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Abbeydale Nursing Home

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 9 and 11 May 2017 and was unannounced.

Abbeydale Nursing Home provides nursing and personal care for up to 36 people, many with a diagnosis of dementia. The home is located in Kirkdale, north of Liverpool City Centre. The home is located near to public transport links and other community facilities. During the inspection, there were 35 people living in the home.

At the last comprehensive inspection in April 2016, the provider was found to be in breach of regulations. The breaches were in relation to the management of medicines and auditing systems. We re-inspected the service in August 2016 to check that improvements had been made in these areas; however the provider was still in breach of regulations. We re-inspected the service in October 2016 and found that sufficient improvements had been made and the provider was no longer in breach of regulations. However, we did not change the rating at this inspection as consistent good practice needs to be demonstrated over a longer period of time. During this comprehensive inspection in May 2017, we checked to see that improvements had been sustained.

We looked at the systems in place for managing medicines within the home and found that they stored, administered and recorded safely. We checked the stock balance of nine medicines and they were all accurate. We found that improvements regarding the management of medicines had been sustained.

We found that the environment was not always maintained safely. For instance, a cupboard was unlocked that contained cleaning chemicals and there were trip hazards within the garden. We saw a number of fire doors wedged open during the inspection, including two bedrooms. Action was taken to rectify this during the inspection.

Risk assessments in place to monitor people's health and safety, were not all appropriate, such as the assessment in place which supported a person's bedroom door being wedged open.

The provider and registered manager completed audits to monitor the quality of the service. However, these were not always effective.

Improvements that had been made following previous inspections, had not all been sustained.

Files containing information relating to the care and treatment provided to people were not stored securely.

Systems were in place to assess people's capacity to make specific decisions. We saw that best interest documents were not always fully completed, however care was provided appropriately in people's best interest.

Staff induction did not meet the requirements of the Care Certificate. Staff told us and records showed that staff had undertaken training in a variety of areas, however that not all staff had completed required safeguarding training.

Feedback regarding staffing levels was mixed. The registered manager told us they had identified that at times during the day it could be very busy and were in the process of recruiting three carers. We made a recommendation regarding this.

People we spoke with told us they felt safe living in Abbeydale.

All staff we spoke with were knowledgeable regarding the safeguarding procedures and clearly explained how they raise any issues. We found that appropriate safeguarding referrals had been made.

We looked at how staff were recruited within the home and found that safe recruitment procedures were adhered to.

DoLS applications were made appropriately and care plans were in place to inform staff when an authorisation was in place.

Feedback we received regarding meals was mixed. People told us however, they always had enough to eat and there was always a choice available to them. The chef was aware of people's dietary needs and preferences and we saw that this information was available within the kitchen.

People told us that staff were kind and caring and relatives we spoke with agreed. We observed people's dignity and privacy being respected by staff during the inspection.

Care plans were in place that were detailed and person centred and all plans were reviewed regularly. They reflected people's preferences and life histories which helped staff get to know people and provide appropriate support.

Care plans provided staff with information on how to support people whilst promoting their independence and people we spoke with confirmed their independence was encouraged.

People told us they had choice as to how they spent their days and the care that they received. We saw that people's preferences regarding this were recorded in their care files.

People we spoke with told us the service supported them to meet their cultural and religious needs.

People we spoke with told us their family members could visit them at any time and we saw that people could visit their relatives in private should they wish to.

Most people we spoke with told us they were aware of their care plan or that their family members had been involved in it.

Relatives we spoke with told us they were kept informed of any changes to their loved one's health and wellbeing. Staff were kept informed if people's needs changed, through daily verbal and written handovers, use of the daily reports and by reading people's care plans.

We observed staff interacting with people throughout the inspection and from conversations we heard it

was clear that staff knew people well.

We saw a schedule displayed within the home and people told us they enjoyed the activities, as well as spending time in the garden during the summer and having BBQ's.

