

MOCK INSPECTION REPORT

Date of Audit: 30th October 2023
Duration of Audit: 2 days on-site
Date of report: 7th November 2023

| Care 4 Quality Rating Opinion | |
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| Safe | Unrated |
| Effective | Unrated |
| Caring | Unrated |
| Responsive | Unrated |
| Well Led | Unrated |
| OVERALL | Unrated |

Consultant: John Ahern
Feedback Sheets: via email

This opinion is based on the evidence gathered during the audit visit and further evaluation in relation to where the service would sit in terms of compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Compliance Judgements

The judgements are made against the:

- Internal Quality Outcomes, Policies & Procedures
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Judgements and recommendations related to H&S Legislation are made with reference to the following:
 - Management of Health and Safety at Work Regulations 1999
 - Workplace (Health, Safety and Welfare) Regulations 1992
 - Health and Safety at Work Act 1974

Service Name: Abbey Court Care Home

Provider: Knights Care Limited

Background & Inspection History

The service last has a full inspection by CQC on 7th March 2022 and achieved the following rating: **Good**



CARE HOME

Abbey Court Care Home - Leek

● Overall: Good

Buxton Road, Leek, Staffordshire, ST13 6NF (01538) 386523

Provided and run by: [Knights Care Limited](#)

Overview

Latest inspection: 7 March 2022

Report published: 12 March 2022

Latest review: 6 July 2023 ⓘ

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| Safe | Good ● |
| Effective | Good ● |
| Caring | Good ● |
| Responsive | Good ● |
| Well-led | Requires improvement ● |

Abbey Court is a residential care home with a capacity for up to 52 individuals. The facility is housed in a two-story building with communal areas like dining rooms and lounges on both levels. During the last CQC inspection in 2022, the focus was on infection control and visiting arrangements in response to the COVID-19 pandemic, and the visit was not rated. Recently, on July 6, 2023, CQC reviewed information about Abbey Court and found no evidence necessitating a rating reassessment at this stage, although they continue to monitor the service.

Summary of the visit

The audit took place over two planned days and was supported by the clinical lead with assistance from the registered manager and deputy manager. Records, including care plans and maintenance records, were reviewed. The premises were toured, and 11 am meetings were attended, with updates made to the ongoing Care 4 Quality action plan.

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Audit Findings

| SAFE – People are protected from abuse and avoidable harm | |
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| Safeguarding (Policy, Procedure, Records & Process) | |
| <p>The service has a safeguarding framework in place, with policies and procedures accessible to staff through the QCS system. All staff members have logins and access, and they receive clarification on using these resources. The safeguarding policy was last reviewed on 17th August 2023.</p> <p>A safeguarding tracker is effectively used with two alerts involving the same person showing at the time of the audit, including an unexplained bruise that is currently subject to an ongoing investigation and social worker involvement.</p> <p>During a safeguarding audit in October, the service scored 88.8%, revealing a minor shortfall in safeguarding training. In response, the manager has sent a message to all staff members to seek improvement in this area.</p> <p>Over the course of 2023, the service has investigated and satisfactorily resolved 23 alerts related to safeguarding concerns. A clear process is in place for reporting safeguarding concerns, starting with staff members reporting to a senior or nurse, who then conducts an initial investigation and documents any relevant photos. If necessary, the nurse escalates the issue to the safeguarding team on the same day.</p> <p>Handover sheets are used on both floors, with 15 minutes of protected time for nurse-to-nurse handovers, ensuring the exchange of essential information. Care plans incorporate preadmission information gathered from individuals and their families, focusing on person-centred preferences, likes, dislikes, interests, and hobbies. The service involves advocacy services with individuals, and we suggested that information about these services should be included in the information pack provided upon admission.</p> <p>Training in safeguarding currently stands at 62% compliance for both adults and children. There are ongoing challenges in getting staff to complete this training due to difficulties with the system and issues with data not showing completion of courses as needed. Addressing these training challenges is essential to ensure continued compliance with safeguarding requirements.</p> | |
| Risk Management (Environment, Staff and Service User Risk Management Plans) | |
| <p>Preadmission information is completed by the clinical lead, and risk assessments and care plans are developed by nurses and senior staff members. All monthly care plan reviews are conducted, and a timeline of completion is available on the Nourish system for compliance purposes.</p> <p>Equipment use is documented in the care plans, including mobility equipment and settings. Handover processes include references to equipment, such as walking aids, and scheduled checks for items like slings. Specific care plans address conditions like diabetes and epilepsy. Nurses and seniors undergo separate courses to understand signs and symptoms, and the administration of medications, such as buccal administration, which is only administered by nurses.</p> <p>Care plans also cover conditions like COPD and asthma, although no individuals are self-administering inhalers.</p> | |

