

October 2023

Dear Families and Friends of Abbot Care Home,

Following the inspection carried out by the Care Quality Commission on the 29th of August and the 4th of September, both Caring and Responsive remain rated as Good, but it is with disappointment that Safe, Effective and Well-Led have been rated as Requires Improvement, therefore the overall rating of the home has dropped from Good to Requires Improvement.

We hereby wish to give our assurance, that as part of our promise to the people who live here and their loved ones, we continue to work in partnership with each of you to support the people who live at Abbot Care Home to enjoy high-quality care and days filled with meaning.

The care sector has faced unprecedented challenges and strong adjustments to working practices through the COVID-19 pandemic. Prior to CQC's visit, Excelcare's Essex Regional Team had conducted an audit of the home which had identified a number of key areas for improvement, which we had been working on together with the Abbot team, supported by Excelcare's Central Support Office. Our improvement plan remains in place as we continue working to address these areas.

At the time of inspection Matthew Abbotson had only in been in post for 4 weeks as the new Home Manager, and whilst he had commenced working on our internal improvement plan, it was too soon for this to have had any impact.

Matt (Matthew) has worked for Excelcare at a sister home since 2013, with the last 4 years being the registered home manager of that service, Matt has applied to be the registered home manager of Abbots Care Home, and we have every confidence in him to bring the change needed. Matt has the full support of our Central and Regional Support Teams.

Since the CQC inspection, we have reviewed our improvement plan to ensure we have addressed all areas highlighted. This plan is updated weekly to evidence progress that has been made. Below is a table of actions CQC requires us to improve on, and how we intend to implement this. Please be assured that we will continue to perform these quality assurance checks throughout in order to ensure each area remains compliant and we are improving people's outcomes daily.

Report findings

Actions taken to ensure we improve these areas.

Safe

The CQC's report states –

Assessing risk, safety monitoring and management

- Systems were in place to ensure the premises and equipment were safe to use and well maintained. These included checks of equipment, such as fire systems, hoists, and adjustable beds to ensure they met statutory safety requirements and support people to stay safe.
- Daily dashboard meetings were held at 11am for the heads of departments and senior team where updates were shared regarding each of the units, potential risks to people, referrals and also maintenance issues. This was again followed up at 4pm to discuss actions taken and outcomes.

Using medicines safely

- Medicines were administered by nursing staff. Medicine stock we checked corresponded with the electronic records. The medicine rooms were clean and medicine cupboards and trolleys were locked.
- Some people were prescribed medicated creams. However, in some people's records there were gaps which demonstrated this had not been applied as prescribed. We raised this with the manager who took action to ensure staff were applying creams and ensuring this was recorded accurately.
- Medicine audits had not identified that some medicine stock had expired. Whilst the risk to people was low as this medicine had not been administered, this had not been identified or actioned prior to our inspection. The manager took immediate action following our inspection.
- Staff accessed the system via handheld devices which linked to electronic medication administration records (eMAR) replacing paper charts. The system alerted staff when medicines were due, and if they have not been administered, reducing the risk of errors being made.
- Staff had received medicines training and had their competency assessed to ensure they administer these safely and completed medicine records correctly.

Visiting in care homes

- People's relatives were observed visiting their family members throughout the day. Relatives told us they were able to visit when they wanted. Visitors were encouraged to book in and sign out using a touch screen pad which included health screening questions to minimise the risk of spreading infection in the service.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. Comments included, " Yes I do feel safe here and I am looked after very well", " I do feel very safe here, because there are people around. The staff are kind to me" and "We do feel [person] is safe now and our minds are at rest in this area."
- Staff confirmed they had received training in how to safeguard people from abuse and knew how to report concerns. A staff member told us, "I would inform a nurse or unit manager. If I was not satisfied, I would report to the local authority or CQC."
- The manager was aware of their responsibilities to report concerns to the local authority safeguarding team. They worked with the local authority and investigations into incidents had been used as an opportunity to learn lessons and help drive improvement.

Learning lessons when things go wrong

- Accident and incidents were logged and monitored to identify potential trends and themes.
- The provider had systems in place to learn from incidents where things had gone wrong. Learning from incidents was shared with staff to raise awareness and prevent similar incidents happening again. Information was shared in daily dashboard meetings for 7 days.

Effective

The CQC's report states –

Supporting people to eat and drink enough to maintain a balanced diet

- We observed positive interactions between people and staff on Mallard and Kingfisher 1 wings. People were supported to choose where and what they wanted to eat. People were shown a visual choice of the meal to choose from and had a choice of drinks available. The atmosphere felt calm and relaxed, people were being supported to eat where required.
- The manager told us the care managers for each floor were now conducting regular mealtime observations to capture people's mealtime experiences. These will help to drive improvement and create more positive social engagement for people at these times.
- Where people required a specialised diet, for example soft or pureed foods these appeared to be presented well so visually they still looked appetising. The kitchen manager told us, "We prepare pureed food for those who need it and try to present and cook it so it still looks and taste good, so it's as close as we can make it look to a whole meal."

