

Innovation Health Care Ltd

Abbeydale Nursing Home

Inspection report

10-12 The Polygon
Wellington Road
Eccles
Greater Manchester
M30 0DS

Tel: 01617072501

Date of inspection visit:
01 February 2017

Date of publication:
05 May 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We carried out this unannounced inspection on 01 February 2017. Abbeydale Nursing Home is registered to provide residential and nursing care for up to 24 adults. Accommodation is situated on two floors with access to all internal and external areas via a passenger lift and ramps. The home has enclosed grounds with car parking space to the front of the property and a garden to the rear. The home is within walking distance of Eccles town centre and public transport systems into Manchester and Salford. Local amenities are close by. At the time of the inspection there were 22 people using the service.

At our last inspection on 18 July 2016 the service was found to be in breach of six regulations and these were in relation to person centred care, safe care and treatment, safeguarding service users from abuse and improper treatment, premises and equipment, and staffing. We also issued a warning notice for failing to assess and monitor the quality of service provision effectively and ensuring confidential information was stored securely. At the last inspection we asked the provider to take action to make improvements to person centred care, safe care and treatment, safeguarding service users from abuse and improper treatment, premises and equipment, and staffing and we received an action plan from the provider. At this inspection we found five continuing breaches of regulations, (including two parts of one regulation). You can see what action we told the provider to take at the back of the full version of this report.

At the time of our visit, there was no registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found medication was not consistently obtained safely. We found medicines were not always given as per prescriber's recommendations. There was no information recorded to guide nurses when administering medicines which were prescribed to be given "when required" (PRN). Prescribed creams were not stored safely in people's bedrooms and a risk assessment had not been completed to determine it was safe to store creams in bedrooms. There was no information available to guide nurses when a variable dose of medicine was prescribed to support nurses to administer the most appropriate dose of medicine.

This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Staffing levels were not calculated using any formal method based on people's dependency. People we spoke with and their relatives did not raise any concerns about staffing levels during our inspection visit.

We observed communal areas were left for long periods and were frequently left unattended by staff during the inspection. On one occasion, we observed a person that was at high risk of falls mobilising without their

mobility aid and there was no staff to offer assistance and support.

We saw people had records in their bedrooms to confirm staff were completing hourly observations during the day and two hourly observations during the night. The records showed that staff checked on people to ensure their safety and to offer assistance. We found risks to people's health and welfare were appropriately assessed to identify people's risks. We saw that falls were monitored and triggers or trends were identified and evidenced.

We looked at five staff personnel files and found evidence of robust recruitment procedures were in place. Appropriate checks were carried out before staff began work at the home to ensure they were suitable to work with vulnerable adults.

Staff were knowledgeable about potential signs of abuse and demonstrated they were aware of the safeguarding reporting process and whistleblowing procedures.

General cleanliness throughout the home had improved since our last inspection and there was a continued works for completion of decoration and replacing furniture and flooring throughout the home.

Interactions between people who used the service and staff members were warm. At the breakfast meal we saw a staff member gently assisting and encouraging the involvement of one person and providing reassuring assistance.

There was a staff training matrix in place. Care staff had completed training in various areas, however the matrix did not include information regarding training in medicines safe handling or dementia. The manager was unable to confirm if/when staff had undertaken this training.

This was a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing, because the provider could not demonstrate the appropriate support and professional development of staff. You can see what action we told the provider to take at the back of the full version of this report.

We could not find an assessment in one person's file who had been identified as being nutritionally compromised. We asked the nurse who told us that one had not been done and that the person had come to the home on a soft diet. The nurse was unable to identify the reason for this. This meant that the person may not have received sufficient nutrition of the appropriate type.

This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, maintaining accurate complete and contemporaneous records for each person using the service. You can see what action we told the provider to take at the back of the full version of this report.

The staff we spoke with demonstrated a good understanding of the people they supported, their care needs and their wishes.

People who used the service told us that their dignity and privacy was always respected by staff.

The home had a Service User Guide and this was given to each person who used the service in addition to the Statement of Purpose which is a document that includes a standard required set of information about a service.

People living at the home told us they received a service that was responsive to their needs. We saw the home had been responsive in referring people to other services when there were concerns about their health.

When people first started living at Abbeydale Nursing Home, an initial assessment was undertaken. Despite initial assessments being undertaken, we found appropriate care plans had not been implemented for three people who had been admitted to the home in recent weeks.

We found one person's care plan had not been updated each month, despite significant changes to their care needs.

At our previous inspection, we found that limited activities took place and there was limited information on life histories and experiences of people, such as personal preferences, hobbies, social and spiritual needs. During this inspection, although improvements had been made the service was still not meeting the requirements of this regulation. People told us there were limited activities on offer and there was no activity planner in place.

These issues meant there was a continuing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Person Centred Care. You can see what action we told the provider to take at the back of the full version of this report.

