Mrs Wendy J Gilbert & Mr Mark J Gilbert

Abbendon Nursing Home

Inspection report

45 Scarisbrick New Road
Southport
Merseyside
PR8 6PE

Tel: 01704538663
Website: www.dovehavencarehomes.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Abbendon Nursing Home is located in Southport and provides accommodation, personal care and nursing care for up to 24 older people living with dementia. The property is arranged over four floors that are accessible by a lift. There is off road parking to the front of the building and an enclosed garden at the rear.

At the last inspection in June 2017 the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

At the time of the inspection there was a registered manager in post. The registered manager had worked at the service for a very long period of time. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Medication was administered by staff who had received appropriate training and were deemed competent.

Care plans and risk assessments were in place. They contained up to date and relevant information for each person who was being supported. Staff were familiar with people's support needs and always provided care and support in a respectful and dignified way.

We saw clear evidence of staff working effectively to deliver positive outcomes for people. People reviewed were receiving effective care and relatives confirmed the staff were caring in their approach and looked after people very well.

Recruitment was safely managed. This ensures prospective new staff have the right skills and are suitable to work with people living in the home.

There were suitable numbers of staff to support people safely and effectively. Staff had received induction, training, supervision and appraisals and extra training was provided to further equip staff with specialist skills and knowledge. Staff attended staff meetings to keep them informed and to support them in their role.

The registered provider operated within the principles of the Mental Capacity Act 2005 (MCA). People had been appropriately assessed and the relevant Deprivation of Liberty Safeguards (DoLS) had been submitted to the relevant local authority.

Staff were knowledgeable around the area of 'safeguarding' and 'whistleblowing' procedures. They were familiar with the reporting procedures to keep people safe.

Staff supported people with their nutritional preferences and requirements. The menus provided a good choice of meals.

The registered provider had a formal complaints policy and procedure in place. We saw evidence that complaints had been responded to in a professional and timely manner by the registered manager.

We found the environment to be well maintained. We discussed with the registered manager the need to consider further development of the environment to support people with dementia.

An activities organiser helped to support staff with social arrangements in the home. We discussed with the registered manager an increase in the number of hours and the provision of a more extensive social programme for people to engage with.

The provision for end of life care was well managed and staff received training and support from the local hospice palliative care team.

Relatives and staff were encouraged to share their views about the service and to make suggestions to improve standards. This was achieved through day-to-day contact with the registered managers, meetings and satisfaction surveys. Feedback was positive and the provider made changes where needed.

The service had a robust governance system to assess, monitor and continually improve the standard and quality of care being provided. This meant that people who were being supported were receiving safe, compassionate and effective care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Abbendon 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 checked 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.

This comprehensive inspection took place on 9 & 10 May 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. 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.

We spoke with one person living at the home and five relatives. We spoke with the registered manager, three care staff, a chef, an activities organiser, compliance manager for the provider, maintenance person and the provider (owner). Additionally, we spoke with a healthcare professional who had input into the service.

We reviewed three people's care records, looked at three staff files and reviewed records relating to the management of medicines, complaints, training and how the registered persons monitored the quality of the service. We toured the building and looked at a number of areas which included the communal areas, bathrooms, a number of bedrooms and external grounds.

Good

Is the service safe?

Our findings

Relatives we spoke with told us they felt comfortable with the staff and trusted them to provide safe care at all times. A relative said, "I go home and know (family member) is well cared for and that is peace of mind to me." A person told us, "I like it here, it feels good and okay".

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report through any concerns they had and contact numbers for the local authority safeguarding team were available for staff referral. Staff said they understood the concept of whistle blowing. Whistleblowing is where staff are able to raise concerns either inside or outside the organisation without fear of reprisals. This helps maintain a culture of transparency and protects people from the risk of harm.

A robust recruitment and selection process was in place. This ensured prospective new staff had the right skills and were suitable to work with people living in the home. We looked at three files of staff employed and asked the registered manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw appropriate checks had been made.

