Serene Care (UK) Ltd

Abbey Rose

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 16 October 2018 and was unannounced. The inspection continued on 17 October 2018 and was announced.

The service is registered to provide accommodation and residential and nursing care for up to 24 older people. At the time of our inspection the service was providing residential care to 21 people.

Abbey Rose is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People were supported in a large detached home which was spread over two floors. There was a large communal lounge and dining area on the ground floor. Access to the first floor was via lift or two staircases and there were accessible outside areas to the rear of the home and an enclosed garden.

At the last inspection in September 2017, we asked the provider to take action to make improvements in two areas. These were management of medicines and quality monitoring. These actions had been completed.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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.

The home was using overt surveillance within the home however, consent had not been sought and consultations had not been held with people and relatives for the use of it.

We have made a recommendation about the use of surveillance inside a care home

Improvements had been made and medicines were administered and managed safely by trained staff. Staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. People had person centred risk assessments which identified individual risks they faced and provided actions for staff to safely manage these. The service was responsive when things went wrong and reviewed practices in a timely manner.

People and families had been involved in assessments about their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. People had their eating and drinking needs understood and met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. Capacity assessments and best interest decisions were completed and up to date.

People, professionals and their families described the staff as caring, kind and friendly and the atmosphere of the home as homely. People were able to express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected.

Improvements had been made regarding social engagement within the home. People told us they enjoyed activities within the home and an activities coordinator had been employed. People had their care needs met by staff who were knowledgeable about how they could communicate their needs, their life histories and the people important to them. A complaints process was in place and people felt they would be listened to and actions taken if they raised concerns. People's end of life wishes were known including their individual spiritual and cultural wishes.

Improvements had been made in relation to quality monitoring and systems were in place to ensure people and relatives were involved in shaping the service. People, relatives and professionals told us that they had experienced improvements in the home since the last inspection. Leadership was visible and promoted teamwork. Staff spoke positively about the management and had a clear understanding of their roles and responsibilities. The service understood their legal responsibilities for reporting and sharing information with other services.

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. Staff understood how to recognise signs of abuse and who to report these to.

Medicines were managed safely and administered by nurses or medicine administrators who had received training.

People had person centred risk assessments which identified individual risks they faced and provided actions for staff to follow to minimise avoidable harm.

There were enough safely recruited staff to meet people's needs.

People were supported in an environment which was kept clean and safe with regular monitoring checks and cleaning.

Staff understood their responsibilities to raise concerns.

Is the service effective?

Good

The service was effective. Staff told us they received enough training to carry out their roles.

Consent was not sought and consultations had not been held with people and relatives for the use of overt surveillance within the home.

Principles of the Mental Capacity Act were followed and paperwork was in place and up to date.

People were supported to access health care and dietary needs were met.

Is the service caring?

Good

The service was caring. People were supported by staff who respected their privacy and dignity.

People were supported by staff that used person centred approaches to deliver the care and support they provided.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

Is the service responsive?

Good

The service was responsive. Staff supported people in ways which responded to their changing needs.

People and families were involved in reviewing their care and support.

A complaints system was in place which recorded steps taken to resolve issues and outcomes. People and families were aware of who to raise concerns with.

Is the service well-led?

Good

The service was well led. There was a registered manager in post.

Improvements had been made and quality monitoring systems were in place and up to date.

People, staff, professionals and relatives feedback about the management was positive.

Leadership was visible and the management promoted an open-door approach.

Lessons were learnt and shared amongst the team.

The service worked in partnership with other agencies to provide positive outcomes for people.

Abbey Rose

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. This inspection was planned to check whether the provider is 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.

This inspection took place on 16 October 2018 and was unannounced. The inspection continued on 17 October 2018 and was announced. The inspection was carried out by one inspector and an Expert by Experience on the first day. 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 second day of the inspection was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used the service and met with four relatives. We received feedback from two health care professionals via the telephone.