The home had systems in place to seek feedback from people living at the home and their relatives. There was a system in place to handle and respond to complaints.

There was no registered manager in post. Shortly before the date of the inspection a person had taken up post as manager and was in the process of registering with CQC at the time of the inspection.

At the last inspection on 18 July 2016 we had concerns relating to good governance and this was because the service failed to assess and monitor the quality of service provision effectively and ensure confidential information was stored securely. At this inspection we found although improvements had been made, further improvements were needed to meet the requirements of this regulation.

The service undertook a range of audits to monitor the quality of service provision and information was stored securely within the premises. Audits undertaken included infection control, kitchen and dietary requirements, care files, medication, commodes, mattress and pressure relief. However these checks did not highlight some of the concerns that we found during our inspection in respect of person centred care, meeting nutritional and hydration needs and staffing.

This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service had failed to monitor the quality of service provision effectively. You can see what action we told the provider to take at the back of the full version of this report.

The staff we spoke with told us they enjoyed working at the home and that there was an open transparent culture.

Staff told us the management were approachable and supportive.

People who lived at the home and their relatives spoke favourably about management within the service.

We looked at the minutes from recent staff meetings which had taken place. This presented the opportunity for staff to discuss their work in an open setting, raise concerns and make suggestions about how the service could be improved.

We saw a range of information posted on the wall in the staff room/training room which identified to staff what was expected of them in carrying out their duties.

The service had a business continuity plan that was reviewed in July 2015 and was due for renewal in July 2017.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

We found people were not always protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medicines safely.

We found staffing was not calculated based on people's dependency and made a recommendation that staffing should be based on people's needs.

Staff demonstrated a good understanding of recognising safeguarding but policies and procedures needed updating.

Requires Improvement ●

Is the service effective?

Not all aspects of the service were effective.

We found the staff training matrix did not include information regarding training in medicines safe handling or dementia and the service could not provide evidence that this training had been completed.

Records regarding different people's dietary needs were inconsistent.

There were some adaptations to the premises that would assist people living with dementia to orientate around the building.

Requires Improvement ●

Is the service caring?

The service was caring.

People who used the service and their relatives told us that staff were kind and treated them with dignity and respect.

Relationships between people who used the service and staff members were warm and staff demonstrated a good understanding of the people they supported.

Good ●

Is the service responsive?

Requires Improvement ●

Not all aspects of the service were responsive.

We found appropriate care plans had not been implemented for people recently admitted to the home.

We found care plans were not always updated at regular intervals and when people's needs changed such as if they had been referred to other health professionals for assessment.

Several of the people we spoke with during the inspection said there wasn't enough going on at the home and that trips and days out were not provided regularly enough.

Is the service well-led?

Not all aspects of the service were well-led. There was no registered manager at the home.

We found the service undertook a number of audits to monitor the quality of service provision but they did not highlight some of the concerns we found during our inspection.

Staff, people who lived at the home and their relatives spoke favourably about management within the service.

Inadequate ●

Abbeydale Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by three adult social care Inspectors. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents.

We reviewed statutory notifications and safeguarding referrals previously submitted by the service. We also liaised with external professionals including the local authority safeguarding team and NHS Salford clinical commissioning group (CCG).

We looked at records held by the service, including policies and procedures, staffing rotas, seven medication administration records (MAR) seven care files and five staff personnel files. We undertook pathway tracking of care records, which involves cross referencing care records via the home's documentation. We observed care within the home throughout the day.

At the time of the inspection there were 22 people using the service. During the inspection we spoke with the manager, the managing director, six care staff, four people who used the service, a nurse, four visiting relatives and one healthcare professional.

We observed care within the home throughout the day including the lunch time medicines round and the breakfast and lunchtime meal. We toured the premises and looked in various rooms. We also reviewed previous inspection reports and other information we held about the service.

Is the service safe?

Our findings

We asked people if they felt safe living at Abbeydale. Without exception, all the people we spoke to told us they felt safe. A person told us, "Oh yes definitely. There is always a member of staff around if you need them." A second person said, "Yes I do feel safe living here. They feed me and help me to get ready which gives me re-assurance." A third person said, "I feel safe. I haven't fallen since being here. They always make sure I have my stick."

A relative told us, "I've no concerns about [person's] safety. The staff support [person] to mobilise." A second relative said, "I've no concerns about [person's] safety. They're well looked after."

We looked at seven medication and administration records (MAR). We found some improvements had been made since our last inspection as people's medication records contained their picture and their allergy status was documented which would minimise the risk of medicines being given in error.

We found some actions were still outstanding which we informed the manager about on the day of our inspection. The manager confirmed they had conducted an audit following their commencement in post and had identified the issues we raised. The manager informed us they would be actioning the improvements required to ensure medicines were managed safely.