Everybody we spoke with told us they were aware how to make a complaint should they need to. The registered manager maintained a complaints log and we saw that complaints were dealt with appropriately.

Systems were in place to gather feedback from people regarding the service, including surveys and regular meetings.

A registered manager was in post and feedback regarding the management of the service was positive.

There were policies and procedures in place to guide staff in their role and staff were encouraged to share their views regarding the service.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications.

Ratings from the last comprehensive inspection were on display within the home as required.

CQC are considering our regulatory response.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The environment was not always safely maintained.

Risk assessments were not all completed appropriately.

We found that improvements regarding the management of medicines had been sustained.

Feedback regarding staffing levels was mixed.

Staff were knowledgeable regarding the safeguarding procedures and clearly explained how they raise any issues.

Staff were recruited safely within the home.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Consent was not always sought in line with the principles of the Mental Capacity Act 2005.

Staff induction did not meet the requirements of the Care Certificate and not all staff had completed mandatory training.

DoLS applications were made appropriately.

People were supported by the staff as well as other health care professionals when needed, in order to maintain their health and wellbeing.

Feedback we received regarding meals was mixed, though people told us they had enough to eat and drink.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring, treated people with respect and supported people in a way that maintained their dignity. People

were encouraged to maintain their independence.

People told us they had choice as to how they spent their days and the care that they received.

The service supported people to meet their cultural and religious needs.

Family members and friends were welcomed in the home.

Is the service responsive?

Good ●

The service was responsive.

People or their relatives were involved in the creation of care plans.

Staff and relatives were kept up to date if there were changes in people's needs.

Care plans were detailed, person centred and reviewed regularly.

People enjoyed the activities available, as well as spending time in the garden during the summer and having BBQ's.

People were aware how to make a complaint and complaints were dealt with appropriately.

Systems were in place to gather feedback from people regarding the service, including surveys and regular meetings.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems in place to monitor the quality of the service were not always effective.

Improvements that had been made following previous inspections, had not all been sustained.

Files containing information relating to the care and treatment provided to people were not stored securely.

A registered manager was in post and feedback regarding the management of the service was positive.

Statutory notifications had been made appropriately and ratings

from the last comprehensive inspection were on display within the home as required.

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.

This inspection took place on 9 and 11 May 2017 and was unannounced. The inspection team included an adult social care 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.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service.

We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, chef, five members of the care team, seven people living in the home and two relatives.

We looked at the care files of six people receiving support from the service, five staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various points during the inspection.

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

At the last comprehensive inspection in April 2016, the provider was found to be in breach of regulations and the Safe domain was rated as Requires Improvement. This was because medicines were not always managed safely. We re-inspected the service in August 2016 to check that improvements had been made, however the provider was still in breach of regulations. We re-inspected the service in October 2016 and found that sufficient improvements had been made and the provider was no longer in breach of regulations. However, we did not change the rating at this inspection as consistent good practice needs to be demonstrated over a longer period of time. During this inspection in May 2017, we checked to see that improvements had been sustained.

We looked at the systems in place for managing medicines within the home. Medicines were stored securely in locked trolleys within locked clinic rooms. The temperature of these rooms and the temperature of the medicine fridges were monitored and recorded daily and we saw that they were within safe ranges. If medicines are not stored at the right temperature, it can affect how they work. Staff told us and records we viewed confirmed, that staff had completed training in relation to safe medicine administration and most had their competency assessed. We found that one newly recruited staff member had not had their competency assessed; however they had completed nurse training. The registered manager completed the competency assessment before the end of the inspection.

We saw that safe administration practices were adhered to. For instance, allergies people had were clearly recorded using a colour code system to enable staff to quickly identify if a person had an allergy. Eye drops were dated on the day they were opened to help ensure they were disposed of at the correct time. Some eye drops cannot be used once they have been opened for 28 days as it alters their effectiveness. We checked the stock balance of nine medicines and they were all accurate, including the three controlled drugs we checked. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation.