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Hourly observations are conducted, and seniors, (some are overseas nurses seeking to complete the Objective Structured Clinical Examination (OSCE)) are involved.

Building records are effectively maintained, with contractor sign sheets for safety, and maintenance service records detailing the type of tests, check frequencies, last checks, and next due tests. This includes calibration for various equipment like medication fridges, blood pressure monitors, defibrillators, thermometers, pulse oximeters, suction machines, and nebulizers. Gas safety checks are up-to-date, and maintenance records for equipment like the bath hoist and lift are documented and maintained.

Remedial works for some equipment have been completed, and the deputy manager has verified the completion of these works. Electrical inspections (EICR and PAT testing) and fire safety checks, including fire extinguisher service checks, fire risk assessments, and emergency lighting surveys, are conducted regularly.

Various actions have been raised in fire risk assessments, and the deputy manager has confirmed the completion of many of these works, including compartmentation, fire doors, and emergency lighting. Legionella risk assessments and Thermostatic Mixing Valve (TMV) checks are regularly completed, ensuring water safety.

The service maintains current insurance and conducts fire safety drills, including night-time drills, to ensure preparedness. Fire safety audits have rated the environment as green, indicating a high level of compliance. Regular tests and checks are performed, including weekly fire alarm tests, monthly extinguisher checks, and monthly checks on perimeter and escape routes.

Emergency lighting is routinely tested, and window locks and hinge checks are conducted to ensure safety. Water checks, temperature monitoring, and descaling of showers are completed to maintain health and safety standards.

Staffing Deployment & Suitability (Dependency, Recruitment, Rota Management)

The service's staffing deployment and suitability are managed with consideration to dependency and recruitment challenges. The clinical lead prepares the rota for nurses, while the deputy manager handles rotas for seniors, carers, and kitchen-domestic staff. Although there's a vacancy for a chef, two carers are currently covering the role. 'Apetito' is used for main meals, and there's an ongoing recruitment process for carers, with four new carers having recently joined the team.

On the day of the audit, an interview for a nurse took place, reflecting the service's commitment to filling vacant positions. Currently, two-night nurse posts are vacant, and the service faces recruitment difficulties due to locality challenges. A dependency tool, specifically the Staffordshire tool, is employed to inform staffing requirements on the rotas, helping ensure that the right level of staff is available for residents.

Induction for new staff spans two weeks, with the first week focusing on upstairs and the second on downstairs areas of the care home. This induction process is reviewed and completed to equip new staff effectively. In the past six months, the service has welcomed ten new starters, including nine carers and one nurse.

During the audit, staff files were reviewed to ensure proper documentation and suitability. These files included applications, interview records, references, induction records, and other relevant documents.

