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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?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 30 October and was unannounced.

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

Abbeydale 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. Accommodation is located over three floors with access to all areas of the home by a passenger lift. At the time of our inspection there were 25 people living at Abbeydale.

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.

The previous comprehensive inspection took place in February 2018. The home was awarded an overall rating of 'Requires Improvement'. We found breaches of regulations in relation to 'Safe Care and Treatment', 'Good Governance', 'Staffing' and 'Dignity and Respect'. We asked the registered provider to take action to make improvements in relation to the concerns we identified. An action plan was submitted by the registered provider.

A focused inspection took place in July 2018. We received information of concern relating to the management of skin vulnerability and wound care. We looked at clinical support measures which were in place to support people with vulnerable skin. The focused inspection only concentrated on two of the five key questions we inspect against: effective and well-led. We found that the breaches of regulation in relation to staffing and good governance were met.

During this comprehensive inspection, we concentrated on all five key questions; is the service safe, effective, caring, responsive and well-led? Whilst some improvements had been made since the previous comprehensive inspection; concerns were still identified in relation to the quality and safety of care people received.

You can see what action we have taken to keep people safe at the back of the report.

We identified a continued breach of regulation in relation to 'Safe Care and Treatment' and a breach of regulation in relation to 'Good Governance'. We found that not all actions from the action plan that had been submitted by the registered provider had been completed. We are taking a number of appropriate actions to protect the people who are living at the home.

During this inspection, we identified continued environmental concerns, ineffective health and safety checks and poor-quality assurance measures. People continued to receive inadequate care and their safety was being compromised.

We checked to see what quality assurance measures were in place to regularly monitor and assess the provision of care people received. We found that systems and processes were in place; however, these were not always effective. We found that health and safety audits and checks were not effectively identifying the risks we saw during the inspection and continued breaches of regulation meant that people were not receiving safe, effective, compassionate, high-quality care.

At the previous comprehensive inspection, we identified a breach of regulation in relation to 'dignity and respect'. Staff were unable to provide the level of dignified and respectful care they required due to inadequate staffing levels. During this comprehensive inspection, we identified that the level of care people received needed to be improved.

We checked to see if the registered provider was complying with the principles of the Mental Capacity Act, 2005. Mental capacity assessments were routinely carried out and the necessary and 'Deprivation of Liberty Safeguards' (DoLS) were submitted to the local authority. However, we identified that 'Best Interest' decisions were not always conducted with family members or representatives.

We recommend that the registered provider reviews DoLS and 'Best Interest' processes.

Staffing levels were appropriately managed; staff were effectively deployed across the three floors to ensure people received a safe level of care.

Recruitment was safely managed. The appropriate recruitment checks were conducted; personnel files contained application forms complete with employment and education history, appropriate references and the necessary 'Disclosure and Barring Service' (DBS) checks.

Staff were supported with training, learning and development opportunities. Staff also received regular supervisions and told us they were supported on daily basis.

People told us they felt safe living in at Abbeydale. Safeguarding and whistleblowing policies and procedures were in place. Staff completed safeguarding training and knew how to report any concerns they had. We saw that any safeguarding referrals were submitted to the local authority and CQC accordingly.

We saw that accidents and incidents were recorded; although it was not always clear how trends were analysed or established. There was an accident/incident reporting procedure in place and staff understood the importance of recording and reporting such events that occurred.

Medication processes were safe. People were supported with their medication by trained staff, staff received the appropriate medication administration training and there was an up to date medication administration policy in place.

People received support by external healthcare professionals. Care plans and risk assessment contained guidance and advice for staff to follow.

We checked the quality and standard of food people received. People told us they were happy with the variety and choice of meal options and people were encouraged to share their likes, dislikes and

preferences.

People were encouraged to engage in a range of different activities. We received positive feedback about the activities that were arranged; people and relatives felt that the variety of different activities had improved.

The registered provider had a complaints policy in place. People and relatives were familiar with the complaints process and told us they would feel confident approaching the registered manager and staff if they had any concerns.

Systems were in place to gather feedback from the people living at Abbeydale. People and relatives had the opportunity to share their thoughts and suggestions in relation to the quality and safety of care provided.

The registered provider had a range of policies and procedures in place. Policies were accessible to the staff team and contained relevant and up to date information.

