The Abbeys (Rawmarsh) Limited

The Abbeys

Inspection report

High Street
Rawmarsh
Rotherham
South Yorkshire
S62 6LT

Tel: 01709719717

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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 25 October 2018 and was unannounced, so no-one connected to the home knew we were visiting the home that day. The home was previously inspected in November 2017 when we judged the overall rating of the service to be 'Requires Improvement'. This was because certain records did not always provide enough information. At this inspection we found improvements had been made, and records fully reflected people's care, treatment and any risks associated with that care.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Abbey's' on our website at www.cqc.org.uk'

The Abbeys 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. The Abbeys provides personal care and support for up to 80 people, this includes people living with dementia. There are 75 bedrooms in two separate buildings, the main building and Abbeydale. The home is located on the outskirts of Rotherham and has good access to local amenities and public transport links. At the time of our inspection there were 54 people using the service.

The service had a registered manager in post at the time of our inspection. 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.

Staff supported people in a compassionate, caring, responsive and friendly manner. They encouraged them to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. All the people we spoke with made positive comments about how staff delivered care and said they were happy with the way the home was managed.

Systems were in place to safeguard people from abuse.

Care and support was planned and delivered in a way that ensured people were safe. Where possible, people had been involved in planning their care. Care plans outlined peoples' needs and risks associated with their care, as well as their abilities and preferences. Since our last inspection the information in care plans about how individual people were assisted to move using a hoist had improved.

Recruitment procedures aimed to make sure staff employed were suitable to work with vulnerable people. Staff were trained and supported to develop their skills, so they could provide people with the standard of care they required. There was enough staff on duty to meet the needs of the people living at the home at the time of our inspection.

Medication was managed safely and administered by staff who had completed training to carry out this role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Since the last inspection we saw decisions made in people's best interest had followed the correct procedure and accurately recorded.

People received a varied and healthy diet that offered choice and met their needs. Everyone we spoke with was complementary about the meals provided.

There was a range of social activities and events available for people to take part in, if they wished to.

The service had an open and positive culture that encouraged involvement of people using the service, their families and staff. The registered manager, supported by senior managers in the company, was visible and promoted teamwork.

People were encouraged to raise concerns or complaints and were asked for feedback about the service they received. Staff spoke positively about the registered manager and had a clear understanding of their roles and responsibilities.

Regular checks were in place to identify areas of service needed to improve and action had, or was being taken to address shortfalls found. Accidents and incidents were monitored and analysed so lessons could be learned.

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.

There were effective systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Recruitment processes checked if potential staff were suitable to work at the home. There were sufficient staff on duty to meet people's needs.

Medication was managed and administered safely.

Is the service effective?

Good

The service was effective.

The service was effective.

Staff had access to a structured induction and a programme of on-going training and support.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation were being met.

Suitable arrangements were in place to ensure people's nutritional and hydration needs were met.

Is the service caring?

Good

The service was caring.

People were treated with compassion, kindness and understanding by staff who were caring and considerate.

People's privacy and dignity was respected by staff.

Staff knew the best way to support individual people, while maintaining their independence and respecting their choices.

Is the service responsive?

Good

The service was responsive.

People were involved in developing care plans that provided staff with detailed guidance on how to meet their needs and preferences.

People had access to a programme of social activities which provided variety and stimulation.

People were aware of how to make a complaint and were confident any concerns would be taken seriously and addressed promptly.

Is the service well-led?

Good

The service was well led.

An effective management team helped to make sure the home ran smoothly.

Systems to assess how the home was operating identified areas needing attention, which meant shortfalls were addressed promptly.

People's views were gained to enable the provider to improve the service offered.

Care Quality Commission

The Abbeys

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 checked whether the registered 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.

The unannounced inspection took place on the 25 October 2018. The inspection team consisted of an adult social care 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.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. We also contacted commissioners, and Healthwatch, to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we looked round both buildings and spoke with 17 people who used the service and three relatives. We also spoke with the registered manager, a member of the housekeeping team, the activities co-ordinator, five care workers, the cook, two members of the senior management team and four visiting healthcare professionals.

We generally observed how people were cared for and how staff interacted with them and visitors. We also used the Short Observation Framework for Inspection [SOFI]. SOFI is a specific way of observing care, which helped us understand the experiences of people who could not talk with us.