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| <p>Files viewed: RGN - (SC), Care asst (OH), Care assistant - (AS), Care assistant (JC). We advised that a review of the employment history should be reviewed on one staff file, to explain a particular gap in the person's employment history.</p> <p style="text-align: right;">Action Required</p> |
| <p>Management of Medication (Policy, Procedure, Administration & Audit)</p> <p>All medication is stored and managed from a dedicated clinic and medication room; medication trollies are secured to the wall in the room when not in use. QCS medication policy and procedures are in place. Medication is primarily managed using the electronic system 'NaviMeds', recently the use of a proxy meds system through the GP has been successfully introduced.</p> <p>Protocols for administering medications when required are in place on NaviMeds. For syringe drivers, training is provided to nurses and seniors through the Buttercup Training programme. The clinical lead is responsible for conducting medication competency assessments, which are revisited annually. Staff members are retrained if necessary to ensure their medication administration skills are up to standard.</p> <p>Medication management extends to reviewing all residents' medication, ensuring that their preferences are considered and documented in their care plans. Special considerations are made if individuals have swallowing difficulties. Regular medication audits are conducted by the clinical lead to verify compliance with medication policies and procedures. Specific aspects of medication, such as patch application and location applied, are reviewed, especially if there are regular refusals.</p> <p>Daily checks in the medication room are conducted on various equipment and supplies, including the suction machine, oxygen cylinders, fridge temperature, room temperature, and blood glucose machine calibration. Specific checks related to syringe drivers occur on Wednesdays, and CDs are reviewed on Mondays and Thursdays. Weekly checks are carried out on Sundays, including checking on the resuscitation bag seals and ensuring the oxygen cylinders are full. The medication fridge undergoes regular checks and cleaning to maintain its reliability and cleanliness. Documentation for room and fridge temperature checks was viewed during the audit.</p> |
| <p>Infection Control (Physical Cleanliness, Process, Annual Infection Control Statement, Training, Records)</p> <p>QCS infection prevention and control policy and procedures are in place. The care home demonstrates a commitment to infection control with clean and tidy surroundings that are free of unwanted odours.</p> <p>Housekeepers adhere to cleaning schedules, ensuring a hygienic environment. The service has established an Infection Prevention and Control (IPC) policy and procedure. To oversee infection control, one of the nurses is designated as the IPC lead, as part of their infection control practices, we advised the service should generate an annual infection control statement. This statement was discussed, and an example template was shared with the clinical lead.</p> <p>The morning 11am meeting serves as a platform to discuss information related to infections and recommend approaches when infections are confirmed. In terms of food hygiene, a recent inspection on 11/10/23 awarded the service a level '5 - very good' rating. The inspection identified actions, including the completion of level 2 training by kitchen staff. During the audit, a tour of the kitchen and storage facilities for Apetito foods was conducted.</p> |

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Response to Covid-19 (Testing, Visitors Protocol, Contingency Planning)

As of this audit, there are no current COVID-19 related concerns within the service. However, the service is proactively preparing for the winter by ordering new Lateral Flow Test (LFT) kits. The service has a Business Continuity Plan in place, and this plan includes provisions for addressing a pandemic and staffing contingency.

The clinical lead informed the audit that they are closely monitoring local arrangements for infection control, including the news that local hospitals may be returning to face mask wearing. As of this audit, no updated advice had been received from the local health protection team. This indicates that the service remains attentive to local public health guidance and is ready to adapt its practices as needed. Additionally, the Infection Prevention and Control (IPC) training includes new sections on handwashing and donning and doffing, which are crucial measures to prevent the spread of COVID-19 and other infections.

Lessons Learned (Accidents, Incidents, Safeguardings, Complaints)

During the 11 am meeting/briefing sessions, the registered manager shares insights under the "Lessons Learned" category. We had the opportunity to attend these briefings, and it's clear that the manager emphasised the need for all staff to maintain clear and descriptive documentation.

There had been concerns raised by relatives regarding the understanding of some staff members' handwriting. This underscores the importance of maintaining clear and legible records for effective communication and documentation. Additionally, discussions related to accidents and incidents were noted, with a reference to the Deprivation of Liberty Safeguards (DoLS) accidents and incidents.

The service records and documents lessons and outcomes following each safeguarding alert, investigation, or report. Actions taken in response to these situations are documented and addressed, showing a proactive approach to safeguarding matters.

Accident and incident analyses are completed retrospectively for each month. Records for October were viewed, detailing incidents that occurred in September, and records for September were reviewed for incidents in August. This approach allows for an analysis of the individuals involved, the location, frequency, and trends associated with accidents and incidents, leading to a more comprehensive understanding of potential areas for improvement and risk reduction.

Actions Identified:

- Interviews - We advise completing front page confirming scoring and interview outcome, and as discussed with the home manager need an explanation for the gap between 1997 – 2007 (10 years) on one person's application.