The registered manager was aware of their regulatory responsibilities. They were notifying CQC of events and incidents that occurred in the home; this enabled us to monitor and assess the quality and safety of care people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

People received an inadequate level of care.

We found a continued breach of regulation in relation to 'Safe Care and Treatment'.

The environment was not safely maintained and health and safety checks were ineffective.

Medication processes were in place; people received their medication by trained members of staff.

Is the service effective?

Requires Improvement ●

The service was not always effective.

We recommend that the registered provider reviews their processes in relation to Deprivation of Liberty Safeguards (DoLS) and Best Interest processes.

Staff received an effective level of support and were provided with training and learning opportunities.

People were happy with the quality and standard of food and were offered 'choice'.

Is the service caring?

Requires Improvement ●

The service was not always caring.

The quality of the environment and absence of specialist equipment meant that people were not always receiving the care they needed.

People told us they received dignified and respectful care.

Confidential information was protected in line with General Data Protection Regulation (GDPR).

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People did not always receive a responsive level of care in relation to their support needs.

People were supported to participate in activities that were fun and stimulating.

A complaints procedure was in place. People and relatives were familiar with the complaints process in place.

Is the service well-led?

The service was not always well-led.

Quality assurance systems were not effectively in place. Audits and checks did not always identify areas of improvement required.

We identified continued breaches of Regulation.

There was a registered manager in post at the time of the inspection.

A variety of policies and procedures were in place. These were up to date and contained relevant information and guidance for staff to follow.

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 registered 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 inspection took place on 30 October 2018 and was unannounced.

The inspection team included two adult social care inspectors, an inspection manager, an 'Expert by Experience' and a 'Specialist Advisor'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service and a 'Specialist Advisor' is a person who has professional experience and knowledge of the care which is being provided.

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

A 'Provider Information Return' (PIR) was received prior to the inspection. This is the form that asks the registered provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to formulate a 'planning tool', this helped us to identify key areas that needed to be focused on during the inspection.

During the inspection we spoke with registered provider, registered manager, six members of staff, head chef, activities co-ordinator, three people who lived at the home and four visiting relatives.

We also spent time reviewing specific records and documents, including five care records of people who received support, four staff personnel files, staff training records, medication administration records and audits, complaints, accidents and incidents and other records relating to the management of the service.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

Is the service safe?

Our findings

During the previous comprehensive inspection which took place in February 2018, we found that the registered provider was in breach of Regulation 12 in relation to 'Safe Care and Treatment'. People were exposed to environmental risks and infection control support measures were not safely in place. During this inspection we checked to see if improvements had been made and if the registered provider was complying with Regulations.

During a tour of the home we saw that people were exposed to unnecessary and avoidable risks. A number of environmental concerns were identified which meant that people were not safe and the provision of care people received was inadequate. For instance, we found that not all fire doors were closing securely within their door frames. Fire doors need to effectively close to help prevent fire spreading and to prevent/reduce the inhalation of smoke. This meant that people were not protected from harm in the event of a fire.

We checked people's bedrooms and found that people's level of risk was not safely managed. For instance, nurse call cords which should have been in place in all of the bedrooms were not always available and three people who had been assessed as needing pressure mats to keep them safe did not have these in place. Such specialist equipment helps people to request help and support when required and/or alerts staff when a person has become mobile and may require assistance. This meant that people were exposed to unnecessary risk and the absence of such equipment could have caused serious harm.

We identified that the registered provider did not have the appropriate window restrictors in place to protect people from avoidable harm on all accessible windows. British standard approved window restrictors help prevent vulnerable people falling from windows. The window restrictors we saw, were not tamper proof and did not always restrict the windows from opening more than 100mm. We raised our concerns with the registered provider and registered manager at the time of the inspection; they were immediately responsive and submitted an action plan highlighting how the concerns would be actioned.

We observed the environment to see if improvements had been made since the previous inspection. Although some areas of the home had undergone refurbishment, we still identified some areas of concern. All three floors throughout the home smelled unpleasant, toilets we checked were dirty and infection control measures were not fully complied with. This meant that the registered provider failed to provide a safe, well-maintained, hygienic environment.