At the time of the inspection 21 people were residing at the service. Sufficient numbers of staff were deployed to provide care and support for people in accordance with assessed need. Relatives told us staffing levels were consistent and there were enough staff around to monitor the safety and wellbeing of their family member.

Arrangements were in place for checking the environment to ensure it was safe and well maintained. For example, health and safety audits were completed where obvious hazards were identified. We saw service contracts and checks on the environment and equipment which were current. There was fire equipment in all areas and staff received fire prevention training. Personal emergency evacuation plans (PEEP's) were available for the people residing at the home. This helped to ensure effective evacuation of the home in case of an emergency.

We found the home to be clean and hygienic and staff adhered to good infection control procedures to reduce the risk of cross infection. We saw staff using protective personal equipment, including gloves, aprons and anti-bacterial hand wash at the appropriate time. A relative confirmed the cleanliness of the home was always good.

We viewed the laundry room and found this needed some attention in respect of repair work to the floor. The floor was uneven in places and not sealed; this increased the risk of cross infection as it was difficult for staff to keep clean. The provider informed us the required work would be actioned as soon as possible.

Risks to people's safety and wellbeing were recorded to enable staff to support people safely whilst promoting their independence. These included nutrition, falls, mobility, use of bed rails, and pressure relief

(skin care). The risk assessments recorded appropriate preventative measures to help mitigate risks.

Medicines were managed consistently and safely by staff. Medicines, including controlled drugs were being obtained, stored, administered and disposed of appropriately. The nursing staff administered medicines and we checked a number of people's medicines, against their medicine records and this helped to evidence people were receiving their prescribed medicines. Support plans were place for 'as required' (PRN) medicines and staff recorded the application of creams and use of thickening fluid added to people's drinks. Pain charts were used to support the administration of analgesic medicines to help monitor their efficacy.

Accidents and incidents were recorded and analysed for trends and patterns. This formed part of the organisation's system for monitoring the service. We saw examples of equipment and referralls to external health professionals to support people who had suffered a fall and who needed further support to ensure their safety.

Good

Is the service effective?

Our findings

Relatives told us the staff provided good care and attention and that the staff knew their family member well. A relative said, "The staff really do make sure the residents receive good care, I am really happy with everything."

Staff received training and support so they had the skills, knowledge and confidence to carry out thier duties effectively and safely. The providers had a number of care services and had developed their own training 'Academy' with a local training officer to support the staff. We were shown evidence of the home's training programme and also more specific training in areas such as end of life care (Six Steps Programme), duty of care, equality and diversity and supporting people with dementia. The manager enhanced staff learning with supervision and an annual appraisal. We saw the supervision calendar which documented the meetings. Supervision sessions between staff and their manager give the opportunity for both parties to discuss performance, issues or concerns along with developmental needs. Staff told us the training programme was good and there was sufficient support with their learning and development. Formal qualifications in care were encouraged and the registered manager informed us over 90% of staff had achieved a formal qualification at Level 2 or above NVQ or Diploma in Health and Social Care. New staff were enrolled on the Care Certificate. The Care Certificate is the government's recommended blue print for induction standards.

People living in the home had the support from the staff and also external professionals to maintain their health and wellbeing. We saw appointments with health care professionals which included input from a dietician, speech and language therapist and the community mental health team. Medicine reviews and changes to care and treatment were well documented and followed by the staff. A health care professional who had input at the service reported favourably regarding the care people received from the staff team. Care charts recorded people's diet and fluids, pressure relief and safety checks. These provided staff with an evaluation of care to ensure effective outcomes for them.

We looked to see if the service was working within the legal framework of the Mental Capacity Act 2005 (MCA). The 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). Nine of the people in the home at the time of the inspection were under a DoLS authorisation. The registered manager had made applications for others and were monitoring these with the local authority. Staff had a good understanding of when they should be applied.