Actions Recommended:

N/A

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| EFFECTIVE – People’s care, treatment and support achieve good outcomes, promote a good quality of life, and are based on the best available evidence | |
| Care Planning, Assessment & Delivery, and Access to Healthcare Services | |
| <p>The care home employs the Nourish care management system to maintain care plans for each resident. These care plans are comprehensive and consist of a minimum of 12 plans for each person, in addition to risk assessments and care interventions/tasks. The intervals for these tasks are established by the care planner, who is typically a nurse.</p> <p>All care plans are reviewed at the required intervals, ensuring that the care provided remains up-to-date and relevant. The use of the care management system generates a care plan status report, providing timelines for plan completion and monitoring progress effectively.</p> <p>Access to healthcare services is facilitated by the care home, with arrangements in place for various healthcare professionals. Arrangements are in place for Residents to receive visits from the optician. Additionally, chiropody services are provided through private arrangements, and hairdressing services are also available privately, with these having the necessary DBS checks and insurance coverage.</p> <p>The care home is served by a single GP practice, which conducts visits on Tuesday afternoons, seeing all end-of-life (EOL) residents. Nurses can verify the residents' condition, and a proxy service is in place for medication management. In addition to general healthcare services, the care home collaborates with various specialists. These include speech and language therapists (SALT) and dieticians, who work in conjunction with a practice coordinator to make necessary referrals. Moreover, the care home is connected with palliative care teams and has monthly contact with the Douglas Macmillan Hospice Staffordshire lead.</p> <p>The deputy manager and clinical lead attend monthly care home meetings as part of a multi-disciplinary team (MDT), involving four care homes, which include CPNs, social workers, practice nurses, GPs, and palliative care nurses and GPs. This comprehensive healthcare network ensures that residents have access to a range of healthcare services and specialists as needed.</p> | |
| Staff Training, Induction, Development, Supervision, Appraisal & Competency | |
| <p>The care home employs Atlas eLearning for staff training. However, due to challenges with reporting systems, the responsibility for monitoring and updating training records has shifted to the home administrators. The home manager is actively working to enhance the completion of training for all staff, ensuring that they have access to essential training to perform their roles effectively. Manual handling training is conducted on-site, guaranteeing that staff can complete the practical components of this training in a practical environment.</p> <p>The Atlas system provides training on topics such as learning disabilities and autism. The care home is well-informed about the new statutory requirements for completing these courses, aligning with 'Oliver McGowan' statutory guidance.</p> <p>A supervision matrix is in place, indicating when staff are due for supervision. Staff members are allocated supervision sessions every six weeks, and the schedule is prominently displayed on the manager's office door for easy reference. Clinical lead nurses conduct supervisions for nurses, and to maintain their own nursing practice, they undertake annual updates of clinical practice.</p> | |

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| <p>During the audit, information was shared with the clinical lead regarding the completion of clinical supervisions. Discussions also took place concerning the roles of senior care staff and the potential introduction of training for care home assistant practitioners.</p> <p style="text-align: right;">Action Required</p> |
| <p>Nutrition and Hydration</p> <p>The care home prioritises the nutrition and hydration of its residents with individual nutrition and hydration plans in place for all residents. To ensure their safety, choking risks have been identified and addressed. The care home adheres to guidance from speech and language therapy (SALT) and serves soft and pureed food to those residents who require it, following the advice provided.</p> <p>Meals are prepared according to the International Dysphagia Diet Standardisation Initiative (IDDSI) framework and SALT guidance, ensuring that food textures are appropriate for each resident's specific needs. The kitchen staff at the care home have received training on IDDSI to facilitate the correct preparation of meals. Mealtimes are scheduled at set times, but there is flexibility in when residents can enjoy their meals.</p> <p>Staff members are available to provide food and drinks around the clock, including ready meals, ensuring that residents have access to nourishment whenever they need it. Residents are regularly offered drinks from early morning onwards, with a frequency of every 2 to 2.5 hours, and additional drinks can be provided upon request. The care home offers supervised drink-making facilities to ensure that residents have easy access to hydration throughout the day.</p> |
| <p>Consistency of Care Within and Between Organisations</p> <p>The registered manager, deputy manager, and clinical lead at the care home maintain a strong network of contact with various healthcare professionals, as well as the head office and the responsible individual. Additionally, they actively participate in monthly care home meetings as part of a multi-disciplinary team (MDT). This MDT includes representatives from four care homes, as well as community psychiatric nurses (CPNs), social workers, practice nurses, general practitioners (GPs), and palliative care nurses and GPs.</p> <p>Contacts and interactions with healthcare professionals are recorded on individual care plan records within the Nourish system.</p> |
| <p>Environment Fitness</p> <p>Abbey Court is a residential care home in which personal and nursing care is provided to a maximum of 52 individuals. This care home is situated within a single two-story building, featuring communal areas like dining rooms and lounges on both floors. During the audit, 48 residents were receiving care at the home, including those with dementia.</p> <p>Over the past year, the care home has made significant improvements to its environment. These enhancements on the upper floor encompass redecoration, the installation of new floor coverings, and the completion of a clinical/medication room. Further plans are in place to continue redecoration and floor covering upgrades on the ground floor. Additionally, all thermostatic valves throughout the home have been replaced.</p> |