We reviewed a number of health and safety checks which were in place to maintain the quality and safety of the environment. We noted that not all the safety checks that were in place were effectively identifying the concerns we raised during the inspection. For example, we identified poor lighting throughout some parts of the home, people were exposed to trip hazards due to unsafe carpets and audits/checks indicated that the home was safe, clean and hygienic. We showed the registered manager our findings throughout the course of the inspection. We discussed, that such areas of safe care and treatment required immediate action.

People's level of risk was assessed from the outset. Although records contained up to date, consistent and

relevant information and staff told us that the level of information recorded was accurate, measures were not always in place to safely mitigate risk. Risk assessments we checked included, falls, nutrition and hydration, skin integrity, mobility, continence, personal hygiene and behaviour.

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

Fire safety checks were in place and a fire risk assessment of the building had been completed. People who lived at Abbeydale also had the necessary personal emergency evacuations plans (PEEPs). PEEPs contained essential information to ensure people could be safely evacuated from the home in the event of a fire. Staff could determine the level of support people required and what assistance was needed.

The registered provider ensured that the relevant regulatory certificates for gas and electric compliance were in place. We also saw checks in place for fire extinguishers, fire alarms, hoists and Lifting Operations and Lifting Equipment Regulations (LOLER).

We looked at accident and incident reporting procedures. The registered manager maintained a log of all accidents/incidents, however we could not identify how trends were analysed and established. Identifying such trends would enable further support measures to be put in place to keep people safe.

People told us that they felt safe living in Abbeydale. Staff told us they would feel confident raising any safeguarding and whistleblowing concerns, the appropriate safeguarding training was provided and policies were available for staff to refer to. The registered manager also made the safeguarding referral to the local authority and CQC accordingly.

Safe recruitment processes were in place. We checked four staff personnel files; files contained application forms complete with employment and education history, suitable references, identification as well as the appropriate Disclosure and Barring Service (DBS) checks. DBS checks are carried out to ensure candidates are suitable to work with vulnerable people in health and social care settings.

We checked staffing levels and the deployment of staff during the inspection to ensure people received a safe level of care in a timely manner. Staffing levels had improved since the last inspection and people received safe and effective care in a timely manner. We saw that staff were safely deployed across the three floors and we received positive feedback about the numbers of staff the registered provider employed.

People we spoke with told us they felt safe living at Abbeydale. Comments we received included, "I can put my trust in them [staff]", "Staff are very good, they look after me" and "I trust them." Relatives also told us, "The care is very good" and "Staff are very welcoming."

Medication processes were safely in place. Management procedures were safely in place. People received support with their medication by trained staff. There was an up to date medication administration policy in place; this contained information in relation to medication administration, staff training, ordering and receipt of medication, storage, record keeping, disposal and administration, self-administration, and controlled drugs. Controlled drugs (CDs) are prescription medicines that have controls in place under the Misuse of Drugs legislation. Medication audits were routinely completed and medication administration procedures were continuously assessed.

Medication was appropriately stored in locked trolleys within locked clinic rooms on each of the three floors. The temperature of the fridge and clinic rooms were monitored and recorded daily. If medicines are not

stored at the correct temperature, they may not work effectively. We viewed a sample of Medication Administration Records (MARs) and we found that they were correctly completed and in line with the medication administration policy.

Is the service effective?

Our findings

During the comprehensive inspection which took place in February 2018, we identified breaches of Regulation in relation to 'Staffing' and 'Good Governance'. We then conducted a focused inspection in July 2018 and found that the breaches of regulation had been met. During this inspection, we found that further improvements were still required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We saw that people's consent to receive care and treatment was obtained in line with good practice and guidance. Where people couldn't provide consent, records showed that the relevant 'Deprivation of Liberty Safeguard' (DoLS) applications had been submitted to the local authority. Information regarding DoLS were recorded in people's care records and staff were knowledgeable around this area of care and support.

Care records we checked complied with the principles of the MCA, with the exception of one person's care record. We identified that the person had been appropriately assessed, the necessary DoLS application had been submitted to the local authority but 'best interest' decisions in relation to a specific restriction had not been appropriately discussed with the person's relatives/advocate.

We recommend that the registered provider reviews the 'best interest' processes to ensure the relevant people are involved in any decisions which need to be made.