Our observations, discussions with relatives and reviews of care records showed staff sought consent from people and/or relatives regarding day-to-day decisions. Relatives attended 'best interest' meetings to provide consent around practice such as, care and treatment, medicines and use of bed rails. A relative said

they were consulted around care decisions.

People were served well balanced meals in accordance with their dietary needs and preferences. The majority of people were served pureed meals due to their frailty and these were served individually to retain flavour and colour. People had their meals on over arm tables in the lounge and staff used adapted cutlery and colour plates to help people eat independently. People were offered plenty of hot and cold drinks and snacks throughout the day. Relatives said they were pleased with the standard of meals served.

We saw some adaptations to the environment to support people with dementia. This included signage and bold colour schemes to help orientation. We discussed with the provider and registered manager the need to develop further environment to support people with dementia. The provider agreed that this would be addressed through future plans for the home.

Good

Is the service caring?

Our findings

Relatives told us their family member received care form a dedicated staff team. They said the staff were polite, helpful and kind. Relatives said, "Really good staff, you could not have better", "I am so happy with the care" and "The staff are like my family." All the relatives we spoke with said they were always welcomed warmly by the staff. For one relative they said, "Having a hug and a cup of tea" made all the difference. One relative spoke highly of the home and the caring atmosphere portrayed. They told us the home felt like 'A comfortable pair of slippers', which they really liked.

It was evident staff were passionate about the service. We observed staff supporting people with various tasks and staff ensured this was carried out in a sensitive, caring, patient and respectful manner. A staff member told us "The residents are so important, we are here to do everything we can to look after them. If it takes me over an hour to help one resident with their lunch then that's right, it's what we do." Over lunch staff provided support for people with their meals in a sensitive and unhurried manner. Staff talked to people about the meal served; they checked the temperature of the meal to ensure it was right for the person; also checked at regular intervals that the person was enjoying the meal and would like more to eat. A staff member was quick to offer an alternative as a person did not want to eat the main meal. Staff supported people with their mobility and this was also carried out in an unhurried manner; staff offered plenty of reassurance when using the hoist and held the person's hand during the procedure. For a person who became agitated staff stayed with the person to provide comfort and a drink. They held their hand and spoke quietly and gently until the person was more settled. A relative told us the staff were always around to provide this assurance.

Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. The home had dignity posters displayed to remind everyone about the importance of respecting people as individuals. We saw this practice with staff knocking on people's doors and toilets/bathrooms before entering and also checking people's clothing following meals to ensure their dignity was not compromised.

Staff were knowledgeable regarding the people they supported and knew their individual preferences and routines. Staff told us how some people preferred to go to bed early, whilst others later, some people enjoyed listening to music and others liked to take part in social activities. Staff told us they had worked at the home for a long time and therefore knew people very well. This was evident during the inspection.

Relatives told us they were involved with their family member's plan of care and were informed of any change in care or treatment. Care reviews were conducted with relatives and health professionals; evidence of their inclusion was obtained via consent for care and treatment. A relative told us the staff were good at communicating and their family member was far more settled now due to the good level of staff support. The person concerned now felt able to sit in the lounge with the other residents and the relative confirmed this was a big achievement.

Information was displayed regarding the local advocacy service and care records evidenced legal

representatives to support people with their financial affairs, health and care.

Good

Is the service responsive?

Our findings

People living at the home were provided with a programme of social activities. These were led by an activities organiser who attended the home once a fortnight and, time allowing, by the home's staff. The activities organiser was present during the inspection and we saw good engagement; people responded well to the chosen activities which included the use of a ball, cards and spending time on a one-to-one basis. We discussed the need with the provider to allocate more time for this level of social engagement as the time spent in the home was very limited and also extending the type of social activity people could engage with. The provider agreed to actions this. The activities organiser had attended courses and spoke passionately regarding their role and its future development. We saw trips out were now being arranged and the registered manager was looking to increase these during the warmer months.