We looked at the care plans belonging to three people who used the service, as well as other records relating to people's care. We also looked at records about the management of the home. This included minutes of meetings, medication records, four staff recruitment files and training records. We also reviewed quality and monitoring checks carried out by the home's management team, including how any complaints had been managed.

Good

Is the service safe?

Our findings

People told us they felt safe living at The Abbeys. One person said, "I feel very safe and the staff here all look after me." Other people commented, "This is a very safe place" and "The 'lasses' [care staff] are ever so careful. If they help me from my wheelchair [to an armchair or bed] they make sure I'm safe and talk to me, so I don't get frightened."

People had been assessed to make sure any potential risks were minimised. Assessments covered topics such as falls, moving people safely and risk of pressure damage. Records sampled provided clear guidance to staff to help them manage situations in a consistent and positive way, and had been regularly reviewed to reflect any changes. Staff we spoke with, and our observations, showed staff understood people's individual needs. We saw them assisting people to move around the home safely. When a hoist was used this was carried out discreetly and safely, with patience and understanding.

People could be safely evacuated from the building because a general evacuation risk assessment was in place, backed up by individual evacuation plans for each person. These highlighted any support or equipment needed to safely move the person, should they need to evacuate the premises in an emergency. Fire training and drills had taken place.

People were safeguarded from abuse and harm. Systems were in place to report and record any safeguarding concerns. Staff had received training in this topic and said they would act on any areas of concerns promptly. One care worker told us, "I would have no hesitation [in reporting any safeguarding concerns]."

Medication continued to be managed safely, with senior care workers taking responsibility for administering medicines. Medication was stored securely and the system to monitor medication going in and out of the home was robust. Medication administration records [MAR] checked had been completed correctly and stock sampled tallied with the records. A relative told us, "I'm not sure what tablets [family member] is on, but I know the staff bring them in for her and give her some water to take them with. I don't have any concerns."

Regular checks had been carried out to ensure staff were following the company's medication policy and procedure. The dispensing pharmacy had also periodically audited the medication system. At their visit on 16 October 2018 they had highlighted minor errors, such as a few gaps in MAR, however, the registered manager told us these had been addressed. She had held meetings and one to one supervision sessions with staff and carried out checks to make sure the correct procedures were followed.

The registered manager was monitoring and analysing information collated about people at risk of areas such as falls, incidents and accidents. They had analysed this information and used it to look for themes, trends and patterns, so they could learn lessons and try to minimise the risk of reoccurrences.

The recruitment process helped to make sure staff were suitable to work with the people living at The

Abbeys. This included obtaining at least two written references and a satisfactory police check. However, we noted one file only contained one written reference. Later the administrator produced a note containing a verbal reference they had obtained for the person. The registered manager said this was being followed up by a written reference.

There was enough staff on duty to meet the needs of people living at the home at the time of our visit. The local authority told us following discussions with the registered manager staffing levels had been increased to make sure people's needs could be met. We saw call bells were answered promptly and staff were available when people needed assistance. Staff were always present in communal areas, which meant any needs from people were quickly responded to.

No-one we spoke with raised any concerns about the number of staff available. One person told us, "I might have to wait a bit longer if there's somebody who needs two people [to help them], but they usually pop in to make sure there's nothing urgent and then they come back as soon as they can. As long as I know they are coming I don't mind." Other people commented, "I'm never kept waiting. They come straight away if I need them" and "Mostly there's enough around to help." Staff we spoke with agreed there were enough staff on duty to meet people's needs.

The home was very clean and tidy throughout, with no unpleasant odours. The décor and furnishings were light and airy. A member of the housekeeping team told us they had access to sufficient equipment and products. They described their routine, which included undertaking daily, weekly and monthly cleaning rotas and the completion of records. They added, "We have 'room of the day' which means we go in and thoroughly clean that room." They said this meant each person's room was thoroughly cleaned on a regular basis. We saw disposable aprons and gloves, as well as paper towel dispensers and hand gel were readily available and used appropriately. Regular checks had taken place to make sure a good standard of infection control was maintained.

Good

Is the service effective?

Our findings

At our last inspection in November 2017 we rated this key question 'Requires Improvement' because there were shortfalls in the way decisions made in people's best interest were recorded. At this inspection we found these had been addressed.

Consent to care and treatment was sought in line with legislation and guidance. The service was meeting the requirements of the Mental Capacity Act 2005 [MCA]. 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.

