For example, one person said, "We basically make all our own decisions here." Describing their personal bed time routine, one person told us, "They get me into my nightie about 7.30pm then I ring about 9.30pm when I'm ready to go to sleep. I'll plan my clothes the night before ready for them [in the morning]." Describing their commitment to flexible, person-centred support, one staff member said, "I did some porridge for [name] in the middle of the night. It's their home [and] if anyone wants anything from me, I'll do it." Another staff member told us, "One lady has to have her [body spray] on her clothes, not on her body. It's unusual, but fair enough. If that's what [she wants] that's what [she] can have."

People also told us that staff understood the importance of supporting them in ways that maintained their privacy and dignity. For example, one person said, "They keep me private with my doors and curtains [closed] when I am having care." Another person told us, "They help me to dress. [They are] very caring and dignified." Another person said, "They always knock, even if my door's open." The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely and computers were password protected. The provider had also introduced a 'social media' policy which provided staff with clear guidance to ensure they did not disclose people's personal, confidential information in their use of social media platforms.

The registered manager told us that no one currently had the support of a lay advocate but that she would not hesitate to help someone secure one, should this be necessary in the future. She also told us that she

would provide information on local lay advocacy services to people when they first moved into the home. Lay advocates are people who are independent of a service and the local authority who support people to make and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

The provider did not employ a specific member of staff to take the lead in facilitating the provision of communal activities and other forms of stimulation for the people living in the home. Instead, care staff were expected to do this as part of their duties. However, care staff we spoke with told us that they did not have the time or expertise to perform this role effectively. For example, one staff member said, I think they need something to occupy them [but] we don't always have time to do [activities]. It would be nice to have an activities coordinator [who] would think of things to do. That's what we are lacking." We saw that there was an 'activities list' on one of the noticeboards in reception which gave details of one or more activities that care staff would facilitate every day throughout the month. However, reflecting the feedback from staff about the other demands upon their time, we found that these activities did not always take place as planned. For example, on the first day of our inspection, the afternoon activity was advertised as 'crafts'. At one point we heard a member of staff telling people who were sitting in the lounge, "We're going to go and get the box and do some crafts." However, this did not happen and the member of staff went off shift shortly afterwards without having organised the activity as planned. On the second day of our inspection, when we reviewed the 'activities book' used by staff to log the delivery of the events advertised on the 'activities list' for the month of August 2017, we found no record of any activity having been provided on 13 of the first 23 days of the month.

Some people expressed dissatisfaction with the provider's failure to deliver the activities programme as advertised. For example, one person commented, "They don't do a lot on a regular basis, just now and then. I'd like a walk to the shop if someone had time to take me." Another person said, "It depends if there's enough staff and time, so we don't get things every day." One staff member told us, "I don't think [people] have enough to do. Sometimes they sit there and look a bit lonely." Reflecting this feedback, on the first day of our inspection, although the planned 'word search' morning activity did take place, at other times we saw some people sitting for extended periods with little or nothing to do and only occasional interactions with passing staff.

When we discussed this issue with the registered manager she acknowledged that provision in this area was, "Not as good as it could be." She told us she had recently changed shift timings to create more opportunities for staff to assist people to get out to local shops and other facilities. However she accepted that further action was required to ensure people were provided with sufficient stimulation and occupation to meet their needs and preferences. Shortly after our inspection, one of the directors of the registered provider contacted us to confirm that plans were being developed to employ a dedicated activities organiser in the home.

If someone was thinking of moving into the home, the registered manager normally visited them personally to carry out a pre-admission assessment to make sure the provider could meet the person's needs. Talking of the importance of managing this process carefully, the registered manager said, "If we can't meet their needs, we do turn people down." Once it was agreed that someone would move into the home, an admission date was agreed with the person and their family. When the person moved in, senior staff used the pre-admission assessment to provide care staff with initial information on the person's key preferences

and requirements, pending the development of a full individual care plan.