At our last inspection on 18 July 2016 we had concerns regarding the management of medicines and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the last inspection we informed the provider that the homes medicines policy was dated January 2005. The updated medication policy wasn't provided during the inspection but confirmation was later provided that this had been reviewed in October 2016.

At this inspection we found medication was not consistently obtained safely. We found two people had missed doses of their prescribed medicines for between one and four days because there was no stock available in the home. Missing doses of medicines can place people's health at risk of harm.

We found medicines were not always administered safely. We found medicines were not always given as per prescriber's recommendations. Some medicines that should be given before food, such as medicines to reduce gastric acid, hormone replacements and antibiotics were observed being given to people following their breakfast.

There was no information recorded to guide nurses when administering medicines which were prescribed to be given "when required" (PRN). This included medicines prescribed for anxiety, pain and constipation. There was also no information to guide staff when to commence administration of anticipatory drugs which were used when people were very poorly. Furthermore, there was no information available to guide nurses when a variable dose of medicine was prescribed to support nurses to administer the most appropriate dose of medicine. This exposed people to the risk of their medicine not being given consistently and people could experience unnecessary discomfort as a result.

Medicines which were stored in the medication room were stored safely and at appropriate temperatures which were monitored daily. However, prescribed creams were not stored safely in people's bedrooms and a risk assessment had not been completed to determine it was safe to store creams in bedrooms.

This was a continuing breach of Regulation 12(2)(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

During the inspection, we looked to see how the manager ensured there were sufficient numbers of staff on duty to meet people's needs. We were told staffing levels were not calculated using any formal method based on people's dependency. The home manager told us; "If there are less than 20, there are three care staff and one RGN. If there are more than 20 people living at the home, we have four care staff and one RGN."

People we spoke with and their relatives did not raise any concerns about staffing levels during our inspection visit. A person told us, "There are enough staff and they seem to work well between themselves. There is always someone on hand at night." A second person said, "Most of the time I feel there are enough staff." A relative told us, "I feel there are enough staff. There is always somebody available to speak to when needed." A second relative said, "I think they could maybe do with a few more staff so they weren't always so busy."

Staff told us they felt there were enough staff on duty to meet people's needs timely. A member of staff said, "We have been pushed in the past and quite a lot of people need assistance from two members of staff. I feel staffing levels are okay at the minute though and we work well." A second staff member said, "Staffing levels are generally okay and are consistent." A third staff member said, "The double ups are hard when we've only got three staff on. Four is okay though. We can manage with that many."

We observed communal areas being left for long periods and were frequently left unattended by staff during the inspection. On one occasion, we observed a person that was at high risk of falls mobilising without their mobility aid and there was no staff to offer assistance and support. We recommend that the provider assess people's dependency living at the home and calculate the staffing required based on people's needs.

Before this inspection we received concerns relating to the absence of control measures for people that were unable to use call bells to alert staff when they required assistance. During the inspection we saw new call bells were being installed in people's rooms. We obtained a list of people from the manager of people that were identified as being unable to use a call bell and we went in to their bedrooms to ascertain what measures were in place. We saw people had records in their bedrooms to confirm staff were completing hourly observations during the day and two hourly observations during the night. The records showed that staff checked on people to ensure their safety and offer assistance. Throughout the inspection, we saw staff leave the room within this timeframe to complete the observations. Staff signed the record to demonstrate the observation had been completed every hour for each person and we saw there was no omissions in signatures on the documentation.

We found risks to people's health and welfare were appropriately assessed to identify people's risks. We looked at four care files and found the service undertook a range of risk assessments. These included nutrition, falls, skin integrity, whether people could use call bells and bed rail assessments. We found risk assessments provided guidance to staff as to what action to take to ensure people remained safe. People had personal emergency evacuation plans (PEEP) in their file which would identify to staff the type of assistance needed in the event of an emergency evacuation of the building.

We saw that falls were monitored and triggers or trends were identified and evidenced. We saw learning from incidents or investigations took place and appropriate changes were implemented, including the action taken to minimise the risk of further incidents. For example, one person had experienced a number of falls and we saw that a body map had been completed, risk assessment and care plan had been updated, and the observations on the person had been increased in order to offer timely intervention. The person had also been referred to their GP for a referral to the falls team for assessment. A bed rail and alert mat risk assessment had been also been completed but concluded that they would increase the risks.

We looked at five staff personnel files and there was evidence of robust recruitment procedures in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. Each file contained job application forms, equal opportunities monitoring forms, proof of identification, two references and a contract of employment. A CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check had been undertaken before staff commenced in employment. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people.

