

Innovation Health Care Ltd

Abbeydale Nursing Home

Inspection report

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

Tel: 01617072501

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Abbeydale Nursing Home provides nursing and personal care for up to 24 people. At the time of the inspection 17 people were using the service. 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 at the front and a garden area to the rear.

People's experience of using this service

Staff protected people from abuse. Staff understood how to recognise and report any concerns they had about people's safety and well-being.

Staff assessed people's needs before they starting using the service. People had been involved in the care planning process, and in identifying their support needs in partnership with staff.

The provider followed safe recruitment processes to ensure the right people were employed. Staff training included an induction and ongoing training. There were enough staff to keep people safe.

Improvements were needed to the environment to ensure it was safe for people and to enhance the quality of people's experience, however a programme of redecoration was in place to address the issues found at the inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff assessed any risks to people's health and wellbeing and mitigated these risks. Staff managed people's medicines safely, and staff followed procedures to prevent the spread of infections. Staff had formed genuine relationships with people, knew them well and were caring and respectful towards people and their wishes. Staff were dedicated to their roles and in supporting people to achieve their goals and aspirations.

Staff supported people to access healthcare professionals and receive ongoing healthcare support. Staff supported people to share their views and shape the future of the care they received. Care plans provided staff with the information they needed to meet people's needs.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs. The provider and manager followed governance systems which provided effective oversight and monitoring of the service.

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

Rating at last inspection:

The last rating for this service was requires improvement (published 01 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Abbeydale Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Abbeydale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care

provided. We spoke with the registered manager, a staff member administering medicines, the cook and three other care staff members. We reviewed a range of records, including three people's care records, risk assessments and medication administration records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

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

At our last inspection the provider had failed to manage people's medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

Using medicines safely

- The provider now had systems in place to ensure people received their medicines as prescribed. We looked at three people's medicines administration records and found these to be completed correctly. We did a stock check of people's medicines, including controlled drugs which are subject to more rigorous guidelines, and these were correct.
- Staff administered medicines in a safe manner. All staff who administered medicines had received the necessary training and checks on their competency. Since the last inspection the provider had received support by other relevant healthcare professionals to ensure staff managed medicines safely.
- Medicines were stored safely and room and fridge temperatures were maintained daily to ensure medicines were stored at the correct temperature. Protocols were in place for 'as required' medicines.

Systems and processes to safeguard people from the risk of abuse

- Staff received training and support to recognise and respond appropriately to abuse. Staff understood the principles of keeping people safe.
- Staff reported any concerns to the local authority and other key agencies as necessary. The service had a safeguarding policy, accessible to staff. The registered manager took appropriate action to keep people safe and kept a record of any safeguarding incidents.
- People told us they felt safe when receiving a service. One person said, "No problems whatsoever, staff are very nice. If I had any concerns I would speak to a member of staff and let them know how I felt." A second person told us, "Oh yes I feel safe and free from bullying. If I had any concerns I would talk to the staff, and they would listen. Staff are very good, I trust them and have never had any cause not to, not once."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Staff identified risks associated with people's care and support and actions were in place to minimise risks occurring. Staff knew people well and were knowledgeable about the risks in relation to their care.
- Comprehensive fire risk assessments were in place. People had personal emergency evacuation plans in their care file to ensure staff knew how to safely support them in the event of a fire. Premises' risk assessments and health and safety assessments were in place, reviewed regularly and up to date including gas, electrical installations and fire equipment.
- Since the last inspection, the local authority had been working with the home to improve standards of infection control; they told us improvements had been made but further work was needed. The home was

clean throughout with no mal-odours. Some improvements to the environment were needed to help minimise the potential spread of infections, which are discussed in more detail on the Effective section of this report.

Staffing and recruitment

- Safe staff recruitment processes were in place. The provider had robust recruitment checks in place to ensure staff were suitable to work in the care industry. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Staffing levels were determined by the number of people using the service and their needs and adjusted accordingly.
- During our inspection we observed staff constantly interacting with people and there were enough staff available to ensure people received timely care. One person told us, "I love it here, staff are so obliging, absolutely brilliant. I get my medicines on time and staff are prompt in answering my call bell."