We saw that PRN (as required) protocols were in place when needed. PRN medications are those which are only administered when needed for example for pain relief. They provided clear guidance on when to administer medicines for people who were unable to tell staff when they required the medicine. When PRN medicine was administered, there was a record of why it had been administered. We found that improvements regarding the management of medicines had been sustained.

We looked at how the home was staffed. The registered manager told us that usual staffing levels during the day were a nurse, a senior carer and three care staff, as well as an activities coordinator, administrator, chef, maintenance person, domestic staff and the registered manager. Overnight there would be a nurse, a senior carer and two carers. Rota's we viewed showed these numbers were usually maintained. The service is based over three floors, though people living on the top floor are mostly independent, or went to one of the other floors during the day. People who spent their days in the first floor lounge were mostly people living with dementia and they were supported by two carers. People on the ground floor were supported by a nurse, a senior carer and a carer. Records showed that there was only one permanent night nurse employed.

The registered manager was trying to recruit a new nurse but nights were currently covered by existing day staff or agency staff.

We asked people their views on how the home was staffed and feedback was mixed. One person told us, "There's always someone there" and another person said, "There are enough staff, but sometimes it gets busy." Other people we spoke with however did not feel there were enough staff on duty to meet people's needs. One person told us they felt rushed when receiving personal care of a morning and believed this was because staff were very busy. Another person told us, "I think they need more staff to look after people" and another person said, "There may be a shortage of staff at the moment, I think."

Some staff told us they thought there were staff on duty, however one staff member told us, "You have to have eyes in the back of your head" as people were at risk of falls but regularly walked around the home. Two people living on the first floor require the support of two staff to assist them with their personal care needs. This meant that there were times when no staff were available to monitor and support people in the lounge or corridor areas.

The registered manager told us they had identified that at times during the day it could be very busy. A hostess role had been created to provide extra support at meal times, however this role was not currently being provided due to staff sickness. The registered manager also told us they had recruited three new staff to work during the day so there would be three carers on the first floor. These staff were awaiting safe recruitment checks and had not yet commenced in post.

A staffing analysis tool was in use and the numbers of staff on duty were supported by this tool.

We recommend the service reviews its procedures in relation to staffing to ensure people's needs can be met safely at all times.

We looked around the home and found that the environment was not always maintained safely. For instance, we observed a cupboard to be unlocked that contained cleaning chemicals. We alerted the registered manager and this was locked immediately. We saw a number of fire doors wedged open during the inspection. Both the registered managers and nurses office doors were wedged open, despite being fire doors. They both had an automatic closure device fitted but the batteries had run out. Once we raised this the registered manager requested the maintenance person replace the batteries and this was done on the same day. There was a file which contained a document to record automatic door closure checks, however this was blank.

We also saw two bedroom doors wedged open during the inspection. The registered manager told us one of these people requested their door was open at all times. We looked at their care file and saw a risk assessment had been completed reflecting that the person understood the risks of having their door wedged open and so staff were to wedge it open. We discussed this with the registered manager as wedging fire doors open is against fire safety regulations. By the end of the inspection, an automatic closure had been fitted to one door and another device was on order for the second door. The second door was seen to be kept closed after we raised this concern.

Due to people on the first floor living with dementia, key code pads had been installed on the stairways to prevent confused people leaving the home and to help ensure people's safety. We found however that the lift did not have a key pad and could be easily accessed by people. A staff member told us there were a couple of people who regularly attempted to call the lift and would not be safe should they be successful in leaving. The registered manager told us they had already raised this with the provider and had

agreed a keypad was necessary. Since the inspection the registered manager has told us the key pad is on order.

