

Amesbury Abbey Limited

Amesbury Abbey Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Amesbury Abbey Care Home is a nursing home providing accommodation and personal care for up to 45 older people. The home has accommodation over three floors accessed by a lift and stairs. There are communal rooms for people to use and substantial gardens. At the time of our inspection there were 33 people living at the service.

People's experience of using this service and what we found

The provider had taken action to make sure the hot water outlets were safe. Valves had been fitted so that the hot water temperatures were regulated safely. The provider regularly checked the temperatures to make sure they were safe.

Regular safety checks for other areas were also carried out such as fire alarms, moving and handling equipment and emergency lighting checks. External contractors were employed to service appropriate equipment.

People had their medicines as prescribed. We have made a recommendation about 'as required' medicines. Staff had their competence to administer medicines safely checked.

People were living in a home that was clean and the provider had systems in place to minimise infections. Staff had been trained on infection prevention and control and how to use personal protective equipment (PPE) safely. There was stock of PPE available to staff and visitors.

Staff had been trained on safeguarding and knew how to report any concerns. People told us they felt safe living at the service. People's risks had been identified and there were risk management plans in place. These were reviewed regularly by the nursing team.

The provider recruited staff safely making sure they carried out the necessary pre-employment checks. Staff had opportunities for meetings and welfare supervisions where they could discuss any concerns or worries.

There was no registered manager at the service but there was sufficient management cover. An interim manager was in place and additional managers employed by the provider were also based at the service. The provider was very visible at the home daily. People, relatives and staff knew who to approach with any concerns and were confident these would be addressed.

Quality monitoring was completed checking all areas of the service. Any identified improvements were allocated to staff to complete. The provider monitored the actions needed to make sure work was completed in a timely way. People's views were sought and action taken as a result of any feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 June 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 14 January 2019. A breach of legal requirement was found. The provider completed an action plan after that inspection to show what they would do and by when to improve hot water safety at the service.

We carried out a focused inspection on 21 May 2019 to check they had followed their action plan and to confirm they were meeting legal requirements. We found not enough improvement had been made and the service remained in breach of legal requirements.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service is well-led.

Details are in our well-led findings below.

Amesbury Abbey Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Amesbury Abbey Care Home 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 service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was an interim manager employed by the provider, we will refer to them as the manager throughout the report.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we wanted to check about COVID-19 at the service before we visited.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five files in relation to recruitment. A variety of records relating to the management of the service including policies and procedures were reviewed.

After the inspection

We carried out telephone calls following our visit to the home and spoke with six people, six relatives and nine members of staff to hear their views on the care and support provided. We contacted four professionals for their feedback about the service. We spoke with the manager and the nominated individual on the telephone. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to identify and take action to ensure risks from hot water outlets were safely identified and managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had placed safety valves on hot water taps where people, staff and visitors had access. This meant the temperature of the hot water did not go above a safe level. The maintenance person carried out regular checks to monitor the temperature of the hot water in the home.
- Safety checks were carried out for other areas such as fire safety, emergency lighting and use of bed rails. Records were kept and where needed external contractors were employed to service any equipment such as hoists.
- People's risks had been identified and there were safety measures in place which were reviewed. For example, where people were at risk of choking they were referred to speech and language therapists and changes were made to diets. For people at risk of falls if appropriate they had a sensor beam or mat in place to alert staff to their movement.
- Systems were in place to make sure all staff were aware of any risks. For example, catering management met with the nursing staff weekly to review people's needs and make sure records were up to date.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they were safe at the service. One person told us, "The biggest thing they have done for me this year is simple, the Abbey went into total lockdown a fortnight before the government, I feel completely safe and have 100% confidence in the decisions they are taking." Another person told us, "I do feel safe here, I have recommended it to others. I have told people how happy I have been staying here. I don't know if they have used it but I have recommended it."
- Staff had been trained in safeguarding and had access to information about how to report any concerns. Staff told us they knew where the information was in the home and when they would report any concerns. They were all confident appropriate action would be taken.
- Management had reported all required safeguarding alerts to the local authority and we had received appropriate notifications from the service.

Staffing and recruitment

- People told us there were enough staff on duty to meet their needs. One person said, "I think there is as

many staff here as there needs to be. There is always staff available when I need them."

- The service used a dependency tool which helped them provide staffing to meet people's assessed needs and we saw sufficient numbers of staff were available.
- The service had used agency staff to fill gaps in rotas but recruitment had been successful. One member of staff told us, "There is a new nursing team so we have encouraged them to be part of the care team. I think this is positive as we try to build the relationship between the nurses and carers."
- Staff had been recruited safely. Pre-employment checks had been completed, these included obtaining references and a check with the disclosure and barring service (DBS).

Using medicines safely

- People had their medicines as prescribed. Medicines administration records (MAR) we reviewed had no gaps in recording. People had an identification form with their MAR which had key information about specific health needs such as allergies.
- There were some 'as required' medicines that did not have a protocol in place to help staff know when to administer this type of medicine. We checked people's care plans and found some guidance recorded, however, there were some with no guidance. People were able to communicate with staff when they wanted their 'as required' medicines, however, guidance needs to be available to staff. We raised this with the deputy manager who told us one person had recently returned from hospital with changed medicines and were going to be reviewed by their own GP.