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. A log of any incidents was in place including the action taken to reduce the potential for a re-occurrence.
- The provider had a system in place to analyse any incidents and accidents and the registered manager told us they would use this to identify any trends, for example, if incidents were occurring at a specific time of day or in one area of the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some improvements were needed to the home environment. Two toilets had insecure locks and some old chairs needing replacing to help prevent the spread of infection. There was old paintwork and old flooring, which was being upgraded at the time of the inspection. The garden area needed developing to make it accessible and safe for people to use. The sluice room needed a locking mechanism as the door key was not available. One shower room was sparse with minimal decoration and the shower enclosure was old and unkempt, and needed replacing.
- There was signage to help people orientate around the home. Equipment such as bath aids, hoists and lifts were in place to help meet people's needs.
- An ongoing programme of redecoration was underway which reassured us these issues were understood and would be resolved.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs prior to taking up residence in the home, to ensure it was suitable to meet their needs; the pre-admission assessment included areas such as mental health, communication, mobility needs, nutrition and skin integrity.
- People's assessments were regularly reviewed to ensure the home could continue to meet people's changing needs. People told us they were involved in care planning and staff kept relatives informed of any changes.
- Staff acknowledged people's preferences, likes and dislikes, past life histories and backgrounds and recorded these in care documentation; we saw staff respected these choices.

Staff support: induction, training, skills and experience

- Staff received the necessary training and support which gave them the knowledge to carry out their roles and responsibilities. One staff member told us, "I feel I get lots of training and this is refreshed each year. I feel it's relevant and enough, and we can discuss training afterwards."
- Staff we spoke with told us they felt they worked together well as a team and were complimentary about the support they received from the management team. One staff member said, "I definitely feel I can approach my manager. [Manager name] is always available and is a good manager."
- Staff told us they received a thorough induction which comprised of mandatory training and shadowing experienced staff; we verified this by looking at staff induction records.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. Staff worked with other health and social care professionals to achieve better outcomes for people. Staff assessed people's oral healthcare and encouraged good oral healthcare.
- The registered manager worked with the local authority, where applicable, to ensure they could meet people's needs before providing care. People we spoke with confirmed they received a good standard of care. One relative told us, "[My relative] is well looked after and the care is very good."
- Advice provided by healthcare professionals was recorded in people's care plans. Care plans contained professional's contact details, such as doctors.

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

- Staff met people's dietary needs and preferences and people were involved in choosing their meals each day; we saw staff asking people what they wanted to eat at each meal. A variety of choices were available at each meal.
- Staff referred people to nutrition and dietetic services where appropriate. Some people received special diets and people had nutrition and hydration care plans in place. Information on different diet types, such as a soft diet was in place and this informed the kitchen staff how to prepare and serve these types of foods.
- People told us they enjoyed the food provided at the home. One person said, "The food is very nice and staff will change it for you if you want an alternative."

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

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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 had the appropriate legal authority and were being met.