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To ensure safety and readiness for emergencies, a request has been made to update the building and floor plans to reflect the storage of oxygen in the new medication room.

Externally, the care home has taken measures to ensure safety by enlisting tree surgeons to make any overhanging branches above the car park safe.

Consent, Capacity & MCA/BI, DoLS

Work is actively underway to provide evidence of the completion of mental capacity assessments, best interests considerations, and deprivation of liberty safeguard orders.

To facilitate and track this process, the clinical lead has taken steps to create a comprehensive matrix. This matrix is maintained by the home's administrators and serves as a tool for monitoring and ensuring the completion of mental capacity assessments and best interests' assessments, which are crucial components of the Mental Capacity Act and Best Interests (MCA/BI) framework.

We viewed a selection of completed assessments and best interest records on the Nourish care management system.

Actions Identified:

N/A

Actions Recommended:

- Consider reviewing the CHAPS Care Home Assistant Practitioner for example see information [Caring for Care](#). For guidance on clinical supervision, you can refer to the [NHS England's Supervision Guidance](#). It outlines the importance of regular support and supervision for healthcare professionals. The Health and Care Professions Council (HCPC) offers standards and templates for supervision. You can explore their [Supervision Templates](#) to gain valuable insights into effective supervision practices

CARING – The service involves and treats people with compassion, kindness, dignity, and respect.

Kindness, Compassion & Emotional Support When Needed

Everyone has a communication plan that outlines their preferences for communication and the use of communication aids and tools. Staff members receive training in safe interventions, redirection, and low arousal techniques, during induction staff are guided to identify potential triggers to emotional upset and call for assistance. which equips them with the skills necessary to provide effective emotional support during times of distress.

Throughout the two-day on-site we observed the interactions between residents and staff were characterised by care and support. These interactions are marked by patience and encouragement, particularly when residents require assistance or move around the care home.

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| How People Express Their Views and Make Decisions | |
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| <p>The care home employs various methods to allow residents to express their views and make decisions. The care home has a "Resident of the Day" programme, which involves consultations with residents and contacting their family members to check if they want to be involved in care planning. These interactions and decisions are recorded through the Nourish system. This approach promotes resident involvement in their care planning and decision-making.</p> <p>Some residents due to need are allocated 1:1 support and detailed records are maintained to provide insight into the person's movements and near misses.</p> <p>The care home's activity coordinator engages with residents by providing newspapers and offering activities that cater to their preferences. For example, if a resident enjoys poetry and classical music, the coordinator ensures that these interests are addressed. Residents can participate in outside entertainment activities, who regularly visit the care home.</p> | |
| Privacy, Dignity & Independence | |
| <p>The service is registered with the Information Commissioner's Office. Records, whether electronic or paper-based, are securely held within the offices, and electronic records, including those related to care and medicine management, are password protected to safeguard sensitive information.</p> <p>One person within the care home receives individualised 1:1 support as part of their care package. In this context, staff are required to maintain records of behaviours observed or near misses experienced. These records are closely monitored to ensure that they are appropriate and reflect the dignity of the person receiving such personalised attention.</p> | |
| <p>Actions Identified: N/A</p> <p>Actions Recommended: N/A</p> | |

| RESPONSIVE – The service meets peoples' needs | |
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| Care Planning Reviews & Contributions to These | |
| <p>The care home maintains a good approach to care planning and reviews, ensuring that these are conducted at the necessary intervals.</p> <p>The clinical lead plays a pivotal role in overseeing the plans, and conducting regular audits to ensure they are comprehensive and person-centred. These audits reveal areas where adjustments or expansions in the details are needed to align with the residents' care needs.</p> | |

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The "Resident of the Day" approach, which involves consulting with the resident and their family to incorporate their input and preferences into the care plans, these insights are recorded through the Nourish system.