We recommend that all 'as required' medicines have a clear protocol in place to guide staff on how to administer this type of medicine as soon as the medicine is prescribed.

- All staff had medicines training and had been checked for competence to administer medicines safely.
- People who were prescribed topical creams had MAR for them in their rooms. Care staff recorded what creams had been applied and where on the body.

Preventing and controlling infection

- People were living in a clean service with systems in place to make sure all areas were cleaned thoroughly. Cleaning schedules were comprehensive and completed with no gaps. One person told us, "I am quite happy with the standard of the cleaning. The cleaning ladies are excellent."
- Risks of COVID-19 had been assessed and clear management plans were in place. The provider kept these under review and amended when government guidance changed.
- Staff had received updated infection prevention and control training which included guidance on how to use PPE safely. One member of staff told us, "We are kept up to date with everything, we have information up on the boards and there are posters up, I feel well informed."
- Systems were in place to make sure any visitors had access to appropriate personal protective equipment (PPE). They were stocks of PPE available and we observed staff wearing it safely.

Learning lessons when things go wrong

- The deputy manager told us they reviewed incidents as they happened and took action to mitigate risk where needed. For example, they had moved the nursing office onto a lower floor so the nurses could hear people and call bells easily. This had helped with falls monitoring and reduced falls at the service.
- Managers working for the provider met regularly to review incidents and accidents and any other events affecting the service. This helped the provider monitor services and any improvement action needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to effectively operate systems to ensure the health and safety of people. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Safety valves had been fitted to hot water outlets at the service where people, visitors and staff had access. This meant that hot water was provided at a safe temperature to use. The provider had systems in place to keep hot water temperatures under review.
- Checks for quality had taken place. Various audits were carried out in areas such as medicines and care plans. Any improvement needed was identified and action was taken in a timely way.
- All quality monitoring was added to a monthly provider report for the provider to review. This provided an overview of all key areas of the service so actions could be monitored until completed.
- People were being cared for by a team of staff who were clear about their roles. Within the staffing team was a line management structure which everyone was aware of. Staff knew who to go to for any support or guidance and the provider was also visible at the service daily.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Whilst the home had no registered manager in post people, relatives and staff told us the service was well-led. Comments included, "The [provider] have always been hands on, they know the staff and their job roles", "Communication has been good, I have had letters and staff have rung me to let me know anything. [Person] has always been looked after well, our whole family are satisfied with everything" and "I think it is well managed here, they do a good job on the whole."
- The provider was fully aware of the conditions of their registration to have a registered manager and told us they were actively looking to make sure they employed the right person for the service. The circumstances of COVID-19 and the lockdown had impacted on their ability to find a suitable applicant. There were interim arrangements in place which provided the service with suitable management cover.
- All the staff we spoke with told us they enjoyed their jobs and there was good team work at the service. Comments from staff included, "The place itself is lovely, the grounds are beautiful, it is such a nice

environment to be in", "We work well as a team, other staff support me in the roles I do", "I enjoy looking after the elderly, for me, something about them is unique, they have so much for me to learn from. I enjoy my job it is rewarding" and "It is one big happy family, staff are welcoming, not any type of bad atmosphere at all. It is a good place to work."

- The manager was passionate about providing person-centred care and had plans to develop the care provided. They told us, "Every person is different, they all have different likes and dislikes and I want to make sure the individuality of people is recorded and reflected in people's care plans."
- The provider had managers within their organisation who were based at the service. For example, the training manager and the housekeeping services manager were both working from offices at the service. This meant there was additional management cover and availability for the staff in the absence of a registered manager. Staff spoke positively about the support they provided. One member of staff told us, "We have a good training manager on site, she is fantastic. If we do have queries or concerns we could talk about them with her. She was so supportive and gave us guidance about COVID-19, we were kept updated throughout as it was a scary time."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. They took action when needed and worked with other agencies to make any improvements to care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- 'Residents meetings' had been held regularly however, with the pandemic some of this year meetings had been suspended. The new manager had held a meeting recently to introduce themselves and gain people's views. He planned more meetings in the future.
- The service had found ways to hold staff meetings. They had meetings with smaller groups of staff and in rooms where they could easily social distance themselves. Minutes were kept and recorded discussions.
- All staff had received a wellbeing supervision during the pandemic to check on their welfare. This had been appreciated by staff.
- People, relatives and staff all told us they felt able to share their views, concerns or any ideas they might have. Comments included, "I can pick up the phone to the directors anytime and tell them anything", "If there were any complaints one of the directors will come up to see me that day and we would sort it out together" and "I feel able to approach [manager] with any concern. There has not been any need but I would talk to someone if needed."
- There was a monthly award for staff which was voted for by people and staff working for the provider. The 'Abbey Ace' award was a scheme which rewarded staff for going over and above their usual role.

Working in partnership with others

- People were supported by a service that worked in partnership with many healthcare professionals. One professional told us, 'All I want in a care home is for the residents to be loved and looked after, and I think the Abbey still try and put that first!'
- Where needed staff had supported people to see professionals 'virtually' or have telephone consultations. Any appointments outside of the service were carefully managed and risk assessed.