

Mr & Mrs G Watson

# Abbotsfield Hall Nursing Home

## Inspection report

Abbotsfield  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Abbotsfield Hall Nursing Home ("Abbotsfield") is a residential care home providing personal and nursing care to up to 28 people aged 65 and over. At the time of the inspection the service was supporting 17 people.

Abbotsfield accommodates people within a building converted to meet people's needs.

### People's experience of using this service and what we found

Following our previous inspection, the registered manager and provider had ensured many areas of concerns were addressed. However, we continued to have concerns that systems and processes were not always effective in demonstrating people's records were complete or the service was being reviewed to ensure the quality was good. We also identified that some risks and health needs were not sufficiently planned for.

People told us they were happy, safe and well cared for by staff. People and relatives felt staff were caring and we observed staff treating people with dignity and respect during the inspection. Staff told us they felt their training, supervision and support was good. They told us how they cared for and would act to ensure people were safeguarded if needed. Staff also demonstrated how they understood people and their needs. We found information was not always passed on to staff to ensure people's needs were met.

People, relatives and staff spoke positively about the management and felt there was good communication. Relatives were being supported to visit safely and communicate with their loved ones living in the service.

The home was clean, and staff were ensuring they followed Covid 19 guidelines. People's medicines were safe. There was sufficient staff to meet people's needs and, these were recruited safely.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

**Rating at last inspection** Following an inspection from the 28 September to 15 October 2020 ("our 2020 inspection"), we rated the service Inadequate (published 3 March 2021). There were multiple breaches of regulation. We placed conditions on the provider and registered manager's registrations. They have provided a report each month on their improvement program

In March 2021, we carried out a targeted, unrated inspection to look at specific risks (published 10 April 2021). We found no concerns in respect of the risks however, we served a warning notice due to concerns about their infection prevention and control (IPC) measures. We reviewed the homes IPC processes during this inspection.

This service has been in Special Measures since 2 December 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or

in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contained those requirements.

The ratings from the previous comprehensive inspection for those key questions, not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbotsfield Hall Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections, even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to continue to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach in relation to how the registered manager and provider were ensuring system and process were in place and used to improve the service and keep people safe at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our safe findings below.

**Requires Improvement** ●

# Abbotsfield Hall 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by one inspector, a pharmacist inspector, an assistant 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

Abbotsfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed our records and, reflected on what the provider has told us each month as to their progress. We sought feedback from the local authority. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and seven relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, registered manager, clinical leaders, care staff and kitchen staff.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# 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 Inadequate. At this inspection this key question has now improved to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our inspection in October 2020, the provider had failed to ensure risks people faced were always assessed and mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our inspection in March 2021 we found staff knew how to support people however, the records needed to be improved.

We found improvements had been made at this inspection. We judged the provider was no longer in breach of Regulation 12, however some concerns remained in respect of records and ensuring systems and process recorded all risks and, how these were being mitigated.

- Staff demonstrated in discussion with us, they understood people's health needs, risks and were monitoring people's safety. Where people needed specific equipment to keep them safe, this was available. However, although people's records had improved since the last two inspections all known risks were not always recorded or consistently updated.
- People who needed their food, fluid and medicines modified to prevent choking had the right action being taken by staff. However, people did not have this risk assessed or recorded how this was being monitored. The registered manager has since advised they have put choking risk assessments in place in response to our feedback. They were also going to seek further training in respect of the International Dysphagia Diet Standardisation Initiative (IDDSI) framework.
- There was an inconsistent approach to ensuring people's health needs were recorded and details added to demonstrate staff responsibilities. For example, in respect of identifying issues for those living with diabetes and, for one person how recognising concerns would be different from a TIA (a transient ischaemic attack or 'mini stroke'). Additional risks for people to stay well when using oxygen and, in respect of their continence care, asthma and/or medicines that thinned their blood were also not then risk assessed.
- Staff knew how to meet people's needs and, people had skin care plans in place. However, they did not give instructions on how care staff should manage pressure areas. For example, when a check should be undertaken on all pressure areas (those who are non-mobile) and documented and, what to do if staff had any concerns.
- We also found some risk assessments were partially completed. For example, a person requiring a specific moving and handling plan did not record the reasons for repositioning in bed or wheelchair. The type of hoist used, and sling size was also not recorded.
- The monitoring paperwork put in place due to a specific need, were not always completed or overseen to ensure they were filled in. This represented how staff were monitoring how people were repositioned, their food and fluid intake, continence (bowel and urine output), when topical creams were applied and what

personal care had been given.

- People had their risks assessed to ensure they could be safely evacuated if required. Some of these needed to be updated and did not include the risks associated with using paraffin-based creams.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risk was effectively recorded. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to ensure the building and equipment were safe.

Systems and processes to safeguard people from the risk of abuse

At our inspection in October 2020, the provider had failed to safeguard people from abuse. This was a breach of regulation 13 (Safeguarding people for abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- Systems and processes were in place to ensure people were safe and protected from abuse. People and relatives spoke positively of the service. A relative said, "Oh yes [my relative] is very much safe" adding, "I have no concerns and have never had to raise any."
- Staff and management had attended safeguarding training and were able to describe how they would keep people safe. A staff member said, "First of all, if I saw any abuse, I would report it to the sister in charge. That would go up to the managers and I write a report. They would need to report it to safeguarding and CQC."