The lounge on the ground floor had a number of light bulbs that were not working and parts of the lounge were dimly lit as there was little natural daylight. If the environment is not well lit it could increase the risk of a person having an accident, such as a fall. The registered manager arranged for the maintenance person to change some of the bulbs on the day of the inspection, however there were not enough bulbs to replace them all; we were told these would be replaced the following day.

Since the inspection the registered manager has shared with us a newly created weekly maintenance schedule which includes lights, environment, garden maintenance, automatic door closure checks and fire safety checks.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that a fire risk assessment of the building was in place and people who lived at the home had a PEEP (personal emergency evacuation plan) to ensure their safe evacuation in the event of a fire. External contracts were in place to check the safety of electrical systems, gas, fire safety equipment, lifting equipment and water safety. We viewed certificates relating to these checks and saw that they were all in date. Other internal checks were completed in areas such as fire alarms, emergency lighting and nurse call bells.

People we spoke with told us they felt safe living in Abbeydale. One person told us, "I'm much safer here than I was in my own home" and another person said, "I feel perfectly safe." Relatives we spoke with also felt their family members were safe within the home.

We spoke with staff about safeguarding and how to report any concerns of potential abuse. All staff we spoke with were knowledgeable regarding the safeguarding procedures and clearly explained how they raise any issues. A policy was in place to guide staff on actions to take in the event of any safeguarding concerns and details of the local safeguarding team were available. This enabled referrals to be made to the relevant organisations. We found that appropriate safeguarding referrals had been made.

We looked at how staff were recruited within the home. The personnel files we viewed contained evidence of application forms, photographic identification, appropriate references and Disclosure and Barring Service (DBS) checks. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. We found that safe recruitment procedures were adhered to.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, mobility and skin integrity. These assessments were reviewed regularly to ensure any change in people's needs was assessed to allow appropriate measures to be put in place, such as regular weight monitoring or referrals to other health professionals.

We looked at accident and incident reporting within the home and found that they were recorded and reported appropriately. The registered manager completed an accident audit each month and we could see that actions were taken based on each individual incident. For instance, one person who had fallen had been referred to their GP to have their medicines reviewed and additional equipment had been put in place to alert staff quickly of any further falls.

The home appeared generally clean and tidy. Bathrooms contained liquid soap and paper towels and we saw that personal protective equipment was available to staff and used appropriately in line with infection control guidance. People living in the home told us, "Yes, my room is cleaned every day", "The beds and that are always clean" and "The cleaner generally comes up every day; changes the bins etc. They keep my room clean."

Is the service effective?

Our findings

At a focused inspection in August 2016, the provider was found to be in breach of regulations and the Effective domain was rated as Requires Improvement. This was because consent was not always sought in line with the principles of the Mental Capacity Act 2005. We re-inspected the service in October 2016 and found that sufficient improvements had been made and the provider was no longer in breach of regulations. However, we did not change the rating at this inspection as consistent good practice needs to be demonstrated over a longer period of time. During this comprehensive inspection in May 2017, we checked to see that improvements had been sustained.

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). 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 make 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).

The registered manager told us six DoLS applications had been authorised and a number of others were being processed. A register was maintained and included dates of applications made, when they were authorised and dates of expiry. We found that DoLS applications were made appropriately and care plans were in place to inform staff when an authorisation was in place.

There were systems in place to assess people's capacity to make specific decisions when there were concerns regarding their ability to make the decision. We saw that best interest documents were usually completed. Although we found that these were not always fully completed, care was provided appropriately in people's best interest.

Staff we spoke with had completed MCA and DoLS training recently and the training matrix confirmed that most staff had completed this. Policies were in place and we saw that these were on display within the service.

We looked at staff personnel files to establish how staff were inducted into their job role. We saw that staff completed an in house induction to familiarise themselves with the home, its policies and procedures and the people they would be supporting. We found however, that this induction did not meet the requirements of the Care Certificate. The Care Certificate is an identified set of standards that care workers have to achieve and be assessed as competent by a senior member of staff. Since the inspection the registered manager has told us all staff have been issued with Care Certificate workbooks for them to complete and will then be signed off as competent.