We spoke with the care manager, provider and registered manager. We met with six staff and the head chef. We reviewed six people's care files, five medicine administration records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We also walked around the building and

observed care practice and interactions between care staff and people.

Good

Is the service safe?

Our findings

At the last inspection in September 2017, we asked the provider to take action to make improvements in the management of medicines. During this inspection we found improvements had been made.

Medicines were managed safely and administered by staff who had received training. Medicine profiles had photographs of people using the service at the front and these had been dated to indicate they were still a true likeness of people. This meant that staff who were unfamiliar with people, for example agency staff, were assisted to identify people they were administering medicines to. We observed parts of two medicine rounds; one managed by a trained staff member and the other by head of care. During both rounds we saw that the staff asked people if they needed any pain relief. Staff checked people had swallowed their medicines prior to signing the Medicine Administration Record (MAR) chart. We found that medicines were stored and recorded safely. Medicine which required stricter controls were stored in line with legislation. We completed a spot check of a medicine and found that the number recorded in the record book was the same as that which was in stock.

People, relatives and professionals told us that they felt Abbey Rose was safe. People's comments included, "I feel safe in the home as there are staff around to help if I need it" and "I feel safe living here". A professional said, "Our team go into the home twice a week. I think people are safe. Carers are attentive I have no real concerns". Relative comments included, "My loved one is safe here. [Relatives title] was distressed when they first came here but now they are settled. There's nothing that I am not happy with", Abbey Rose is a safe home. I am reassured because I can phone and speak to my loved one at any time. People always seem happy which makes me happy" and "I do feel the home is safe now my relative was falling a great deal and had broken their hip. This was two years ago. It's now much better".

People had person centred risk assessments which identified individual risks they faced and provided actions for staff to safely manage these. For example, one person was at high risk of falling. Their risk assessment guided staff to ensure that the person had their walking aid, regular checks on the person's whereabouts within the home and ensuring that the environment was clutter free. A person had been recorded as losing weight. This had been identified as a high risk and their weight had been closely monitored. Charts were in place to record what the person was eating. Records showed that the person had started to put on weight again as a result of the actions taken. A health professional told us, "People aren't at risk these are well managed".

Some people living at Abbey Rose had behaviours which could challenge and had risk assessments in place to safely manage this. For example, one person could become upset and their risk assessment included information about what might cause this and actions for staff to take. Actions included methods for distracting the person, considering whether the person might be in pain and supporting them to a quieter area of the home. Staff understood how to support people when they became upset and were able to explain how they managed this safely.

People were supported by sufficient numbers of safely recruited staff. Staff told us that there were generally

enough staff to respond to people in a timely way. One staff member said, "I think there is enough staff. We have time to spend with people which I think is important". Another staff member told us, "Staffing is ok. We manage and we have new applications in which the management are interviewing soon". A health professional said, "They always seem well staffed with management around too".

Recruitment at the service was safe with appropriate pre-employment checks in place. Staff files included references from previous employers, identification checks and application forms. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal records which might pose a threat to people.

Staff understood how to recognise the possible signs of abuse and how to report these. One staff member explained that they would be concerned about any "changes in behaviour, unexplained marks or people being upset". We saw that where any safeguarding concerns had been identified, these had been reported to the Local Authority and CQC appropriately. Records monitored investigations which had been undertaken and any actions resulting from this. A health professional told us, "I have no safeguarding concerns".

Staff had access to enough suitable equipment to assist people safely. This was maintained regularly and staff explained that equipment was available on both floors of the home to ensure that this was easily accessible for staff and did not delay support for people. A relative said, "The equipment is kept clean". The head of care told us that they had just purchased a stand aid to support safe practice in moving and assisting. People had Personal Emergency Evacuation Plans (PEEPS) in place which gave guidance about what support each person would need to evacuate safely in the event of a fire.