Staff demonstrated a clear understanding of this topic and what to do if they needed assistance to make any decisions. Records reflected each person's capacity to make decisions. When decisions had been made in someone's best interest, this was clearly recorded. Where possible people had signed to say they agreed with the planned care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. Where restrictions were, or may be needed appropriate action had been, or was being taken. DoLS applications had been made, or were in the process of being completed. The provider had arranged for a member of the management team to assist in this process, to make sure the required paperwork was in place. Further applications had, or were to be submitted as needed. Care staff had undertaken training in MCA and DoLS, so they were aware of how best to support people.

Staff were seen explaining what they planned to do for people and asking for their consent before doing anything. For example, we saw them ask people if they wanted clothes protection at mealtimes, before putting them on, this was done kindly and with respect. One person told us, "They are always asking me [if they can do things]. I'd tell them if I didn't like anything." Another person said, "They ask us everything. They take nothing for granted."

Assessments had been completed before people moved into the service and this information had been used to form their care plan. Care records contained clear information about people's assessed needs and the actions staff needed to take to support them. People using the service, and often their relatives, had been involved in discussions about their care needs and their opinions had been respected.

Technology and equipment was available that increased people's independence and safety. Examples included sensory alarms for people at risk of falls, hoists for assisting with transferring people and a call bell system that enabled people to call for assistance when needed.

People were encouraged to maintain a healthy diet and their dietary requirements were being met. Everyone we spoke with gave extremely positive feedback about the variety and quality of the food provided. Commented included, "I like the food. It's alright" and "I look forward to my dinner. The meals here are first rate."

People care records detailed their dietary needs and health care professionals such as dieticians and the Speech and Language Team [SALT] had been involved as and when required. On the day we visited two dieticians were checking people's records to make sure they were being monitored correctly regarding their weight and any nutritional risks. They told us, "We never get many inappropriate referrals [from staff]. Communication is good, they [staff] will call us if anything is worrying them. There is good information in care plans about giving enriched food and drinks etcetera."

We observed lunch being served in two dining rooms in the main building. We noted it was served later than planned, we were told this was due to the circumstances that morning, which included an emergency admission to hospital. When the meals arrived, people were served promptly by staff. All the food looked appetising and in appropriate portion sizes. People were asked if they had enough, if they wanted more and what vegetables they would like. There was a nice sociable atmosphere, with staff chatting to people and assisting them if needed. People were offered hot and cold drinks with biscuits between meals, and fruit and snacks were also available.

The cook told us there was a set rolling menu, but people could ask for alternate meals. They said, "Some people might ask for cheese on toast or a ham salad. I can offer most things if I've got the ingredients, although they might just have to wait a bit if things need extra cooking." Staff demonstrated a good knowledge about people's preferences and dietary needs. They understood about assisting people to eat and drink enough to maintain their health, as well as enriching foods and drinks to help people gain weight where necessary.

People's day to day health needs were being met. Records demonstrated people had access to healthcare services such as GPs, dieticians and district nurses. Everyone we spoke with said they could see a doctor whenever they need to.

People continued to receive care and support from staff who had the training, skills and knowledge to meet their needs. People spoke very positively about the skills and knowledge of the staff. Comments included, "They [staff] are very good. They help me to get dressed and they are gentle" and "They [staff] know what they are doing."

The service employed a training co-ordinator who organised training for staff. New staff had undertaken an induction to the company which included completing essential training and shadowing an experienced member of staff for their first week of employment. Where applicable staff had completed the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Ongoing training was provided though e-learning, distance learning and some face to face sessions, such as moving people safely and fire awareness. Other topics included dementia awareness, person centred care and nutrition and hydration. Staff had also been supported to undertake nationally recognised awards at different levels.

Staff had received periodic supervision meetings with their line manager and an annual appraisal of their

work performance. These meetings gave staff the opportunity to discuss their own personal and professional development, as well as any concerns they may have.

On the first floor, which was dedicated to supporting people living with dementia, the environment was dementia friendly in that corridors had been developed to offer stimulation for people living there. For instance, we saw one corner had been decorated with a beach theme and another area had a garden theme, with a clothes drier, pegs and washing. There were 'fiddle boards' with door knockers and tools, tactile pictures and games were also hung on corridor walls to stimulate people. We also saw boxes of items and twiddle muffs were available to occupy people. The latter are knitted muffs with items such as buttons and ribbons attached to them. As people living with dementia often have restless hands, and like to have something in them, these helped to keep their hands occupied. We saw picture menus were used in the dining rooms to help people choose what they wanted to eat at each mealtime.