Staff recorded an assessment of need and also a plan of care for people. These provided information about people's current health, medical needs and support with daily living. For example, moving and handling nutrition, communication, sleep, mental health, sight and communication. People's routine and preferences on how they wished to be supported were also recorded along with a life history. The level of detail about people's past life varied however staff were familiar with people's needs and social back grounds. A staff member told us the relatives needed support too therefore getting to know people's families were so important. Staff recorded the daily care and care reviews were conducted to report on any change in care or treatment.

We saw how people were encouraged to be independent and also how staff ensured effective communication. Ways in which people preferred to communicate were recorded in people's care file and staff told us they were aware of facial expressions' and gestures which indicated when someone was in pain, happy, hungry or cold. Staff displayed a good understanding and knowledge which we observed throughout the inspection. Staff told us they knew how to respond as they were familiar with people's care needs and level of engagement.

At the time of the inspection there was no one at end of life however people's end of life wishes were recorded with their relatives at the appropriate time. The registered manager was a champion for end of life care and we saw the service was signed up for the Six Steps to Success in End of Life Care to support people at this time. The registered manager spoke passionately about supporting people and their families in respect of end of life care and the promotion of standards attributed to this.

People and relatives had access to a complaints procedure. This was displayed in the home and also in the service's brochure (service user guide). We saw evidence of two complaints; actions from one complaint were being undertaken at the time of the inspection to improve the external entrance to the home. No one raised any concerns with us during the inspection and relatives told us they would feel confident in speaking up.

Good

Is the service well-led?

Our findings

A registered manager was 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.

We saw there was a clear management structure in place. The home had a registered manager who had worked at the home for a long period of time. They were supported by a full staff team and a senior management team. This included a regional manager, compliance manager and the provider. The senior management provided day to day support and conducted frequent visits to the home. The PIR told us the manager had an 'open' door policy. This was confirmed when talking with relatives. They described the management of the home as good and the registered manager was 'approachable', 'open', had a day-to-day presence and promoted good communication with all.

Systems and processes were in place to maintain standards and drive forward improvements. Abbendon Nursing Home is one of a number of services own by the same provider group. As such the provider had a well-developed performance framework which assessed safety and quality in a number of key areas. An audit calendar showed a number of audits carried out by the registered manager and also a more in-depth 6 monthly audit process named the 'SCREW' audit (so called in respect of the five questions CQC ask; is the service 'safe', 'caring', 'responsive', 'effective 'and 'well led'?). This audit was completed by the compliance manager in November 2017 and the overall score was 87%. The audits included management, dignity and respect, person centred care, safe care, safeguarding, nutrition and hydration, premises and equipment, complaints, governance, duty of candour and staffing. It was evident that the governance arrangements were now more established and provided a good oversight of how the service was operating. We saw where actions had been taken, for example, improvements around fire safety, menus and infection control.

The registered manager and staff described the ethos of the home which they felt was very much based around people's needs 'coming fist' and also supporting families. Staff told us they enjoyed working at the home and attended staff meetings to support their role.

We discussed with the provider and registered manager future plans. This included the provision of a more 'dementia focused' environment and also establishing more frequent and varied social activities for people to engage with. We received assurance that this would be addressed in the near future. Plans included further dementia training with emphasis on a self-audit tool to promote further awareness.

People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through 'resident/relative meetings' and the completion of survey questionnaires. The feedback from the relative surveys sent out in April 2018 were positive. Relatives' comments included, 'exemplary care', 'staff go the extra mile' and 'lovely happy safe place to be'.

It was clear that senior staff and managers understood their responsibilities in relation to registration. For

example, notifications had been submitted in a timely manner. The ratings from the last inspection were displayed in the home as required, including the provider's website. Staff had access to polices and procedures to promote safe working in accordance with current legislation. The registered manager attended dementia forums to promote their learning, development and instigate 'best dementia' practice.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. A professional that we contacted spoke highly of the staff's care and support for people. Positive written feedback from health professionals had been received; one comment read, 'very good nursing care, friendly supportive staff', and 'staff always respond to recommendations'.