- The registered manager and staff were working within the principles of the MCA. The registered manager reviewed any DoLS each month and people had communication care plans in place.
- Staff had received training in the MCA and had a good understanding of capacity and consent.
- Staff considered people's capacity as part of the initial and subsequent assessment process and staff worked alongside people to involve them in decision making when required. One person told us, "Staff will ask for my consent before giving me any care."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff delivered care and support in a non-discriminatory way and respected the rights of people with a protected characteristic. Protected characteristics are a set of nine characteristics, protected by law to prevent discrimination, for example, discrimination based on age, disability, race, religion or belief and sexuality.
- Regular staff members supported people, which provided continuity and familiarity. One person told us, "Staff ask for my consent before giving any care, that's the way they are. Staff are very careful when they are helping people." A relative said, "[My relative] has 'only ever seen the same girls.'"
- Staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. We saw staff spoke with people while they moved around the home and informed people of their intentions when approaching people. Staff also informed people of the reason for our visit. One person told us, "Staff will knock on my door before entering my room. I feel that staff know me well and would listen to me."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff involved people in decisions about their care; our observations during the inspection confirmed this. We observed care taking place and interactions between staff and people using the service. It was clear that staff were respecting people's decisions about their care.
- We observed staff altering people's care plan information and changing the way the provided care based on people's views and decisions.
- Care plans included people's preferences and choices, including important information such as how people preferred to spend their day and what they enjoyed doing.
- Staff respected people's privacy and dignity and could tell us the ways they did this when supporting people with personal care.
- Staff understood the importance of maintaining people's independence and promoted this where possible. Staff encouraged people to carry out tasks they could to maintain their independence and people confirmed staff promoted their independence. One relative told us, "[My relative] does sometimes participate in the activities and can spend the day how [they] want to. [My relative] can get up and go to bed and have a shower, when he wants to."
- Systems were in place to maintain confidentiality and staff understood the importance of this; the service stored people's records securely in the office premises.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Person-centred care plans contained specific individual details about people and how they wanted support. Care plans detailed people's likes, dislikes and preferences. Staff demonstrated they knew about people's likes and dislikes, through interactions we observed throughout the inspection.
- People's care plans detailed their strengths and areas of independence, for example, where people could complete elements of their personal care independently.
- The service regularly reviewed care plans to ensure all information was accurate and up to date.
- Staff supported people to maintain relationships important to them. Staff time was available to support people in activities and a number of activities took place during the inspection. However, some people told us they did not like the activities on offer and had not taken part in them. We discussed this with the registered manager so they were aware of people's opinions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was signage used around the home to identify rooms and help people orientate around different areas.
- Care plans identified people's communication needs; this helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and the staff support required.

Improving care quality in response to complaints or concerns

- The provider had a system in place to ensure people could raise concerns about the service.
- The registered manager kept a record of complaints raised and could evidence they had addressed complaints appropriately.
- Relatives we spoke with told us they would be able to talk to staff if they had any concerns and felt they would be listened to.

End of life care and support

- Staff supported people to document their wishes for the kind of care and support they wanted to have

when they reached the end stages of their lives if they wished, and advanced care plans were in place for some people.

- At the time of the inspection no-one was at the end stages of life. People had supportive care records, which identified if people had a 'do not resuscitate' order in place.
- District nursing teams, doctors and relevant other professionals supported end of life care provision.

Is the service well-led?

Our findings

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

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

At our last inspection the provider had failed to effectively assess, monitor and improve the quality and safety of the services provided; this was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

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

- The registered manager now had systems in place to mitigate the risks relating to the health, safety and welfare of people and to evaluate and improve their practice.
- The registered manager completed a range of audits and checks on a regular basis; audits of medicines had improved and plans were in place to address any issues identified during this monitoring process.
- The registered manager was aware of regulatory requirements and their responsibility to notify the Commission and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.
- There was a clear line of staff responsibility within the service; staff understood their roles and who they were responsible to.

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

- Staff held a shift handover meeting in between each shift change to discuss each person and notes of meetings we saw included identifying if any issues had arisen in the night or day, which ensured staff followed up on any required actions in timely way.
- The registered manager was aware of their obligations under duty of candour. The provider's audit systems supported good service delivery and showed the management team were able to question and act on issues raised.
- People told us the registered manager was supportive and approachable. One relative told us, "I know the manager and feel they are very efficient and approachable and I know what's going on." People described the atmosphere in the home as being good and one person said, "I'm very well looked after."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff respected any protected characteristics and supported these, including sexuality, religion, race and

disability. Managers sent surveys to people to assess people's level of satisfaction with the service. The most recent survey results were positive.

- Staff met people's needs and worked in partnership with a range of health and social care professionals. The registered manager worked with health and social care professionals and other stakeholders to ensure the quality of care was consistently good.

- We received feedback from the local authority who completed annual reviews of people's care records in March 2019 with no major issues found.

- The management team had regular contact with members of staff each day; staff regularly received feedback about what had gone well and what needed improving. Staff said they felt well supported and respected. One staff member said, "The registered manager has really done this place well and she is 100% approachable. She has done a lot in a short space of time and is supportive and available; she is always there for us, even at weekends."