Staff were knowledgeable about potential signs of abuse and demonstrated they were aware of safeguarding reporting process and whistleblowing procedures. The homes safeguarding policy provided to us at the inspection was dated 2009 which we fed back to the manager during the inspection. The updated policy folder wasn't provided during the inspection but the policy had been reviewed in October 2016. There were no concerns regarding safeguarding matters, staff understanding and processes in place. Staff confirmed they had received safeguarding training. A staff member told us, "The types of abuse include sexual, financial physical and mental. I would contact the manager initially but if nothing was done I would go directly to safeguarding myself." A second staff member said, "I would not hesitate to make an alert if I felt a member of staff, family member or even another resident was abusing a person in some way." A third member of staff said, "Safeguarding is all about people's safety. It could be physical, emotional, financial abuse. I would report straight to the manager. If the safeguarding concerns were in relation to the management, I'd go straight to CQC."

Prior to conducting the inspection, we liaised with the local infection control team as we had received concerns prior to us undertaking our last inspection. We found at the time of our inspection in July 2016, the required actions had not been implemented and this was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of premises and equipment. At this inspection we found the provider was now meeting the requirements of this regulation.

Prior to undertaking this inspection we received feedback to indicate that the homes infection control had improved. On arrival at Abbeydale, we saw the rear lounge carpet and chairs had been replaced. We checked the wheelchairs and pressure cushions in use and found these were clean. We checked people's bedrooms and found them to be clean and tidy. We noted that commode checks had been implemented since our last inspection. We saw sterile wipes, PPE equipment and hand gels were available throughout the home.

General cleanliness throughout the home had improved since our last inspection and there were on-going works for completion of decoration and replacing furniture and flooring throughout the home.

Is the service effective?

Our findings

A person who used the service said, "I feel the staff are well trained and good at their jobs, you can't complain." A second person told us, "The staff seem to know what they are doing and know their jobs well from what I can see." A visiting relative commented, "[My relative] was very poorly when she came in but is much improved." The staff we spoke with explained their roles well and had a good understanding of what was required of them and how to deliver care safely.

At the last inspection on 18 July 2016 we had concerns relating to staffing because the provider could not demonstrate the appropriate support and professional development of staff and this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection although improvements had been made further improvements were needed to meet the requirements of this regulation.

As part of this inspection we looked at the induction and training staff received to ensure they were fully supported and qualified to undertake their roles. We looked at staff supervision and appraisal information and saw that a supervision cycle was in place for all staff in 2017, with meetings occurring bi-monthly. Historical records identified that all staff had undertaken a supervision meeting with their line manager in the four months prior to the date of the inspection.

Staff we spoke with confirmed they had regular supervisions and found them to be useful. One staff member said, "We have them, roughly a few times a year. They are useful and are good learning opportunities." Another staff member told us, "I did have one in December 2016, but they weren't always consistent prior to that."

We could not find any evidence of staff undertaking a process of formal induction when they first started working at the service. The manager checked staff files for historical information and could not find any evidence of this happening. In response the manager created a new staff induction form which they told us would be completed with new staff members.

Staff told us they felt they received sufficient training. One staff member said, "We are getting enough training and are always offered more that comes along." Another staff member commented, "I'm currently doing my NVQ level 5. I am definitely getting the support I need and sufficient training is provided."

There was a staff training matrix in place. Care staff had completed training in various areas, for example 88% of staff were trained in infection control, 62% had undertaken safeguarding training, 92% of staff had done moving and handling training, 88% were trained in first aid, 84% in fire safety and 32% in MCA/DoLS. However the matrix did not include information regarding training in medicines safe handling or dementia despite some hard copy training certificates being present in staff personnel files.

We asked the manager about this and they were unable to confirm with certainty when staff had undertaken this training but told us that medicines training had been delivered by the supporting pharmacy in 2016

prior to the manager starting employment with the service and that new medicines training was being arranged for 15 February 2017 and training in tissue viability was booked for 23 February 2017. This was a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing, because the provider could not demonstrate the appropriate support and professional development of staff. You can see what action we told the provider to take at the back of the full version of this report.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had a good understanding of DoLS and the MCA, the importance of consent to care and treatment and how to act in people's best interests.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was complying with the conditions applied to the authorisations.

There were appropriate records relating to the people who were currently subject to DoLS. A list of people subject to DoLS was kept in the office and was up to date. Applications for DoLS had been made where required and these were up to date. There were appropriate MCA assessments in place, which were linked to screening tools and restrictive practice tools which outlined the issues and concerns. Best interest assessments were completed by the local authority.

We also saw that the conditions relating to DoLS authorisations were met and related to what was recorded within the care plans about people's support, for example if a person required the use of bed rails. Appropriate supporting policies and procedures were in place, for example, the service had policies on MCA/DoLS and Safeguarding Adults. There was a DoLS process flowchart, a copy of the local authority safeguarding protocol and update information for example a court ruling regarding DoLS was in place.

We asked staff about their understanding of MCA/DoLS and if they had undertaken any training in this area. One staff member told us, "I did training in this area not long ago. DoLS is for when people don't have capacity to act for themselves. If a person wanted to leave, but it wasn't safe for them to do so because they would be a risk, I feel a DoLS would be needed." A second staff member said, "I haven't had training around this for a while. The use of bed rails may indicate a DoLS would be needed if their movements were being restricted as a result." There was a register of trained staff which identified who was competent in making DoLS referrals.

