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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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 19 April 2016, at which continual breaches of legal requirements were found. These breaches were in relation to medicines not being managed safely, care records lacking detail and audits or checks not identifying issues we found. We also made a recommendation about how the service was seeking consent from people who lived at the home. Following the comprehensive inspection, the provider wrote to us to say what they would do to meet the breaches.

We then undertook a follow-up inspection on 8 August 2016 to check that the provider had met the legal requirements. The inspection just focussed on the breaches and the recommendation. Although some improvements had been made, the breaches of legal requirements continued. The recommendation in relation to consent had not been addressed so we made this a breach of the legal requirement.

We undertook a further follow-up inspection on 4 October 2016 to again check if the legal requirements had been met. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Abbeydale Nursing Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Abbeydale Nursing Home provides nursing and personal care for up to 36 people, many of whom are living with dementia. The home is situated in Kirkdale, north of Liverpool city centre and is located near to public transport links and other community facilities.

There were 30 people living in the home at the time of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the 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.

As the overall rating for Abbeydale Nursing Home was 'Inadequate' at previous inspections the home was placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in Special Measures will be inspected again within six months and this inspection was

undertaken within that timeframe to establish if sufficient improvements had been made. Adequate improvements had been made therefore the home has been taken out of Special Measures.

The management of medicines had improved. Senior carers were now administering medicines to people living at the home who were receiving residential care. The nurses administered the medicines to people receiving nursing care. This meant people were now receiving their medicines in a timely way. A more structured approach had been put in place to ensure people received topical medicines (creams) as prescribed.

We noted that improvements had been made in relation to seeking consent from people who lacked capacity to make complex about their care. For example, consent had been sought in accordance with the Mental Capacity Act (2005) in relation to the use of bedrails.

An external nurse clinical lead had been appointed and they had made improvements to individual risk assessments and care plans. These were now more detailed and reflected people's current needs.

A range of audits or checks to monitor the quality of care provided was in place and since our last inspection. These had been modified to ensure they covered areas we had identified concerns with. Where appropriate, action plans were developed following each audit. A refurbishment programme was in place and this was reviewed each month to ensure identified actions/jobs had been completed.

A process was established to manage and monitor accidents, including a process for analysing accidents on a monthly basis. The registered manager provided us with examples of changes made as a result of the analysis identifying emerging themes.

While sufficient improvements had been made since the inspection in August 2016, we have not revised the ratings above 'Requires improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

## 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 safe.

Improvements had been made to the management of medicines and people were receiving their prescribed medicines at a time when they needed them.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

The arrangements for seeking consent from people had improved and consent for people who lacked capacity was being sought in accordance with the Mental Capacity Act (2005).

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

The appointment of a clinical nurse lead had led to improvements in the quality and monitoring of care records. Auditing processes were in place and changes had been made as a result of the outcome of audits.

**Requires Improvement** ●

# 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 was 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 unannounced focussed inspection was undertaken on 4 October 2016. The inspection team consisted of an adult social care inspector and a pharmacist specialist.

Before the inspection we reviewed the information we held about the home. We looked at the notifications and other information the Care Quality Commission had received about the service. We contacted health and social care commissioners and providers to obtain their views of the service. No concerns were identified about the service.

As part of the inspection, we spoke with the registered manager, a registered nurse and senior care worker. We also spoke with a community matron who was visiting the home at the time of our inspection.

We looked at the care records for three people and the medicine records for six people. We also reviewed records relevant to the quality monitoring of the service. We looked around the premises and observed staff supporting people.

# Is the service safe?

## Our findings

When we carried out three comprehensive inspection of Abbeydale Nursing Home in May 2015, November 2015 and April 2016 we identified a continual breach of regulation in relation to the safe management of medicines. We then carried out a follow-up focussed inspection on 8 August 2016. Whilst improvements had been made, the breach of regulation in relation to medicines continued.

During this inspection, we looked at the areas of medicines management that specifically led to the continued breach of regulation and found that significant improvements had been made.

At previous inspections we raised concerns about how long it was taking the morning medicines round to be completed. On many occasions people living at the home were not receiving their morning medicines until 11.30am. This was very close to lunchtime medicines round. In addition, nurses previously had not been recording the time they gave people medicines, which meant people were getting their medicines too close together. Furthermore, manufacturer's guidance on medicines being given before or after food had not been followed and some medicines were not available in the home as they had not been ordered in a timely manner. At the last inspection were found that topical medicines (creams) were not being applied as prescribed.

At this inspection we reviewed six people's medicine administration records (MAR) and spoke with the registered manager, a community matron, a registered nurse and one of the senior carers. The home had reviewed its approach to how medicines were administered. Instead of the nurse administering the medicines to everybody, they now were just administering medicines to the people receiving nursing care. Senior care workers had been trained and received competency checks in medicines management and were administering medicines to the people receiving residential care. This approach had considerably reduced the time taken to complete the morning medicines round. Both the nurse clinical lead and senior care worker told us this change was more effective and efficient in terms of ensuring people received their medicines when they needed them. On the day of the inspection both members of staff had completed their morning medicine round by 10.30am; an improvement since the previous visit.