Staff told us and records showed that staff had undertaken training in a variety of areas. These included

moving and handling, food hygiene, person centred care, infection control and health and safety. We found however that not all staff had completed required safeguarding training. We discussed this with the registered manager who told us they would ensure all staff completed the training. No staff had completed equality and diversity training and the registered manager had already scheduled in a training date the week after the inspection.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they felt well supported and were able to raise any issues with the manager or senior staff when required.

People living in Abbeydale were supported by the staff as well as other health care professionals when needed, in order to maintain their health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, social worker, district nurse, community matron, optician and dietician. People we spoke with told us they could always see the doctor quickly if they needed to. One person told us, "I do, no delay, very prompt. I am seeing the dentist soon. The nurses are wonderful, night and day." A relative told us they were always kept informed if there were any changes to their family member's health and another relative told us carer's supported their family member to hospital when they were unavailable to go with them.

We asked people about the meals available and feedback we received was mixed. Comments included, "It's fine, on the whole it's all right, and we have plenty of drinks throughout the day", "The food's good and there's enough choice", "It's okay, nothing to complain about" and "It's adequate, I would say." However other comments included, "It varies, some good, some not so good" and "The food is so-so." Relatives we spoke with also had varied views regarding the quality of food available. One relative told us, "The meals are good", whilst another relative said, "I know the food is not great." We saw that questionnaires were issued to people regularly regarding meals and most of the responses were positive.

People told us they always had enough to eat and that there was always a choice available to them. We spoke with the chef who told us there was a four weekly menu and we saw that this was on display within the home. The chef told us they were in the process of reviewing menus based on people's recent feedback. The chef was aware of people's dietary needs and preferences and we saw that this information was available within the kitchen. Staff we spoke with had completed food hygiene training and we found on discussion, that staff knew people's dietary needs well, such as those people who required their drinks to be thickened due to swallowing difficulties.

We joined people for lunch in one of the dining rooms and the meal was served hot and was appealing. We saw staff providing support to people when needed and offering encouragement to help ensure people ate adequate amounts.

We observed the environment of the home and found that the registered manager had taken steps for people living with dementia on the first floor, towards the environment being appropriate to assist people with orientation and safety. For instance, bedroom doors had been painted in different colours to help people identify their room and doors contained photographs, people's name or numbers. The corridors contained some items on the walls to promote conversations and there was an orientation board in the lounge. This advised people of the day, date, weather and menu for the day. A cinema room had also been developed where people could relax and watch films.

Is the service caring?

Our findings

People living in Abbeydale told us that staff were kind and caring. One person told us, "They're all very nice. I couldn't complain about anything. They treat us all very well; not one of them is not nice" and another person said, "They are very nice, nothing's a bother" and a third person told us, "Staff are very nice. They work hard believe me, to please everyone. They don't have much time to sit and chat with you but that's not their fault." Relatives we spoke with agreed and told us, "They're very good with people, I think" and "They're kind, everyone seems lovely."

We observed people's dignity and privacy being respected by staff during the inspection, such as staff knocking on people's door before entering their rooms and waiting for a response. We also observed one person, who due to their health condition, regularly adjusted their clothing which at times exposed their legs. Staff continually encouraged the person to readjust their clothes to ensure their dignity was maintained.

Staff we spoke with explained ways in which they protected people's dignity and privacy whilst providing personal care, such as ensuring doors and curtains were closed, asking for consent and covering people with a towel when getting washed. People living in the home agreed that their dignity was maintained and one person told us, "Oh yes, doors and curtains are shut when needed and conversations are kept private when they're talking to you about your personal business." Another person said, "Yes, [staff] are very careful about [people's] feelings. It is difficult, being supported in having a shower, but we make a joke of it together and you don't mind so much."