Staff were aware of how to seek consent from people before providing care or support and told us they would always ask before providing care. People living at the home told us staff always sought their consent before delivering care to them. One person told us, "The staff usually do what I want and I always feel I have a choice." A second person commented, "I've noticed the staff do ask to make sure I agree with things." A staff member said, "I sit down with people and ask them what they need. I offer them choices with their daily routines so that they can choose and are involved."

People's care files contained appropriate risk assessments and monitoring information, for example regarding weight, pressure area care, fluid intake, nutritional intake and special diet.

We observed the lunchtime meal. There was a relaxed unrushed atmosphere and we saw that staff interacted with people in a respectful and dignified manner, recognising people as individuals' and encouraging their engagement. There was discussion and laughter between people who were dining. Staff provided assistance to people who required it and spoke politely to people asking them about what they wanted to eat and drink before serving it.

The dining room was clean and homely with nicely laid out with crockery and cutlery. Prior to serving any food, staff washed their hands and used appropriate personal protective equipment (PPE) such as gloves and aprons.

A person who used the service told us, "The food and meals are alright and they always feed you well." A second person said, "It can vary. Sometimes it is okay but sometimes not. They do their best." A third person commented, "I'm sleeping and eating now which I wasn't doing before and staff have encouraged me to eat. If you ask staff for something they do it and they brought me a good selection of fruit the same day I asked for it."

There was a four week, seasonal menu cycle in use which was nutritionally balanced and offered a good range of choice. The menu was displayed on the dining room wall and was hand-written. Early morning drinks, afternoon tea and late evening snacks were also provided. People's food preferences were recorded on admission and discussions regarding food were held at residents meetings.

We saw staff went round frequently with a drinks trolley and we heard staff offering people a hot drink three times in addition to the drinks trolley coming round and the drinks served with meals.

We looked at three people's care files to ascertain whether people's nutritional needs were being met. We saw people had eating and drinking care plans in place which identified people's dietary needs. We saw one person was identified as requiring a soft diet and a second person was nutritionally compromised and required a fortified diet.

We looked at the kitchen record and found the chef did not have any specialist dietary information identified for the two people we had looked at. Staff had documented people's food choices in the daily records but they had not documented the consistency of the food the person had received or whether it had been fortified. Staff were recording how much fluid was consumed in the files looked at but there was no daily recommended fluid intake identified to guide staff as to what an adequate fluid intake was for that person.

We asked the nurse on duty who confirmed the person required a soft diet and the other person a fortified diet. We told the nurse that the kitchen did not have the required guidelines for these people and the nurse updated the kitchen information during the inspection.

We looked through the people's records to ascertain whether they had received an assessment of their needs to determine the management plan. We found the person identified as requiring a fortified diet had been seen by a community dietician and had a nutritional action plan in place. We could see from the daily food logs that high calorie foods had been offered in line with the recommendations; however the service could not demonstrate that milky drinks had been offered in line with the guidelines.

We could not find an assessment in the person's file that had been identified as being nutritionally compromised. We asked the nurse who told us that one had not been done and that the person had come to the home on a soft diet. The nurse was unable to identify the reason for this. This meant that the person may not have received sufficient nutrition of the appropriate type.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had not maintained accurate, complete and contemporaneous records for each person using the service. You can see what action we told the provider to take at the back of the full version of this report.

We found there were people living at Abbeydale who were living with dementia. We saw staff responded and supported people with dementia care needs appropriately. Some adaptations had been made to the premises such as hand rails that would assist people when using the bathroom or toilet, and the provision of a variety of different seating to suit different people's needs. However handrails, grab rails and toilet seats were not contrasting in colour which would assist some people living with dementia to use these facilities independently. There was 'dementia friendly' directional signage for lounges, dining room, toilets, bathrooms and bedrooms that would assist people to mobilise round the building or understand where they were if assisted by staff. Some, but not all bedrooms had the picture of the person on the door which would help them recognise their own room.

Is the service caring?

Our findings

A person who used the service told us, "I think it is a very nice place. It's very clean and the staff are very nice." A second person said, "I feel I receive good care. They look after you and you get good meals. The staff are all alright as well." A third person told us, "Staff are excellent to the very last person; night staff, cooks, even the maintenance man. They address you by your name and it's nice to know you're valued as a person." A visiting relative commented, "I can't fault this place and would recommend it to anyone." Another relative told us; "Overall impression of the care is positive. Staff are nice and helpful." A third relative said; "Staff are really friendly, they make me feel very welcome when I visit."

We observed care in the home throughout the day. Interactions between people who used the service and staff members were warm. Conversations were of a friendly nature and there was a caring atmosphere. Staff attitude to people was polite and respectful using their names and the right approach and people responded well to staff.