We found that staff were now recording when paracetamol tablets had been given to ensure that a four hour time interval was left before further doses were given. Medicines to be given before breakfast were now being administered by the night staff to ensure they were given in accordance with the manufacturer's guidance. Topical medicine administration records (TMAR) were being used and had been completed. Body maps were now in place to highlight to staff where creams should be applied. All of these changes were improvements in comparison to concerns raised at previous inspections.

We checked how the home managed controlled drugs. A Controlled Drug (CD) is a medicine that is controlled under the Misuse of Drugs regulations (and subsequent amendments). We checked the CD cabinet and register and found no concerns with how CDs were being recorded and checked.

At the last inspection we also found that there was no recorded information for nurses to refer to regarding

people's safe range for their blood sugars to ensure they were given their insulin safely. In addition, there were no clear instructions recorded to guide staff in the event of a diabetic emergency. This had been addressed and detailed individual care plans that took account of blood sugar levels and diabetic emergencies had been developed

While significant improvements had been made since the inspection in August 2016, we have not revised the ratings above 'Requires improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

## Is the service effective?

### Our findings

When we carried out the comprehensive inspection of Abbeydale Nursing Home in April 2016 we made a recommendation in relation to seeking consent to care from people living at the home. For example, mental capacity assessments were being used for routine non-complex decision making, which is not in keeping with the principles of the 2005 Mental Capacity Act (MCA). In addition, the MCA had not been taken into account for people who lacked capacity to consent to use of restrictive equipment, such as bedrails. When we carried out a follow-up inspection in August 2016 we found the recommendation made had not been addressed.

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).

A system was in place to monitor the status of DoLS authorisations and DoLS applications that were in progress. Individual care plans made reference to the person being subject to a DoLS authorisation. However, care plans would benefit from further detail to clarify for staff why the person was subject to a DoLS.

Mental capacity assessments had been completed for the people who lacked capacity to consent to the use of bedrails and we could see that their families had been involved in discussions and decisions regarding their relative's care. Bedrails can be considered a form of restrictive practice so if a person is unable to consent to their use then ensuring they are used in a person's best interest is important. Mental capacity assessments continued to be undertaken for non-complex decision making, such as consenting to routine personal care. We discussed this with the clinical lead who said they were working on improving the care plans and ensuring that staff fully understood when it was appropriate to undertake such assessments.

While sufficient improvements had been made since the inspection in August 2016, we have not revised the ratings above 'Requires improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice.



# Is the service well-led?

## Our findings

At previous inspections in May 2015, November 2015, April 2016 and August 2016 we identified a continual breach of regulation in relation to governance of the service. This was in relation to quality assurance processes not being robust. For example, audits, including checks of medicines and care record audits were not identifying issues we found. Furthermore, clinical care plans did not always reflect people's current needs.

At this inspection we found that significant improvements had been made to the care records. For example, detailed risk assessment had been undertaken and care plans had been developed for people with diabetes, including guidance on how to respond in the event of a diabetic emergency. The clinical lead told us they were systematically going through all care records to ensure they reflected people's needs and contained sufficient information so that staff could effectively meet those needs.

Since the previous inspection changes had been made to the nursing team and included the external appointment of a nurse clinical lead. To ensure people living at the home received their medicines on time, changes had been made with senior care staff trained to administer medicines to people receiving residential care. This meant the nurses could focus on administering medicines to the people receiving nursing care. Staff told us this approach was safer, more efficient and coordinated.

We spoke with a community matron who was visiting people living at the home at the time of our inspection. They said the improvements made to the home were significant. They told us the registered manager had high standards and had been the driving force behind the positive changes. They said staff were vigilant and timely in relation to contacting the GP with any concerns about people's health and welfare.

The community matron informed us they, along with the GP, held multi-disciplinary meetings at the home every six weeks. These involved full reviews of the health needs of the people living there, including reviews of medicines and end-of-life plans. The registered manager also carried out reviews of the service and we could see that systems were in place for auditing the medicines, care plans, cleanliness, equipment and kitchen. A process was established for analysing accidents and incidents to identify any emerging themes or patterns. The registered manager provided an example of the action that had been taken when a person had fallen three times in a month in order to minimise the risk of future falls.

A refurbishment programme was in place that required action each month. We confirmed that the tasks identified each month up until September 2016 had been completed. The refurbishment plan also included making improvements to the environment to ensure it was dementia-friendly. For example, vibrant colour had been used to support people to identify their bedroom and door knockers had been fitted to bedroom doors.

We could see that regular meetings were taking place with staff to ensure expectations and changes were effectively communicated. Action had been taken using performance and disciplinary processes when staff

had not followed actions and requests in an effective and timely manner.

The staff we spoke with said there were sufficient numbers of staff on each day. They told us the registered manager reviewed staffing levels as more people were admitted. The registered manager advised us that an activity coordinator had been appointed. They were not available at the time of our inspection but we could see evidence of activities they had supported people to engage with.

While sufficient improvements had been made since the inspection in August 2016, we have not revised the ratings above 'Requires improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice.