

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

Abbeywood

Wharf Road, Ash Vale, GU12 5AX

Date of Inspection: 08 January 2013

Date of Publication: February 2013

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

Consent to care and treatment	✓ Met this standard
Meeting nutritional needs	✗ Action needed
Cleanliness and infection control	✗ Action needed
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Anchor Trust
Registered Manager	Ms. Alexandra Strong
Overview of the service	Abbeywood is a purpose-built which was provides care and accommodation for fifty people. The home is set in a quiet location close to the village of Ash. The home provides single bedrooms and communal facilities in each of their five units.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

A number of people at Abbeywood had dementia and were unable able to tell us about their experiences. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool.

The SOFI tool enabled us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they received and whether they had positive experiences. We spent time on each of the units observing care and found that people had positive experiences.

People who could communicate with us in a meaningful way told us staff always asked their consent before providing any care.

They told us they enjoyed the food, and that if they did not like what was on the menu, the Chef would provide an alternative. We spoke with people about whether or not they had a choice of food, some said they did, others said that they did not.

They told us told us their rooms and the rest of the home was clean. Relatives spoken with told us the home was very clean, and that if there were any issues staff responded quickly to address them.

People they had not had to make a complaint, but said they would be confident that any complaints would be dealt with. Relatives spoken with told us that that on occasions where they had minor concerns, staff dealt with them quickly and resolved the issues.

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

What we have told the provider to do

We have asked the provider to send us a report by 27 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

A number of people at Abbeywood had dementia and were unable able to tell us about their experiences. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool.

The SOFI tool enabled us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they received and whether they had positive experiences. We spent time on each of the units observing care and found that people had positive experiences.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People who could communicate with us in a meaningful way told us staff always asked their consent before providing any care.

We spoke with staff about their responsibilities for ensuring they had consent from people before providing their care. Staff confirmed the importance of ensuring that where able people and their families understood treatment and care. They talked about gaining consent, and described how they would discuss options and agree a plan of care with people and their family member.

On the whole we observed staff talking to people explaining what they were about to do and providing opportunities to ask questions. Staff used a range of communication skills, including touch and facial expressions to support the verbal information given. However we noted on two occasions one member of staff did not explain what they were doing prior to supporting a person to eat their meal, this meant this person was not enabled to give their consent to the help. This was discussed with the manager at the time. Families spoken with during the inspection told us that where able their relative had been asked to give their consent prior to any care or activities being undertaken.

We looked at six people's care records; we saw that two people had signed a number of documents in their care records. For example, consent to having their photograph taken, personal details being recorded, end of life decisions and night checks. However, none of the documents in the remaining four care records had been signed by people or their families. This was discussed with the manager at the time. The provider may wish to note that gaining a person's or a family member's signature would have been an indication that they had given their consent and agreed to the care being provided.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of inadequate nutrition and dehydration.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

A number of people at Abbeywood had dementia and were unable able to tell us about their experiences. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool.

The SOFI tool enabled us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they received and whether they had positive experiences. We spent time on each of the units observing care and found that people had positive experiences.

People who could express a view told us they enjoyed the food, and that if they did not like what was on the menu, the Chef would provide an alternative. We spoke with people about whether or not they had a choice of food, some said they did, others said that they did not.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Family members spoken with told us that their relative always enjoyed the food provided at the home. We found that people were supported to be able to eat and drink sufficient amounts to meet their needs.

People were provided with a choice of suitable and nutritious food and drink. We saw that the home operated a four week menu, and provided a varied choice of food. The menu showed that there were two main choices of food provided for each meal. We asked the chef how they sought people's views about their choices from day to day. They informed us that care staff spoke with the people regularly and reported their likes and dislikes to them. The chef talked to us about people who required a soft diet, pureed food, and the food prepared for those who were diabetic. We looked at food storage and saw fresh and frozen meat and vegetables were in plentiful supplies and cupboards were well stocked with other foods. We observed that fresh fruit had been provided on each of the units in order that people where able, could help themselves.

We asked staff if people could have snacks in between their meals, we were told they could. We saw that the cupboards on the units were supplied with biscuits, bread and

cereals.

Whilst walking round the home we observed that residents were regularly being offered drinks. We noted where fluid intake and output charts were being used these had been completed and were up to date.

We observed a lunch time period, food was seen to be plentiful and people were seen to enjoy their food. Those people who required help and support to eat their food received it in a timely fashion and staff were seen to be sensitive and encouraging in their approach to people.

We looked at the care records for six people. We saw that dietary risk assessments and care plans were in place for five people. We noted that a Malnutrition Universal Screening Tool (M.U.S.T) was in place. This tool is a five step screening tool to identify adults who are at risk of malnutrition. We saw that people's weights had been measured regularly and we noted that some of the people had lost weight. The records showed one person had lost three kilograms between 24 November 2012 to 2 January 2013. We could not find any evidence to indicate the reason for this weight loss, nor had a referral been made to a health care professional regarding this weight loss. When we looked at the screening tool we saw that staff had not recorded the information correctly and therefore the scores they gave were incorrect and did not indicate a problem. This meant that this person was put at risk of not receiving the care and nutrition they required. This was discussed with the manager at the time. This issue was followed up as a matter of urgency and a health professional was contacted.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

People were not protected from the risk of infection because appropriate guidance had not been followed.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

A number of people at Abbeywood had dementia and were unable able to tell us about their experiences. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool.