At the breakfast meal we saw a staff member gently assisting and encouraging the involvement of one person and providing reassuring assistance. When they had finished eating the staff member asked the person where they wanted to go before explaining what they were doing to assist them to achieve this. They said, "Okay [person's name] I'm going to assist you to the hairdressing salon." The staff member explained to the person how they should safely put their feet on the footplates of their wheelchair before being moved and said, "I'm going to wheel you backwards now, are you ready." We saw the staff member then took the person to the hairdressing room where they engaged in conversation with others who were already in the room.

On another occasion we observed a person asking a staff member for a tissue at lunch time. The staff member said, "Of course you can [person's name] you wait there and let me get it for you." The staff member immediately brought the tissue, asked the person if they wanted any assistance and then provided this after confirmation from the person. The tissue was put into the bin straight away.

Another person asked a staff member to assist them to the lounge. The staff member then assisted the person to rise from their chair, using a safe technique, and said to hold onto the walking frame that they used. The staff member then walked alongside the person until they were safely seated in the lounge area. This promoted the person's independence and recognised what they could do for them self.

We asked people if staff promoted their independence. One person said, "I'm able to manage with my Zimmer frame and that is something the staff encourage me to do to maintain my independence." A second person told us, "The staff let me have a wash myself and do what I can for myself."

We asked staff about how they promoted people's independence. One staff member said, "When I am washing someone I will pass them the flannel so they can wash their own hands and face and also let them brush their hair. If a person is able to walk then I would be reluctant to offer them a wheelchair initially to encourage them to mobilise." Another staff member told us, "I try to encourage people as much as possible

that if they don't keep their independence up then they may lose the ability to do things themselves."

The staff we spoke with demonstrated a good understanding of the people they supported, their care needs and their wishes. They were able to tell us about people's preferences and how they endeavoured to ensure care and support provided was tailored to each person's individual needs. Staff spoken with could give examples of how privacy and dignity was respected, for example by knocking on doors, covering up people whilst providing personal care, asking permission before carrying out any assistance and explaining reasons for interventions.

As part of the inspection we checked to see that people living at the home were treated with privacy, dignity and respect. People who used the service told us that their dignity and privacy was always respected by staff. One person told us, "The staff have always treated me with respect since I have been here." A second person said, "Oh I would definitely say so yes." A relative told us, "No concerns regarding staff maintaining [person's] privacy and dignity."

We asked staff how they aimed to treat people with dignity and respect when providing care and support. One staff member said, "I'll chat with people before care interventions rather than just starting straight away. I'll keep people covered with towels during personal care so they don't feel embarrassed and also close doors." A second staff member told us, "Its little things like making sure bedroom doors are closed during personal care is very important. We also put signs on doors when personal care is in progress." We observed this happened during the course of the inspection.

When doing room checks, we observed a member of staff was supporting a person in their bedroom to eat their meal. We heard the staff member ask the person if they would they like the door shut. The member of staff apologised to us and said the person wanted privacy whilst they were supported with their meal. The member of staff shut the door and we heard the person thank the staff member.

We observed staff put a sign on people's door when providing care which said 'care in progress.' This meant people's privacy and dignity was maintained as all staff confirmed that they would not go in to a person's room when the sign was displayed.

We saw a member of staff noted a person that was asleep in the lounge and was leaning to the side and their glasses were pressing in to the side of their face. The carer kneeled down on the floor, adjusted the person's glasses to stop them digging in to their face and rubbed the indentation. The staff member stayed with the person and was observed stroking their hand. Another member of staff came to assist the staff member and they adjusted the person's position, put a cushion under the person to stop them from leaning to one side. The staff member's did this sensitively. They spoke to the person in hushed tones and offered reassurance. The person stayed asleep throughout.

The home had a Service User Guide and this was given to each person who used the service in addition to the Statement of Purpose which is a document that includes a standard required set of information about a service. The guide contained information on how to raise any issues of concern and referenced the local authority and the Care Quality Commission (CQC). Relatives we spoke with confirmed they had been given a copy of these documents. There was an open door visiting policy in place and relatives could visit at any time though the home endeavoured to avoid visits at meal times.

At the time of the inspection no person was in receipt of end of life care and each care file had a section about advanced decisions. Where people had made an advanced decision regarding end of life care this was recorded correctly, dated and signed appropriately.

People's care files contained information which documented their wishes at this stage of life where they had been open to discussing this. Staff told us they involved families when developing care plans or carrying out assessments. The people we spoke with living at the home and a visitor to the service confirmed this was the case.

Is the service responsive?

Our findings

People living at the home told us they received a service that was responsive to their needs. One person told us, "The staff give me help to get up and out of bed because I can't do that myself. I'm quite satisfied overall." Another person told us, "The staff seem quite responsive to what I want. If ever you want a drink or something to eat then it's there."

During the inspection we saw several examples where the home had been responsive to people's care needs and also where people were from different ethnic backgrounds. For example, one person's eating and drinking care plan said they liked to eat ice creams, several times a day and we were able to see from food intake sheets that this was provided for them by staff. Their care plan also stated that it was important for them to be able to eat Jamaican cuisine and we saw this person had eaten meals such as spicy rice and jerk chicken that were prepared by staff at the home.

We saw the home had been responsive in referring people to other services when there were concerns about their health. For example, one person had been identified as losing weight and had been promptly referred to the dietician service by staff, although were advised there was no cause for concern. This same person had also been referred by staff to the Speech and Language Therapy (SALT) service, due to them being at risk of choking. The recommendations had been to provide this person with a mashed diet and for their drinks to be thickened with one scoop for each 100 millilitres of fluid. We saw this was provided for this person during the inspection, with the drink thickener also recorded on the medication administration record (MAR) as being given.

When people first started living at Abbeydale Nursing Home, an initial assessment was undertaken. We saw these provided a focus on communication, mobility, washing/dressing, eating/drinking, continence, sleeping, hearing, sight and activities. This would enable staff to establish what people's care needs were and the type of care people required.

Despite initial assessments being undertaken, we found appropriate care plans had not been implemented for three people who had been admitted to the home in recent weeks. In one person's care plan, their initial assessment identified they needed assistance with a shower; however a personal care/hygiene care plan was not in place. There was also no information about their elimination, mobility, eating/drinking and communication needs, other than what was captured during their assessment. A second person's assessment identified them as needing full assistance from one member of staff with tasks such as washing/dressing and that they were also doubly incontinent and needed to wear continence pads. We found appropriate continence and personal hygiene care plans were not in place. This meant staff would not have access to sufficient information about people's care needs.

We found one person's care plan had not been updated each month, despite significant changes to their care needs. For instance, this person had been referred to SALT for assessment in January 2017, with changes to their diet being recommended due to them being at risk of choking. Although we could see a special diet was being provided for this person as advised, their eating and drinking care plan had not been

updated since November 2016 and referred to them consuming a normal diet and fluids. This presented the risk of staff not having access to information that was accurate and based on people's current needs.

At our previous inspection, we found that limited activities took place and there was limited information on life histories and experiences of people, such as personal preference, hobbies, social and spiritual needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person centred care, because care and treatment failed to meet people's needs and reflect their preferences.

During this inspection, although improvements had been made the service was still not meeting the requirements of this regulation. We found information about people's life histories were completed which captured information relating to their family background, schools attended, favourite memories, childhood friends, pets, children, significant life events and special places visited. This information was stored within individual activity participation records. There was also information relating to what people liked to do during the day, their favourite food and drink, favourite time of year, favourite colours and any special objects people owned. Despite this information being captured, we did not observe any activities taking place on the day of the inspection other than nail painting and were told a set schedule of activities wasn't in place.

We asked people about the activities on offer and if trips and outings were ever arranged. One person said. "We never get to go out and that is the one big fault here. There isn't usually much going on to be honest." Another person added, "Definitely not enough activities. I was told when I first moved here that we would be taken on trips but that hasn't happened. There is nothing going on."

These issues meant there was a continuing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Person Centred Care. You can see what action we told the provider to take at the back of the full version of this report.

The home had systems in place to seek feedback from people living at the home and their relatives. This included sending a satisfaction survey which had recently been sent in October 2016. This asked people for their views in relation to the home being able to meet their needs, if there was anything they would like to change, if they were happy with their bedroom, the food, if they felt listened to and if they were happy living at Abbeydale. We noted the majority of surveys that were returned contained positive feedback about the services provided.

We reviewed documents, which the service used to monitor the quality of its service by seeking feedback from people who used the service, their families, staff and visitors. This provided an opportunity to discuss any concerns and encouraged suggestions to improve the home and the care provided. We found that a residents' meeting had been held in January 2017 and discussions included food and menus, involvement in care plans, complaints/compliments, activities, personal money, relative's survey. There was a schedule of residents and relatives meetings for 2016 and seven out of 12 possible meetings had been held.

Comments from a relatives survey carried out in October 2016 included, 'My dad is well looked after and he enjoys living here,' and 'care is of a high standard, very helpful staff,' and 'nothing is too much trouble for the staff,' and 'comfortable and homely, would recommend.'

We saw a relatives and residents meeting had also been scheduled for 14 February 2017, with a poster displayed on the front door. Agenda items to be discussed included care delivery, food, safety, the environment and activities. Two of the people we spoke with however said that there hadn't been a meeting

for some time. One person said, "I've been here for a few months and there hasn't been a meeting since I have been here." Another person commented, "I don't recall one. In fact I don't remember one taking place."