We reviewed people's care plans and saw that they were well-organised and provided staff with the information they needed to respond to each person's individual needs and preferences. For example, one person's plan stated, 'I like to have my meals in my bedroom whilst I watch TV." Another person's plan set out instructions for staff to follow in assisting the person to manage a long-term health condition. Staff told us that they found the care plans helpful, particularly when somebody first moved into the home. For example, one member of staff said, "Everybody's got a care plan. The seniors update them every week. With somebody new I always go to the care plan to see what they are capable of doing and what they like. I don't like going in blind." Senior staff reviewed each person's plan regularly to make sure it remained up to date, although the registered manager agreed to take action to ensure any changes arising from these reviews were fully documented. In addition to these regular care plan reviews, the registered manager told us she had recently starting organising annual 'care review' meetings, including the person and their family, should they wish to be involved. Commenting positively on their experience of the care planning process, one person told us, "I see my … file for a look sometimes. My son talks to the office as he's got power of attorney."

Information on how to raise a concern or complaint was provided in the information pack people received when they first moved into the home. The registered manager told us that formal complaints were rare as she encouraged people and their relatives to alert her or other staff to any issues or concerns, to enable them to be resolved informally. Confirming the provider's approach in this area, one person said, "One of the carers is lovely and I'd speak to her if I had a problem." Another person told us, "I could go to [the registered manager] if I needed something." When formal complaints were received we saw that the registered manager had ensured these were handled correctly in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

People we spoke with told us they thought highly of the home. For example, one person said, "It's a fine place. Ideal for me." Another person's relative commented, "He's much better off than in [a previous home]." One relatively new member of staff told us, "I love it. I wish I had come years ago!"

The registered manager had been in her current post for almost a year, although she had worked as a member of the care staff team for several years prior to her promotion to manager. Talking of the insight she felt this experience had given her, the registered manager said, "It's helpful [that] I have been on the floor [and] worked my way up. I have worked alongside most of the staff as a carer and then as a senior." During her relatively short time in charge, the registered manager had clearly won the respect and loyalty of her team. For example, one staff member told us, "[The registered manager] is lovely [and] very, very caring. She used to do caring herself [and] I feel at ease with her. If I've got a problem I can go to her. She's one of us." Another member of staff said, "[The registered manager] is very approachable. Her door is always open. If [you] have any issues [you] can come in at any time."

Throughout our inspection, the registered manager demonstrated an extremely candid and responsive approach. For example, in her reaction to the issues we raised in relation to call bell waiting times and activities provision. Since her appointment as manager, she had implemented a number of positive changes in the home, including the improvements to staff training provision and the introduction of annual care plan review meetings. She was also focused on further change and improvement in the future. For example, she told us about her plans to develop end of life care as an area of specialism in the home.

Staff worked together in a well-coordinated and mutually supportive way. For example, one member of staff said, "It's a good atmosphere. Everyone works as a team. Everyone cares about the residents." Regular team meetings and shift handover sessions were used by the provider to facilitate effective communication. Talking positively of their experience of attending staff meetings, one member of staff said, "We communicate well together. You can get any issues off your chest."

The provider maintained effective systems to monitor the quality of the care provided, including regular care plan reviews and infection control and medication audits. The provider was aware of the need to notify CQC or other agencies of any untoward incidents or events within the home. During our inspection we saw that a copy of the report of our last inspection was on display, as required by the law.

The provider conducted regular surveys of people and their relatives to measure satisfaction with the service provided. We reviewed the results of the most recent survey and saw that satisfaction levels were generally very high. Nevertheless, the registered manager told us she would be reviewing the survey returns carefully to identify any areas for improvement. Talking positively of the provider's response to their survey return, one relative told us, "I ... filled out a survey ... and one question I had about [name]'s sleep patterns was answered quickly which put my mind at rest." People's satisfaction with the service provided was also reflected in the many letters and cards received from family members and friends. For example, following the recent death of their loved one, a relative had written to the registered manager to say, "Thank you to all

of your lovely [staff] for the way you looked after Mum. We couldn't have asked for more kindness and compassion. Mum's dignity was never compromised and nothing was ever too much trouble."

The provider also organised regular meetings of people and their relatives to discuss any issues and invite feedback on the running of the home. Commenting positively on their experience of these meetings, one person told us, "I went to the last one and [one of the directors of the registered provider] came along. They listen to what we say and do what we ask mainly." Another person said, "I go to the meetings and we see things change when people have made suggestions."