The SOFI tool enabled us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they received and whether they had positive experiences. We spent time on each of the units observing care and found that people had positive experiences.

People who could communicate with us in a meaningful way told us told us their rooms and the rest of the home was clean. Relatives spoken with told us the home was very clean, and that if there were any issues staff responded quickly to address them.

There were ineffective systems in place to reduce the risk and spread of infection.

We observed that on the whole staff wearing protective aprons and gloves in the appropriate circumstances, however we noted two members of staff wearing gloves whilst walking from bedroom to bedroom. It was not clear if they had changed their gloves between rooms. We noted that gloves and aprons had been supplied in sufficient quantities to ensure availability. We observed that soiled laundry was being transported appropriately through the home. We noted toilets and bathrooms were clean, they had liquid soap dispensers, anti bacterial gel and paper towels available for people and staff to use. Communal areas of the home were generally clean, however we noted that areas of carpet were stained. We spoke with the staff about this. They informed us carpets were cleaned regularly but the stains could not be removed. The provider may wish to note that stained carpets do not provide people or visitors to the home with a good impression of the cleaning regimes. We looked in ten bedrooms and found that there were tablets of soap and cloth towels for people to use. Tablets of soap and cloth towels can harbour bacteria, and if used by staff there is the risk that bacteria could be transferred to tablets of soap in other people's rooms. We talked to staff about this, and how they made sure they washed

their hands after providing personal care. They explained they wore gloves and would wash their hands in the bathrooms or toilets when they left people's rooms. We spoke with the manager about this issue, they could not explain how this practice enabled appropriate infection control measures.

We also checked the mattresses and pillows in these bedrooms. Several of the pillows were badly stained and did not have waterproof protectors. We found waterproof protectors being stored in some of the wardrobes. One of the beds we looked at had been made. We found that the sheets were wet and stained and that the mattress below was also badly stained. We asked staff if they had made the bed, we were told they had. This meant that the person using this room would have had to sleep in a bed that was wet and stained. This issue was brought to the manager's attention immediately and they dealt with the matter as a priority.

The day following the inspection the manager informed us by email that new pillows and additional waterproof covers had been ordered. However we cannot confirm that this has happened.

Staff spoken with knew who the infection control lead in the home was. The manager had obtained a copy of the Code of Practice on the prevention and control of infection and related guidance. We looked at training records and saw that the majority of care and domestic staff had completed infection control training. We noted however that according to the records five of the team leaders had not completed this training.

We saw records that evidenced infection control audits had been undertaken on a weekly basis. Other records showed that cleaning schedules were checked on a daily basis by the head housekeeper and weekly by the manager.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke to people using the service but their feedback did not relate to this standard.

Appropriate checks were undertaken before staff began work.

We looked at the recruitment records for six of the staff employed, including care staff housekeeping and kitchen staff. We found that all of the files had the information required in respect of Schedule 3 of The Health and Social Care Act (Regulated Activities) Regulations 2010. For example records included a health declaration, a full employment history, a current Criminal Records check and previous employer references.

We saw completed application forms and records of staff interviews. The application form and record of interviews showed staffs' previous experience, qualifications and skills necessary for the role applied for. We noted the staff interview process involved a numeracy and literacy test and a face to face interview with two of the managers.

We spoke with staff about the recruitment process, they informed us the process was rigorous and involved written exercises and a face to face interview with two managers.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

A number of people at Abbeywood had dementia and were unable able to tell us about their experiences. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool.

The SOFI tool enabled us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they received and whether they had positive experiences. We spent time on each of the units observing care and found that people had positive experiences.

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

People who could express a view told us they had not had to make a complaint. They also said they would be confident that any complaints would be dealt with. Relatives spoken with told us that that on occasions where they had minor concerns, staff dealt with them quickly and resolved the issues.

We looked at the complaints procedure, it provided clear guidance for people in the event they wished to make a complaint. We looked at the record of complaints, this showed that six complaints had been made since our previous inspection. We saw these complaints had been investigated and responded to in accordance with the homes procedures.

We saw that copies of the complaints procedure had been posted in various places throughout the home. We spoke with staff regarding the complaints procedure, they were clear as to the procedure to be followed if someone raised a concern or complained to them about anything.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Meeting nutritional needs</p>
	<p>How the regulation was not being met:</p> <p>The provider did not ensure that people are protected from the risks of inadequate nutrition and dehydration. Staff did not complete the Malnutrition Universal Screening Tool (M.U.S.T) appropriately and therefore the scores they gave were incorrect and did not indicate there was a problem with people's weight loss.</p> <p>The provider was not compliant with Regulation 14(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Cleanliness and infection control</p>
	<p>How the regulation was not being met:</p> <p>The provider did not ensure that service users were protected against identifiable risks of acquiring an infection. Infection control practices and appropriate standards of cleanliness were not maintained in all areas of the home.</p> <p>The provider was not compliant with Regulation 12(1), (2)(a)(c)</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

The provider's report should be sent to us by 27 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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