There was a system in place to handle and respond to complaints. The procedure was also displayed near the front entrance, although needed to be updated as it made reference to a previous home manager. We saw the home had an appropriate policy and procedure in place, information them of the steps they could take if they were unhappy with the service they received. This was due for renewal on 16 February 2017. The people we spoke with said they had never felt the need to complain, but would feel comfortable speaking with staff and raising concerns. One person said, "Anything I have told the staff about before that I wasn't happy about was sorted quickly."

The home also maintained a record of many compliments which people and their relatives had made about the care provided at the home. We looked at a sample of these, with some of the compliments including; 'To all of the staff, thank you for taking care of mum' and 'To Abbeydale staff, thank you for looking after our mum whilst she was in your care' and 'Thank you very much for everything you did for our relative. You are all truly amazing at what you do.'

Is the service well-led?

Our findings

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Shortly before the date of the inspection a person had taken up post as manager and was in the process of registering with CQC at the time of the inspection.

At the last inspection on 18 July 2016 we had concerns relating to good governance and this was because the service failed to assess and monitor the quality of service provision effectively and ensure confidential information was stored securely. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found although improvements had been made, further improvements were needed to meet the requirements of this regulation. The service undertook a range of audits to monitor the quality of service provision and information was stored securely within the premises. We checked a basement room where at the last inspection people's records were waiting to be archived and left in open boxes or on shelves and could be accessed by anybody entering the room. At this inspection we found that these had been removed from view and the basement was only accessible by staff via a key-pad access door.

A medicines audit had been carried out on 20 January 2017 and achieved a score of 88% compliance. This audit highlighted some of the concerns we also identified at this inspection with regards to the management of medicines. Audits undertaken included infection control, kitchen and dietary requirements, care files, medication, commodes, mattress and pressure relief.

However these checks did not highlight some of the concerns that we found during our inspection in respect of person centred care, meeting nutritional and hydration needs and staffing. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service had failed to monitor the quality of service provision effectively. You can see what action we told the provider to take at the back of the full version of this report.

The staff we spoke with told us they enjoyed working at the home and that there was an open transparent culture. One staff member said, "We have had a rough time recently. There have been a few different managers in the past and we have been let down. I'm still enjoying the job though and the new manager needs to be given time to settle on. I just want the home to get back to where it used to be." A second staff member told us, "It's better than it used to be. We are by no means perfect but I feel we are moving in the right direction."

Staff told us the management were approachable and supportive. One staff member told us, "Management is better than what it was. The current manager is firm but fair and I feel able to talk to him and confide things which is good." A second staff member said, "I find the manager to be very efficient and knows what

he is doing. The manager always has time for the staff and I feel he can turn the home around." A third staff member commented, "The new manager has brought in a lot of change for the better as far as I'm concerned. They have the right approach to things and will be good for the home. They are very approachable." A fourth staff member told us, "The provider is good. Our meals are provided for us and they never complain what we have. It's a nice perk to the job."

People who lived at the home and their relatives spoke favourably about management within the service. One relative said, "As far as I can see the new manager is doing a good job." A second relative told us, "The manager introduced themselves to us when [person] moved in. I think the home is well-led." A third relative told us; "I think the home is well- led. I would definitely recommend it." A person who used the service said, "The manager came out to see me at home and did an assessment. There's no stigma here and I've seen the manager many times in the past weeks."

We looked at the minutes from recent staff meetings which had taken place. This presented the opportunity for staff to discuss their work in an open setting, raise concerns and make suggestions about how the service could be improved. We asked staff about their opinions of team meetings and one staff member said, "We had one a few weeks ago and they are beneficial. Things that need to be said get discussed." A second staff member told us, "They haven't always been that consistent in the past but we had a recent one in January 2017." A third staff member commented, "We have team meetings regularly. We are all able to contribute to them and have our say. We do a bit of sparring with the night staff."

We saw a range of information posted on the wall in the staff room/training room which identified to staff what was expected of them in carrying out their duties. There was information on client focus, respect, communication, accountability and teamwork, learning, caring attitude and integrity. These represented the underpinning values of the service. There was also information on infection control and dementia.

The service had a business continuity plan that was reviewed in July 2015. This included details of the actions to be taken in the event of an unexpected event such as the loss of utilities supplies, fire, loss of IT, an infectious outbreak or flood. This meant that there was a set of procedures and strategies in place, to be followed in the event of a business disruption affecting the ability of the home to deliver services as usual.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and treatment failed to meet people's needs and reflect their preferences. Regulation 9(1)(a)(b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe or unsuitable management of medicines. Regulation 12 (2)(f) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service had failed to monitor the quality of service provision effectively. Regulation 17(2)(a)(b) The service had failed to maintain accurate, complete and contemporaneous records for each person using the service. Regulation 17(2)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider could not demonstrate the appropriate support and professional development of staff. Regulation 18(2)(a)(b)(c)