People were supported in an environment which was kept clean and safe with regular monitoring checks and cleaning. There was regular housekeeping staff who ensured that all areas of the home were kept hygienic and people were protected from the risk of infections. A relative told us, "The environment is always clean when I come which is very regularly". Availability of suitable personal protective equipment (PPE) such as gloves and aprons was monitored to ensure there were sufficient supplies and all staff had received training in infection control. We observed that staff used PPE appropriately and that audits were completed regularly.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Accidents and Incidents were reported, recorded, lessons were learnt and actions taken to reduce the risk of reoccurrence. A staff member said, "If there was an accident we would firstly assess the situation, check the person, seek support including emergency services if appropriate. Then we would report it and record what had happened. We always learn from any mistakes and are open to sharing our learning".

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Consent to care and treatment was sought and capacity assessments and best interest paperwork was in place where necessary. These covered a number of areas of care. For example, personal care, bed rails, accommodation and medicines. A relative said, "I'm involved in all best interest decisions. They are good at that".

Abbey Rose Care Home used overt surveillance within the communal living area and along two corridors on both levels of the home. Staff told us that this had been discussed with them but were not sure if people and relatives had been consulted and consented to the use of this. We discussed this with the registered manager and provider. The provider told us that it had been installed for added security and so that management could have oversight in the home when they were in the office. They also told us that the cameras in the corridor would be able to alert the manager to anyone who may have fallen. The provider and registered manager confirmed that people and relatives had not been consulted or consented to the use of this in the home. We were told that they would create protocol and justification for the use of this and meet with people and relatives justify reasons for using it and obtain consent by the end of October 2018. They said that if people and relatives do not consent to this then it would be removed from inside the service.

We recommend that the service consider current guidance on using surveillance inside a care home to ensure it is lawful, fair and proportionate.

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. Applications for Deprivation of Liberty Safeguards (DoLS) had been made for each person and submitted to the local authority. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was working within the principles and that applications were awaiting assessment with the local authority.

Abbey Rose Care Home staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "We receive good training here. I have recently completed a refresher in moving and assisting and fire training. I have also completed a dementia course which was really good". Another staff member said, "I receive good training". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; diet and nutrition, behaviour and diabetes. A person told us, "Staff are

good at what they do, well trained". A professional said, "Staff come across confident, professional and are knowledgeable about people and their needs". A staff member told us, "We receive supervisions by the care manager. These are regular and enough for me. They are useful, we discuss people and any learning or development". Records demonstrated that supervisions were regular and consistent.

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member who had been in post for 12 months said, "My induction was fine. I shadowed more experienced staff it was really good. The head of care showed me what I needed to know. I shadowed for about two weeks". We found that this staff member had completed their Care Certificate.

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre- admission assessments which formed the foundation of basic information sheets and care plans details. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes. As people's health and care needs changed ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to.

People and relatives told us they liked the physical environment at Abbey Rose. The home was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. A person told us, "I can walk around the home when I want to go anywhere". There was a working lift and two sets of stairs in place providing access to the first floor. There was access to secure, outdoor space with seating and planting that provided a pleasant environment. A relative told us, "My loved one's room and the home's environment is fine. It is accessible and I'm happy with the home. We have bought things in from their home to make their room more homely. The service doesn't mind us doing this".

The provider told us that the service improvement plan included making the service more dementia friendly. For example, we were told that they were looking at creating memorial walls for people to reminisce and make people's bedroom doors individual and more like front doors they may have had at their own homes. The service was also in the process of replacing lighting in the communal dining area with chandeliers and adding dementia friendly signage around the home to support people to visualise different areas in the home.

People were supported to maintain a healthy diet and food and fluid charts were maintained where appropriate. A person told us, "The meals are very 'homely' and well cooked". Another person said, "I love the meals served daily, they are very well cooked, just like home cooked ones". A relative told us, "They feed my loved one well and they have put on weight since being here which is good". Another relative said, "My loved one has stopped feeding themselves now so they are supported nicely by staff. When they came here they were having drinks from a plastic cup. My relative did not want this and they now give them proper cups".