Interactions between staff and people living in the home were caring and respectful.

Care plans we viewed were written in such a way as to promote people's independence within the home. For instance, care files contained records titled, 'what I can do', 'what I find difficult' and 'how to help me.' This provided staff with information regarding how to support the person whilst promoting their independence. Individual care plans also described what people were able to do for themselves in relation to their personal care. For example, one plan explained that the person could brush their own teeth and choose their own clothes, but required staff to assist the person by washing their back and feet. This helped to ensure staff knew when to encourage people to complete tasks themselves.

Staff we spoke with told us they always encouraged people to be independent. People we spoke with agreed and one person told us, "Staff are just there to make sure I'm safe. They don't interfere if you can do things for yourself" and another person said, "If there's something you can do for yourself, you do it. If you need help, [staff] are there to help." Relatives also told us that people's independence was encouraged. One relative said, "[Relative] is a poor eater and staff encourage them to use a spoon to eat with but [relative] prefers to use their fingers and the staff do let them do that" and another relative told us, "The staff do what they need to and let [relative] do the rest for themselves."

People told us they had choice as to how they spent their days and the care that they received. For instance, we asked people if they had a choice regarding the gender of the carer that supported them with personal

care. One person told us, "Yes, but I don't mind either way" and another person said, "Oh yes. I wouldn't have a man." We saw that people's preferences regarding this were recorded in their care files and staff we spoke with were aware if people had a preference.

We noted that one person ate breakfast much later than other people and they told us they had a lie in and that was never a problem if they wanted to stay in bed. Another person told us they had been up early but then gone back to bed for a while. Other people told us, "We get up and go to bed when we want to, yes", "Yes, you're free to choose [when to get up, go to bed]. It's up to yourself how often you want to have a shower or a bath but you are given a time when they [staff] can help you with it" and "Yes. Sometimes I go down in the evening and staff make me a cup of tea."

People we spoke with told us the service supported them to meet their cultural and religious needs. One person told us they were supported to access regular meetings at their church and another person told us they had regular visits from members of their church and received communion in the home.

The registered manager told us there was nobody currently living in the home that was receiving end of life care.

We observed relatives visiting throughout both days of the inspection. The registered manager told us there were no restrictions in visiting, encouraging relationships to be maintained. People we spoke with told us their family members could visit them at any time and we saw that people could visit their relatives in private should they wish to.

For people who had no family or friends to represent them, details for a local advocacy service were available within the home for people to access and were also available within the service user guide. The registered manager told us that one person was currently receiving support from an advocate and that staff would support other people to access these services if needed.

Is the service responsive?

Our findings

At the last comprehensive inspection in April 2016, the provider was found to be meeting regulations. However the rating was not changed from requires improvement as improvements made from the previous inspection needed more time to show they could be sustained. During this inspection we looked to see if improvements had been sustained.

We looked at how people were involved in their care planning. Most people we spoke with told us they were aware of their care plan or that their family members had been involved in it. One person told us, "Yes, I sign my own paperwork", another person said, "My family take care of all that for me" and a third person told us, "I don't want to see it." Care plans we viewed provided detailed information regarding people and their lives and it was clear that families had been involved in providing this information towards the plan of care.

Relatives we spoke with told us they were kept informed of any changes to their loved one's health and wellbeing and that staff would contact them if there was anything they needed to know. Records of conversations between staff and family members were recorded within care files.

We saw that care files contained a pre admission assessment completed prior to people moving into the home; this ensured the service was aware of people's needs and that they could be met effectively from the day they moved in to Abbeydale. Staff also told us that they were kept informed if people's needs changed, through daily verbal and written handovers, use of the daily reports and by reading people's care plans.