Adapting service, design, decoration to meet people's needs

- The service was purpose built and suitable to meet people's needs. The premises were decorated to a good standard in part, and we were told people had a choice on how they could decorate their rooms.
- Most areas of the service were accessible to people. The surrounding gardens were kept beautifully, and we met with a person living at the service who spent most days outside tending to the flower beds. They told us, "I am outside at 7.30am to feed and water the plants. I do it for my love of gardening and it gets me outside."
- A member of staff we spoke to said, "We have quite a lot of facilities here, a hairdressing salon, cinema room, which is well used, a tearoom and a family room. Today we've had musical movements in chairs and ball catching in this lounge (top floor) and mobile wheelchair exercises. I do 1 to 1 visits in the mornings to see people who are in their rooms and do something with them."

Assessing people's needs and choices, delivering care in line with standards, guidance, and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior to moving to the service. Assessments identified the care and support required and expected outcomes for the person.
- People had access to healthcare services when they needed them. People, their relatives and records confirmed this. Comments included, "If I am unwell, they do call the GP quickly", "I'm a bit deaf and am waiting for a hearing test to get some aids, which is happening soon," and, "They [staff] do notice things with [person] and sort them out quite a lot. [Person] bruises easily because of their condition and they monitor it well."
- Care plans recorded when information was shared with healthcare professionals. For example, staff had made referrals to the speech and language therapy team (SALT) or dieticians when needed and worked with other healthcare professionals to achieve positive outcomes for people.
- The service made appropriate and timely referrals to other relevant professionals and services. For example, where weight loss had recently been identified for a person, we saw a dietician referral had been made, fortified foods to be offered and a discussion with the person's GP for blood and urine tests to be carried out to rule out any infection.
- Weekly and monthly clinical risk meetings were held to examine any trends and any action to be taken, whilst daily dashboard meetings were held for all heads of departments and senior staff to discuss any concerns related to people's needs.

Staff support: induction, training, skills, and experience

- Staff told us, and records confirmed they had received training which gave them the skills and knowledge to carry out their roles. Staff told us, "Training, we do all different, on-line training, face to face manual handling, first aid, fire. We repeat this every year. It helps to refresh our knowledge," and "We have eLearning, mandatory training, and classroom training, I have also undertaken recently pressure ulcers, wound care, and syringe driver training as part of my continuing professional development."

- Staff confirmed they received regular supervision where they were able to discuss their role, support needed and professional development. One staff member told us, "I have my supervision with the home manager, they help identify our strengths and provide support."
- New staff had or were in the process of completing their induction in line with the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Ensuring consent to care and treatment in line with law and guidance

- Care records showed where people lacked capacity to make certain decisions, these had been made in their best interest with input from family members or other professionals.
- Staff had up to date training in MCA and DoLS to understand the relevant consent and decision-making requirements of legislation and guidance. A staff member told us, "I respect people's decisions. If someone has dementia/impairment of the brain an MCA would be completed to act in their best interests and the least restrictive option to be used."
- Routine DoLS applications had been made where needed to deprive a person of their liberty for their own safety.

Well-led

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements: 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 manager was in the process of working with the 3 care managers to be more visible in the service. This was to strengthen oversight on each floor to enable the manager to coach and support the care staff and be present to respond to people and relatives' queries or concerns.
- The manager held 'Dashboard' meetings at 11am every day with the registered nurses, team leaders and heads of departments to share information, discuss issues and priorities, and action needed to address them.
- Staff told us they felt supported, they received supervisions and attended staff meetings. Comments included, "I can always ask if I have questions. I do not have any problems. I feel they [senior team] support me and listen to what I have to say," "The new manager seems okay, only been here a short while, he listens" and "I am happy now, we can all be on the floor more and see what's going on."
- The manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- Feedback was sought from people and their relatives through meetings, informal discussions and surveys.
- The manager told us, "Surveys for 2023 are in the process of being sent out and we conduct 'my day' reviews. All relatives and residents have been sent a letter informing them and inviting them to a review of their care which takes place on the same day each month. These reviews will be attended by all heads of departments and management teams."
- Staff meetings at all levels and roles were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.
- The manager told us, "I have an open-door policy and am available to team members, residents, and relatives throughout the day. I have also started 'how was your shift today' in which team members can complete a form where they give feedback on how their day was and this can be regularly reviewed by myself."