The kitchen had been awarded a five-star food standards rating and all kitchen staff had received food hygiene training. We met with the head chef who was passionate about their work and told us that there was a four-weekly menu which was currently under review. The head chef told us, "We base changes on people's choices, food likes and dislikes. Communication between care staff and I is very good". The chef could tell us people's dietary requirements including their likes and dislikes. We found that visual menu choices were available and being further developed. One both days of the inspection we observed the head

chef coming out of the kitchen asking people what they wanted for lunch and supper and seeking feedback at the end of each serving.

Good

Is the service caring?

Our findings

People, professionals and their relatives told us staff were kind and caring. One person told us, "Staff are kind and friendly". Another person said, "Staff are all kind and caring and will help me whenever I need it". A professional told us, "Staff are caring. They work well with people and families". Relative comments included; "My loved one receives a good level of support and all staff are kind and caring". "The staff make it here, they are so caring. I have never seen staff get cross or be short with people. They are really nice" and "All staff are very friendly and care for people here".

We observed that all staff supported people in ways which were kind and compassionate. For example, one person was walking to the communal living area and their cardigan had rose up their back. A member of staff quickly pulled it down for them whilst explaining what they were doing. People were asked how they were and staff got down to people's level when communicating with them. A relative said, "We are very happy with the care here, they [staff] do an amazing job".

People were treated with dignity and respect. Observations of staff when visiting people in their rooms were of respect, kindness and promoting dignity. All staff knocked on the door, waited for the person to respond and invite them into the room. Staff greeted people by their preferred name and checked people were well when either bringing them their mid-morning refreshments or requesting the choice of supper from the chef. One person told us, "The staff treat me with respect at all times, before entering they knock on my bedroom door". A relative said, "Staff seem so patient and respectful". A professional told us, "Staff are caring and respect privacy and dignity". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. We found that people's cultural beliefs were recorded in their files. The activities coordinator told us that religious services take place in the home in response to people's beliefs.

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. There was a quiet area and snug behind the communal living area so people could meet privately with visitors in areas other than their bedrooms. Staff were aware of who was important to the people living there including family, friends and other people at the service. Family told us that there was no restriction on visiting times and that they were always made to feel welcome.

People were encouraged to make decisions about their care and be independent and had individuality respected. A staff member told us, "I get to know what people can do for themselves. For example, dressing, sitting up and walking. I always encourage this rather than take it away from them. Independence is so important". People appeared well cared for and staff supported them with their personal appearance.

The home had received a few compliments. We read one which said, "Thank you to everyone who helped care for me during this difficult time, your kindness and understanding went a long way". We read another

which said, "[Relative title] is very happy here and we always receive a warm welcome".

Good

Is the service responsive?

Our findings

At the last inspection in September 2017 we found that people had limited opportunities for social activity which meant that there were large periods of time without any stimulation. During this inspection we found that improvements had been made.

The home had employed a part time activities coordinator and had volunteers that came into the home twice a week. We were told that recent activities included baking jam tarts and cheese straws. The day before the inspection we saw that notice boards around the home had been decorated with autumn leaves people had coloured in. The activities coordinator also told us that they did board games, bingo and karaoke. They said, "I am receiving training to start dance classes with people here". They went onto say that in the summer they arranged a horse racing day in the home. Staff dressed up smart and people decorated hats. Horse racing DVD's were shown and people were encouraged to choose the winning horse. Points were given and winners received a prize. People told us they enjoyed this event. We found that external people also came into the home, these had included, the Land girls, musicians and owls. We were told that volunteers spend one to one time with people in their rooms and read to them, chat and give hand massages. The service had just started to use a tablet linked to the homes TV to do reminiscence with people. They had started by taking a photo of one person's old house which had bought back memories to the person and started conversations and discussions.