We saw care plans in areas such as communication, personal care, elimination, mental health, moving and handling, nutrition and medicines. There were also detailed plans in place for people who had specific health needs. For instance, one care file reflected that the person had diabetes and the plan in place advised staff how to support the person to manage this condition. It explained what diabetes is, symptoms to be aware of which may indicate the person's blood sugars were not within normal ranges, how often to monitor the person's blood sugars and what other support they would need, such as regular optician and chiropodist appointments.

Care plans were reviewed regularly and updated when any changes or incidents occurred, such as falls. Care plans were specific to the individual person and detailed. For instance, one person's mental health care plan explained how they could become agitated at times and shout at people around them due to confusion and disorientation. The plan informed staff how the person's behaviour may change during these times and how best to support them. It explained what the person regularly worried about and how staff should reassure them, using diversion techniques and conversations that the person enjoyed talking about. This helped to ensure that effective and consistent support was provided when the person required it.

Care plans also contained information regarding people's preferences in areas such as meals, drinks, family members, hobbies, preferred name, television programmes, holidays and social activities. This helped staff get to know people, understand their experiences and provide support based on their preferences. We observed staff interacting with people throughout the inspection and from conversations we heard it was

clear that staff knew people well.

People had access to call bells in their rooms to enable them to call for staff support when required. When people were unable to use a call bell to request support due to memory difficulties, sensor mats were in place to inform staff if people were up during the night and may need support to maintain their safety.

We asked people to tell us about the social aspects of the home. Most people were aware of the activities available and we saw a schedule displayed within the home. The schedule included activities such as bingo, singing, crafts and exercises. The registered manager told us there was an activities coordinator employed, who would usually provide an activity downstairs in the morning and then upstairs in the afternoon, or the other way around. This meant that there were activities available to people each day. People living in the home told us, "[Coordinator] comes in and talks to people about what they'd like", "Yes there is a choice of activities. I take part when I feel like it", "Yes; we have a singer who comes in sometimes. I like to read a lot of the time though" and "For the few people there are here, I would say there's sufficient choice, yes."

People also told us they enjoyed spending time in the garden during the summer and having BBQ's. A hairdresser also visited the home each week. We observed a quiz taking place on the first day of the inspection and saw that the activities coordinator supported people to access the local shops and to access the garden if they wished to smoke. We also observed a singing session take place and staff encouraged people to sing along or join in with instruments.

People had access to a complaints procedure and this was displayed on notice boards within the home. Everybody we spoke with told us they were aware how to make a complaint should they need to. Responses from people living in the home included, "I'd see the boss, they are very good at organising and sorting things out properly", "I'd see [registered manager] if I had one, but everything's satisfactory" and "Just speak to [registered manager] - the boss, or one of the staff." Relatives also told us they could raise any concerns they had and one relative said, "I have not had a complaint as such. I've often said 'Can I have a word?' with [registered manager] or one of the staff about concerns and they do listen and try to address them, yes."

The registered manager maintained a complaints log and we saw that complaints were acknowledged and investigated in line with the provider's complaints procedure.

Systems were in place to gather feedback from people regarding the service. Records showed that meetings took place regularly with people living in Abbeydale. They included topics such as laundry, activities, meals and information regarding planned refurbishment of areas within the home. A recent meeting also recorded that people were involved in choosing new wallpaper for their bedrooms. When issues were raised that required action, it was clear that these had been addressed, such as changes to the menu.

We saw that relative meetings were advertised; however the registered manager told us that nobody usually came to these meetings. They believed this was because they operated an open door policy and encouraged relatives to raise any issues they had at the time so they could be addressed quickly. Relatives we spoke with agreed and told us, "I am aware of meetings, but I don't come" and "Yes, [I am aware of meetings] but I haven't been."

Quality assurance surveys were issued to people each month and looked at different aspects of the service each time. The last surveys had been completed in April 2017. The results of these had been analysed and were on display within the home. We saw that most responses were positive.

Is the service well-led?