Staffing and recruitment

At our inspection in October 2020, the provider had failed to ensure there were enough staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- During the inspection we observed there were sufficient staff to meet people's needs. Call bells were answered quickly and, staff were observed spending time with people in communal areas.
- Systems were in place to ensure the service had sufficient staff to meet people's current needs. This was regularly reviewed. People and relatives felt there was enough staff. A relative said, "The staff always there. Generally speaking, there's always someone there if you need one".
- Staff felt there was enough staff, although at times of high demand there was less time to spend with people. A staff member said, "I do feel there is enough staff and we do have time in the afternoon to spend with people."

At our inspection in October 2020, the provider had failed to ensure staff were always recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- Staff were being recruited safely and all necessary checks were in place to ensure they were safe to work with vulnerable adults.
- Following the last inspection, a mentoring process and induction had been brought in to support new staff. Staff then completed a probationary period which was signed off to ensure they had the right attributes for the role. A newer member of staff said, "I had a one to one at the end of my three months; it was really good to know what they thought of me and how I was doing."

#### Using medicines safely

At our inspection in 2020, the provider had failed to ensure medicines were always managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 in respect of using medicines safely.

- People received their medicines in a safe way and as prescribed.
- People were supported to look after their own medicines after it had been assessed as safe for them to do this. Where people's medicines were needed to be given covertly (without people's consent), checks and records were in place to make sure this was appropriate and safe.
- People's 'when required' medicines were managed well. Protocols or guidance were available for staff to make sure these medicines were given only when needed and as intended.
- There were suitable arrangements for safe storage of medicines including those requiring extra security and a cool temperature. We identified that the storage of oxygen cylinders was safe. However, there was no risk assessment for one person's oxygen use in the home. The registered manager sought to ensure this was in place following the inspection.
- Staff were trained with competency checks to be repeated every six months.
- There were reporting systems for any incidents or errors, to record actions taken and any measures to be put in place to try to prevent them happening again. Medicines audits were regularly completed, and actions followed up and reported.

#### Preventing and controlling infection

At our previous two inspections, the provider had failed to ensure they had adequate measures in place to always prevent and control infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in respect of infection control.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The service had sought to learn following the last inspection, working closely with the local authority to address the concerns raised.
- Systems had been put in place to look at adverse events such as accidents and incidents. These required more time to ensure they were embedded.

# 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 Inadequate. At this inspection this key question has improved to Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our inspection in 2020, the provider had failed to ensure there were robust systems of leadership governance and quality assurance checks in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider and registered manager remained in breach of Regulation 17.

- Following our inspection in October 2020 action had been taken to address some of the issues raised. However, action to improve was not immediate. When we raised this with the registered manager, she told us that the amount needing doing was great and, it had been completed by her and the clinical lead.
- A system of auditing various aspects of the service had been brought in with specific times when they should be completed. The planned audits were not consistently completed; some were partially completed, and others completed only once. It was not possible to be reassured at this inspection there was consistent oversight of the service's quality in respect of improving and sustaining people's care.
- People's care plans had been rewritten since the last inspection; these were more person centred in their language and involved people in planning their care. However, essential clinical information was not always present, and some records continued to be incomplete. The care plans had also not always been dated, signed or noted when they needed to be reviewed.
- Systems were not in place to ensure good communication and staff had the right monitoring paperwork available for them to complete when specific needs were being assessed. There was also no obligation on staff to read up on people's needs either in handovers or care plans follow a period of absence.
- People's care plans were locked in the nurse's office and therefore not easily accessed by care staff. We found there was no system in place to ensure subsequent shifts acted on needs written in the communications diary or handover. For example, a person who required an eye appointment in July 2021 had still not had that appointment when we inspected.

We found no evidence that people had been harmed however, systems were not consistent or robust enough to demonstrate good leadership and governance was always in place. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

- Following the last inspections, a system of senior management oversight had been brought in which included regular meetings to oversee the service.

At our inspection in 2020, the provider had failed to ensure CQC was notified of all incidents as required. This was a breach of Regulation 18(1) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18(1) of the Care Quality Commission (Registration) Regulations 2009.

- Since the last inspection, CQC has received notifications as required. The registered manager and provider were able to demonstrate what notifications are required and what systems they had put in place to ensure this will always be the case.

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

- People, family and staff gave positive feedback on the service and the communication. They felt the culture was person-centred, open, inclusive and empowering.
- People said they saw the providers, registered manager and clinical lead on occasions. One person said, "I know [the providers], they're the bosses, [the provider] does any shopping I want". A relative said, "The manager always says hello when you come here, you feel like one of the family".
- People felt involved in their care. Formal means had not been used to gain people's views, but people described how staff ensured they were involved. For example, one person said, "I am very much at the helm of my own care" adding, "I am very happy here, I even have a Home Sweet Home sign on my door".
- Care staff told us they felt supported in their work. They described the providers, registered manager, clinical lead and nurses as approachable. A staff member said, the management "really care about the care home. I can go to pretty much anyone. If it was anything serious, I would go to management. They are all really approachable and lovely."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities to act on the duty of candour and apologise when things went wrong.

Continuous learning and improving care

- The provider and registered manager described how they had learnt and sought to improve since the last inspection. They engaged positively with this inspection stating they wanted to continue to learn and improve their service.

Working in partnership with others

- The provider and registered manager had been working closely with the local authority since the last two inspections. They described how they had found this beneficial.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Regulation 17(1)(2)(a)(b)(c)</p> <p>Systems and processes were not always established and operated effectively to ensure the quality of the service was assessed and monitored.</p> <p>Risk relating to health, safety and welfare were not always in place, complete or updated.</p> <p>People's records were not always accurate or complete.</p>