People received personalised care that was responsive to their needs. Staff could tell us how they put people in the centre of their care and involved them and/or their relatives in the planning of their care and treatment. A relative told us they had been invited to a review of their loved one's care plan recently. The registered manager told us that annual review meetings took place with the local authorities, families and people where possible. A relative confirmed this and said, "We are involved in the care plans and we have a review meeting at the end of the year with the home and local authority".

Care plans were available to staff and up to date. They reflected people's individual needs, preferences and outcomes. The head of care and registered manager alerted staff to changes and promoted open communication. We found that care plans contained photos of people and information about the person, their family and history. One person said that that they were aware of their care plan and understood their care needs and how they were to be met. A health professional told us, "People have care plans that are person centred". A relative said, Abbey Rose is responsive to my relatives needs and make regular contact with updates and information I may need to know".

The service had a complaints system in place; this captured the nature of complaints and steps taken to resolve these. We found that there were no live complaints at the time of the inspection. The registered manager said, "I like to feel that people feel able to come forward with a complaint. I am forthcoming to improve where we can. I welcome these and will always find a solution". People and relatives told us that they knew how to complain and felt that any concerns would be dealt with promptly.

People were supported with end of life care and preferences were recognised, recorded and respected. A

relative told us, "End of life care was really good here. The staff went above and beyond. They also liaised with the funeral directors".

Good

Is the service well-led?

Our findings

At the last inspection September 2017, we asked the provider to take action to make improvements in monitoring and reducing risk to people related to their health and welfare. During this inspection we found that improvements had been made.

The service had a registered manager in post who managed two homes and based themselves at Abbey Rose three days a week. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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.

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; nutrition, skin care, daily charts, care plans and equipment. The care manager told us that they worked care shifts with staff. They said, "Working on the floor helps me when doing care plan reviews. It gives me a good idea of people's current needs. It also gives me an opportunity to observe staff practice". The management completed spot checks on staff and unannounced visits to the home. The last spot check was completed on 13 July 2018 and no concerns were found.

The management told us that they promoted an open-door policy. The manager's office was located by the front door. The registered manager, care manager and provider told us that they recognised good work which was positive and promoted an open culture. A staff member said, "I feel appreciated and management praise us for doing good work".

Staff, relatives' and people's feedback on the management at the home was positive. A person told us, "The care manager comes around once a month to ask our opinion on the home and any requests we may wish to have introduced". Staff comments included; "The registered manager and care manager are both very good. They help me if I need it", "The management are lovely. Always supportive and they make us use our training and knowledge" and, "The registered manager is good. They are understanding. The care manager is great. They lead by example and are always on the floor with us". A relative said, "I can't fault the home at all". Another relative told us, "I know the managers. They are good and make a point of chatting to us". A professional said, "I think the home is well led. It seems organised and staff seem happy".

We found that the registered manager and care manager had regular meetings to discuss people, their needs, any changes and operational matters. During day two of our inspection we observed the managers having a meeting. We heard that there were some plumbing issues in some of the rooms and noted that a plumber had been called. The plumber arrived during the inspection and the issues were resolved.

The service worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back that they felt information was listened to and shared with staff. A health professional said, "Abbey Rose works well in partnership with us. They are forthcoming with information, training and

reporting concerns". The service learnt from mistakes and shared learning with staff in meetings and handovers. A relative said, "I feel that the home learns from mistakes and all people look happy in the home".

The registered and deputy manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with families and people.

People, relatives, and staff told us that they felt engaged and involved in the service. We read the recent satisfaction surveys from people and relatives. Relatives had been asked what they would change at the home. Two relatives had requested a board with staff photos, names and roles. We found that this had been included on an action plan and the provider showed us that photos of staff had been taken and a board was being purchased. People had fed back that they did not know what the fire procedure was. We found that now fire safety was discussed in each resident meeting.

A relative said, "I would recommend Abbey Rose to others looking for a supportive and caring home".