Monitoring systems, such as the Medicare system and chair sensor mats, are utilised to ensure residents' safety and well-being. We advised consideration is made regarding the use of medical abbreviations, ensuring that non-clinical staff can understand the content.

Action Recommended

We reviewed the care plans for residents in rooms 17, 19, 31, and 39. For one resident who has experienced a stroke, there was detailed information in their care plan, including communication difficulties, gestures, and the need for hourly checks.

However, another resident with learning disabilities and epilepsy had less comprehensive information, especially concerning the types of seizures experienced or any specific details about the diagnosed type of epilepsy. The care plan also referenced the person's learning disability without delving into the impacts or specific support needs. These observations were discussed with the clinical lead as part of our feedback.

Actions Required

AIS (Accessible Information Standard) & Equality Act

The care home follows guidelines for accessible information and equal treatment. They have communication care plans to note how residents prefer to communicate. They provide easy-read and picture materials, like menus.

Care plans are available electronically but can also be printed for residents and their families if needed. They use a call monitoring system, Medicare, to track staff response to calls. The care home has clear navigation signs to help residents and visitors find their way.

Complaints

Complaints policy and procedure in place currently there are no open complaints.

End of Life Journey and Care Planning

The care home provides end-of-life care for up to 22 individuals, and each person has a dedicated care plan in place. Nursing staff work closely with palliative care teams in addition to the established connections with the Douglas Macmillan Hospice, which provides them with guidance, support, and training to enhance their end-of-life care services.

All nursing staff are trained to use syringe drivers, which can help manage pain and symptoms effectively. Additionally, the care plans include advance decisions, which outline people's wishes, including details about funeral arrangements.

Actions Identified:

- Epilepsy plan – Rm 19 – expand on type of epilepsy, if diagnosed, what is known of how they experience a seizure e.g., absence, tonic clonic.

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- Learning disability Rm19 – care plan is not specific, if there is a diagnosis, what are the support needs.

Actions Recommended:

- Consider how medical abbreviations are used in care plans, these can be a barrier to understanding for residents, family and non-clinical staff.

WELL-LED – Leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture

Vision and Culture in the Service

Abbey Court demonstrates good vision and culture that prioritises the well-being of its residents. The service benefits from a consistent and experienced management team, with the registered manager having been in their role for over two years, and all members of the management team possessing nursing backgrounds.

The provider's vision as detailed on their website centres around making residents part of the "Abbey family", with their happiness and quality of life as the top priority. They aim to ensure that residents are content, engaged, and mentally stimulated. A core commitment is to provide a comprehensive lifestyle and activities programme for all residents, emphasising their overall well-being.

Investments have been made to enhance clinical and medication room facilities, providing a secure environment for medication management. The integration of electronic care plans and medication records enhances transparency in care documentation.

The manager is actively engaged and accessible to both residents and staff, fostering good daily communication channels to facilitate the sharing and receiving of information.

Governance, Audit and Continuous Improvement

Abbey Court has a good system for oversight and improvement. They conduct regular audits covering various areas of care, and the manager reports to the managing director every week.

Visits from the nominated individual take place at regular intervals. The provider commissions external consultants for mock inspections and monthly support visits to ensure ongoing improvement.

Surveys, Quality Assurance, and Feedback from People Who Live, Work and Engage with the Service. Partnership Working with External Agencies.

The provider at Abbey Court conducts annual surveys and shares the results through reports. Additionally, the managers regularly participate in meetings with health and social care professionals to stay informed about local issues and challenges, fostering collaboration with external agencies.

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| Statement of Purpose, Notifications, Rating Poster |
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| <p>Statement of purpose is available and CQC ratings poster is displayed as required.</p> <p>Notifications are appropriated managed and submitted as required.</p> |
| <p>Actions Identified: N/A</p> <p>Actions Recommended: N/A</p> |

End of Report