Memory boxes had been fixed outside each person's room and staff were trying to fill these with things that reflected the person living in each room, such as their hobbies or memories from their past. Door name plates were also being used to help people recognise their rooms. For example, one door had a garden theme as the person loved gardening.

The registered manager described their plans to further develop the themed areas. This included changing the beach themed area to a doll therapy corner, with cradles and dolls available for people to interact with. She said this would be a trial and if no-one responded to it they would look to change it to something else.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind, caring, compassionate and responsive to their needs and preferences. One person told us, "They're [staff] lovely people." Another person commented, "It's their [staff] job to look after us, but they are all alright." A third person said, "They [staff] are so nice, and you can have a laugh with them."

Throughout the day we observed numerous positive interactions between people who used the service and staff, who were appropriately affectionate and respectful. Staff communicated with people effectively and when necessary spoke with them by bending down to their eye level. They displayed a genuine affection and caring for the people they supported and everyone seemed at ease with each other. We saw care workers having conversations with people, comforting them and explaining things to them. For example, before lunch we saw two staff talking to someone about moving to the dining room. The person was obviously unsure about moving, but staff spent time with them explaining why they should move. They were patient and supportive, and when the person said they did not wish to move they respected this.

People's privacy and dignity was respected. This was confirmed by people's comments and our observations. People told us staff knocked on bedrooms doors before entering and kept them closed when undertaking personal care for people. A dignity board on the ground floor corridor told people who the dignity champion was and highlighted different hints and tips on preserving people's dignity.

People's preferences were taken into consideration by staff and they were given choice over their daily lives. For instance, people were encouraged to choose the clothes they wore, what they wanted to eat and what activities they wanted to take part in. People told us they could decide where to sit or spend the day. We saw people sitting in a quiet corner on one of the corridors upstairs and chatting to each other in a relaxed way. One person told us, "I like to sit here in my own room and watch the TV. I'm not a great one for mixing with people and I don't go out, but that's because I don't really want to. I've got everything I need, and I like the door open [it was open] because I just like to watch the world go by." Another person commented, "I please myself where I want to be. Mostly I'm in here [the lounge] in the morning, but then in the afternoon I might go for a lie down. It's up to me."

People had been involved in planning their care and deciding how it should be delivered. Each person's care records outlined their background, preferences and beliefs, as well as their needs. This information helped staff support people how they preferred. Staff we spoke with were knowledgeable about the different ways they could communicate with people who could not always express their opinion. For instance, we saw picture menus were used to help people choose what they want to eat.

The service strived to meet people's diverse needs and treat people with equality. Topics such as their religious and cultural preferences, were discussed as part of the care planning process. People told us they felt they were treated fairly and were free from discrimination. All the family members we spoke with told us their relatives were not actively practising any faith. We asked the registered manager if there were any arrangements in place for religious services at the home, should people want to attend. She said she was

currently trying to arrange fortnightly services with different religious denominations.

People were encouraged to share their options and ideas. As well as the formal processes in place, such as meetings and surveys, the registered manager was visible around the home and had an open-door policy so people could talk to her when they wanted to.

Visitors could visit their family members without restriction. We saw visitors freely coming and going throughout our visit. They told us staff were friendly and helpful in supporting them and their family member.

Good

Is the service responsive?

Our findings

At our last inspection in November 2017 we rated this key question 'Requires Improvement' because care records did not always contain all the information required. At this inspection care records had been improved and contained appropriate information about people's needs, including how to move them safely using a hoist.

An initial assessment of people's needs had been carried out prior to them moving into the home. Where possible the person, and their relatives if applicable, had been involved in these assessments. Relatives we spoke with confirmed they, and their family member if possible, had also been involved in planning and reviewing the care plans. One person told us, "'I get everything I need."

People's care and treatment was planned and delivered in line with their individual care plan. Care records sampled were detailed and person centred. Each care file provided information about the person's needs, preferences and any risks associated with their care. Where risks had been identified clear plans were in place to guide staff on how to best manage topics like keeping people safe. Throughout the inspection we saw staff being responsive to people's care needs. They moved people in a safe and appropriate manner. Plans also highlighted people's abilities, so staff knew what they could do for themselves and where assistance was needed, which helped them to promote people's independence. Daily notes demonstrated people's care was being delivered as planned.