Our findings

At the last comprehensive inspection in April 2016, the provider was found to be in breach of regulations and the Well-led domain was rated as Requires Improvement. This was because audit systems in place were ineffective. We re-inspected the service in August 2016 to check that improvements had been made, however the provider was still in breach of regulations. We re-inspected the service in October 2016 and found that sufficient improvements had been made and the provider was no longer in breach of regulations. However, we did not change the rating at this inspection as consistent good practice needs to be demonstrated over a longer period of time. During this inspection in May 2017, we checked to see that improvements had been sustained.

We looked at how the registered manager and provider ensured the quality and safety of the service provided. Records showed that the provider visited in February 2017, although the registered manager told us they had visited and completed audits since then, but the reports had not yet been received. The report from February showed that the provider reviewed a variety of areas of service provision, including complaints, accidents, quality assurance surveys, maintenance, infection control, fire safety and care planning. These checks did not highlight the issues we raised during the inspection.

We also viewed audits which had been completed each month and included areas such as complaints, accidents, cleaning, medicine management and care planning. Regular checks were also completed within the home and covered call bells, bed rails and pressure relieving equipment. Although these systems were in place to monitor the quality and safety of the service, we found that they were not always effective. For instance, the care file audit did not prompt staff to review consent within the care files. We found that although systems were in place to seek and record consent, this was not always clearly recorded and did not always follow the principles of the Mental Capacity Act 2005 (MCA). We discussed this with the registered manager who created a new care plan audit template before the end of the inspection, which included the need to review how consent was recorded.

We found that when actions had been identified through the audits, they had been addressed, although this was not always clearly recorded. For instance, one care file audit contained a number of actions. We viewed the care file and found that these actions had been addressed, however it was not recorded on the audit tool, so would be difficult for the registered manager to oversee this.

The audits completed did not identify some of the issues we highlighted during the inspection, such as those relating to the safety of the environment, inconsistent application of the MCA and risks regarding staffing levels. This meant that systems in place to monitor the quality and safety of the service were not effective.

The concerns we raised regarding consent, fire safety and staffing had been raised at previous inspections and had been addressed by the provider by last inspection in October 2016. This meant that improvements that had been made had not been sustained as they were identified again during this inspection.

We also found that files containing information relating to the care and treatment provided to people were not stored securely. We saw that these records were kept on shelves in lounge areas within the home to enable staff to update them regularly throughout the day. This meant that people who did not require access to this private information, could access it. Since the inspection the registered manager has told us these files have been stored securely in the office until new lockable cabinets arrive for the lounges.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 asked people their views of how the home was managed and feedback was positive. The registered manager was described as "Approachable" and all people we spoke with knew who the manager was and told us they could go to them with any concerns. A relative told us, "There's been a complete turnaround from what it was previously. I think the manager is doing a good job." Staff we spoke with told us the registered manager was, "Brilliant", "The best support ever" and "Strict but fair." Another staff member told us they knew they could raise any issues and they would be kept confidential.

There were policies and procedures in place to guide staff in their role. Staff we spoke with were aware of these policies, including the home's whistle blowing policy and told us they would not hesitate to raise any issue they had. Having a whistle blowing policy helps to promote an open culture within the home. Staff told us they were encouraged to share their views regarding the service and that they had regular staff meetings. We viewed the minutes from these meetings and saw that separate meetings were held with nurses, care staff and ancillary staff to enable the meetings to focus on areas appropriate to each staff group.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Abbeydale.

Ratings from the last comprehensive inspection were on display within the home as required. From April 2015 it is a legal requirement for providers to display their CQC rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff induction did not meet the requirements of the Care Certificate and not all staff had completed mandatory training.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The environment was not always safely maintained. Risk assessments were not all completed appropriately. .

The enforcement action we took:

Warning notice

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	Systems in place to monitor the quality of the service were not always effective. Improvements that had been made following previous inspections, had not all been sustained. Files containing information relating to the care and treatment provided to people were not stored securely.

The enforcement action we took:

Warning notice