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with many external professionals such as the local authority, occupational therapists, physiotherapists, district nurses, speech, and language therapists (salt) and GP's. This was to ensure people received the right care, treatment, and support individual to them.
- The manager used lessons learned sessions with staff to discuss and safeguarding, accidents or incidents and complaints to support learning for staff and discuss how to avoid reoccurrences.

Areas for improvement		
<i>The Care Quality Commission asked us to ensure that: -</i>	Systems are robust enough to evidence effective oversights of the service to ensure suitable arrangements were in place to assess and monitor the quality of the service.	CQC found no evidence that people had been harmed however failure to properly assess the risks to people's health and safety placed them at risk of avoidable harm
	CQC found poor infection prevention and control practices relating to the cleanliness of the premises and equipment provided.	<p>We took immediate action to ensure all waste bins in residents' bedrooms had lids, toilet brushes were removed and replaced where required, damaged bed bumpers, mattresses pressure relieving cushions and crash mats were replaced, kitchenettes were deep cleaned and shared bathrooms were repurposed.</p> <p>The cleanliness of the premises and equipment has been addressed with home manager and care managers with daily walk rounds, matters arising from these walk rounds are addressed immediately. A full programme of cleaning has been completed and will be maintained.</p>
	People received their medication on time by qualified staff and were managed generally safely, however they did find the providers medication audit had not identified that some liquid medications were past their expiry date when opened	<p>A full review of all medications held within the home was undertaken. The liquid medication found had a 3-month shelf life once opened, not been used and was destroyed.</p> <p>Going forward we will ensure all medications are checked to ensure their shelf remains in date.</p>
	<p>Risk Management was not always effective. Risks were identified however controls in place were not also ways followed effectively and some information was not consistent across their care plans.</p> <p>Although the majority of risk assessments we reviewed had been updated we found the information was not always consistent across people's care plans. For example. A person's falls, bedrails and sensor mat risk assessments had not been updated since their return from hospital where they were no longer mobile although their mobility care plan had been updated. This meant the risk of possible harm to people was not fully mitigated as staff did not have all the information, they needed to support the person safely.</p>	<p>A full review of all care documentation will be held as part of My Day to ensure all care documentation is triangulated.</p> <p>All care documentation for those people returning from hospital will be reviewed to ensure it is fully updated to meet the changing needs of the person</p>
	People generally enjoyed the meals provided however improvements were required to ensure the dining experience was a positive time for all.	The home manager has ensured that the care managers now conduct regular mealtime observations to capture people's mealtime experiences. These will help to drive improvement and create more positive social engagement for people at these times. People

	On Eider and Teal wing at lunchtime there was very little staff presence after the main meal had been served as staff appeared to be out supporting people to eat in their bedrooms. This meant the people seated in the dining room had to wait a while for their desserts	are encouraged to dine in the dining rooms to improve their mealtime experience. The home manager has reviewed the allocation of team members to ensure there is a presence during the mealtime experience
<i>The Care Quality Commission asked us to ensure that:-</i>	Effective arrangements are in place to ensure there are enough staff available to the needs of people.	CQC found that people felt safe, safe recruitment processes were in place. There were appropriate policies and procedures in place to protect people from abuse.
	The manager used a dependency assessment tool to review staffing numbers against the assessed needs of people using the service and told us this was reviewed regularly to ensure enough staff were employed with the right mix of skills, competence, and experience. However, the manager did inform us during our feedback they were in the process of reviewing staff rotas and current deployment of staff within the home.	The manager told us they have recently recruited more team members to help reduce the number of agency team members needed day to day to help provide more consistency and continuity of care. Regular agency care team members wherever possible were being provided for people requiring 1:1 support. Staffing for the home is reviewed monthly as a minimum against the resident's dependency levels. The staffing within the home meets the needs of the residents however the manager has reviewed the skill mix and deployment of the team to ensure greater oversight.

Thank you for taking the time to read our response, and please be assured that we are working hard to ensure that we meet Care Quality Commission requirements and to improve our working practices. We are monitoring our progress carefully, which is audited through regular visits from Senior Managers. Our progress will also be monitored by the Care Quality Commission.

In the meantime, the Abbot team continue to support the people who live at the home and their loved ones to enjoy a life well lived and make special memories together. We can see the positive impact this has by the wonderful moments of smiles and laughter, which is shared on the home's Facebook page.

Thank you for taking the time to read our letter. We feel confident that our next CQC inspection will have a positive outcome.

If you would like to talk about any of the issues raised, or would like to share any views or questions or concerns about the home; please feel free to email us our Care Quality & Governance team on cqt@excelcareholdings.com.

Yours sincerely

Sam Manning
Chief Operating Officer