An advanced nurse practitioner explained their role was to reduce hospital admissions by visiting people in care homes. They said a copy of their findings was shared with the care home and the person's GP adding, "Staff are very good at following guidance. In general, I have not come across anything of concern [at The Abbeys]. Communication is good, it's one of the better homes."

Arrangements were in place to support people at the end of their life. This topic had been discussed as part of the assessment and care planning process. Staff could describe to us how they supported people at the end of their life, this included seeking support from outside healthcare professionals where necessary. One file we sampled showed the local hospice team had been involved in assessing the person's changing needs. Advice from the hospice team had been incorporated into the care plans. The person's preferences had been clearly recorded in their care plan, such as a wish to remain at the care home, rather than transfer to hospital.

People had access to a varied programme of social activities, which they enjoyed. There was a noticeboard on the corridor which told people what activities would be taking place each day. We saw some people with newspapers and puzzle books, while other people enjoyed interacting with stimulation games. The activities coordinator organised a game of bingo in the downstairs lounge in the morning and a singalong with tambourines and whistles upstairs in the afternoon, which people enjoyed. There were also hairdressing facilities, which people could choose to use, or not.

The activities organiser told us, "I really enjoy the job. I do a lot of group things, like the things I've done

today. I spend one to one time with people as well, so they can reminisce and talk about things they're interested in."

The complaints system enabled people to raise concerns with the knowledge they would be listened to and acted on. We saw when concerns had been raised they had been managed in line with the policy, and outcomes were clearly recorded. None of the people we spoke with could recall making any complaints. Relatives similarly had not made any complaints and did not express any concerns to us. People told us they knew what to do and who to speak to if they had any issues, although everyone was eager to tell us they did not have any concerns.

Good

Is the service well-led?

Our findings

The service had a registered manager who was responsible for the day to day running of the service. 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 registered manager had worked at the home for a long time, but had only recently been promoted to manager. Her successful registration with CQC was confirmed on the day we visited the home.

The registered manager told us she had been well supported in her new role. She said the provider's representative and the regional manager had been particularly supportive. They, along with another manager were providing support and advice on the day of our visit. The registered manager spoke passionately about further improvements they wanted to make at The Abbeys, to enhance the service people received. They approached people in a confident, understanding and supportive manner, whether face to face or on the telephone.

People were satisfied with how the home operated and felt the registered manager was approachable, listened to them and acted on what they told her. They said they believed the home was well managed and raised no concerns. One person using the service told us, "I am very happy here."

A system was in place to check the home was operating to expected standards and staff were following company policies. We found there was a programme of checks in place for areas such as infection control, condition of mattresses, health and safety and care files. Where these had identified an area that needed attention, these had been added to the home's improvement plan and discussed with the regional manager. However, we found not all individual audits identified timescales for completion. We discussed this with the registered manager who said they would make sure in future this information was recorded on the individual audits, as well as the home's improvement plan.

To further monitor the home and share information with staff the registered manager walked round the home when she was on duty to look at areas such as the general environment, concerns raised and to check the staff on duty matched to rota. We also sat in on a 'flash meeting', which the registered manager said were used to gather and share information. It involved a representative from each department, such as housekeeping, care, maintenance and the kitchen. Topics discussed included, progress of any repairs needed, menu for the day and any changes affecting people living at the home. It was also used by the senior management team to thank staff for their continued hard work.

We asked staff about the support available to them. They said they felt well supported by the registered manager. One care worker told us, "I will support her [registered manager] 100%, she has a lot of good ideas." Staff meetings had been used to discuss the running of the home and share ideas.

People were given the opportunity to share their opinions about their satisfaction in the service provided and how the home operated, this included surveys and meetings. We saw when people had raised areas

they felt could be improved these had been taken on board and changes made.

In June 2018 the Food Standards Agency had assessed the kitchen facilities and documentation at the home and found improvement was needed. The registered manager told us action had been taken to address their recommendation within the timescale given. This involved making sure people using the service, and staff, had better information about possible allergens in the food served. We saw this information was displayed around the home.

People's care records were kept securely and confidentially, in line with the legal requirements.