We observed the environment of the home and saw that some improvements had been made to the décor and furnishings but further areas of improvement were still required. The environment did not always support people to safely orientate themselves around the home. Poor lighting was identified in bedrooms, corridors and bathrooms and lifted carpets exposed people to risk.

Staff told us they received an effective level of support from the management team and were encouraged to develop their skills and competencies. Staff received supervision and were supported with learning and training opportunities. Supervision enables management to monitor staff performance and address any

performance related issues. It also enables staff to discuss any development needs or raise any issues they may have.

Staff were effectively inducted into their job role and completed an induction in line with the requirements of the Care Certificate. The Care certificate was introduced by the Government in 2015. This is a set of minimum standards that social care and health workers comply with in their daily working life that should be covered as part of induction training. This meant that staff were expected to develop their skills, levels and competencies in relation to the quality and safety of care people should receive.

Staff received training in relation to moving and handling, first aid, infection control, safeguarding, food hygiene, person-centred care, equality and diversity, record keeping and medication administration. Other specialist training staff received to help provide an effective level of care included, 'react to red' (wound care) and diabetes training.

People told us they felt they received an effective level of care. Comments we received included, "Oh yes, if I want anything it's there", "Staff seem to know everything", "They [staff] look after me well" and "staff on "I can put my trust in them [staff]". Relatives also told us, "They [staff] know all [people] by name and that they understand [relatives] needs", "I don't have to worry about anything now" and "I think they [staff] are wonderful."

People living at Abbeydale received support from external healthcare professionals such as GPs, district nurses, mental health team, nutrition and dietetics teams and speech and language therapists (SALT). This meant that people received support with their overall health and well-being; any guidance provided was also incorporated in people's care records. For instance, one person had been assessed as being high risk of choking. The person was referred to SALT and the guidance that had been provided was incorporated in the person's risk assessment. Kitchen staff were aware of the support the person needed and only prepared food that was soft in texture and could be easily consumed.

During the inspection we observed the quality and standard of food people received. There was a four-weekly rolling menu in place and people had the opportunity to complete a 'monthly dining room experience' questionnaire. The questionnaire encouraged people to share their views, thoughts and suggestions around the quality and options of food. Menus were seasonal and we saw that people had a variety of food options on a daily basis. Kitchen staff were familiar with people's dietary support needs and any guidance which had been provided by dieticians was followed.

Is the service caring?

Our findings

During the last comprehensive inspection which took place in February 2018, we found that the registered provider was in breach of Regulation 10 in relation to 'Dignity and Respect'. Staff did not always support people in a dignified or respectful manner and interactions between staff and people living at Abbeydale was not always positive. During this inspection, we found that the registered provider was complying with regulations but the significant concerns we identified in relation to the hygiene and quality of the physical environments meant that further improvements were required.

Staff told us, "Good care is about people's dignity and preferences", "I would respect someone's privacy by knocking on the door before I went in", "If somebody needed personal care I would offer this discreetly", "I would close the door and make sure the curtains were closed when giving personal care, I would keep the person as covered up as possible to protect their dignity when washing or bathing."

The registered manager ensured there were dedicated 'Dignity Champions' at the home. Dignity champions helped to promote the importance of providing dignified care to people who were living at Abbeydale. People and relatives told us that staff were familiar with people's support needs and provided care in a manner that was dignified and respectful.

We received positive feedback about the level of care people received. People told us, "Staff have been very good and approachable", "I'm happy with the care here" and "It's [the care] is getting better". Relatives told us, "They [staff] treat [relative] with dignity", "They respect [relative] a lot" and "I couldn't fault them [staff]."

The registered provider was no longer in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A SOFI tool was completed during an afternoons activity which was taking place. People looked content in the lounge area, they were listening to age-specific music and karaoke however there was minimal conversations, chit chat and engagement from the staff who were available. SOFI indicated that further interaction and engagement between staff and people would enhance the experiences of people living at Abbeydale.

People's care needs were assessed from the outset, risk management plans were in place but the correct level of care was not always provided. The absence of specialist equipment, poor living conditions and exposure of environmental risks meant that people were not always receiving the level of care that was expected and people's needs were not always met.

Care plans we looked through promoted people's independence and encouraged people to make 'choices' about the care and support they required. For instance, one person's care plan we checked stated, '[Person] likes to make own choices of clothing and likes to have hair washed and styled weekly', '[Person] must be involved with planning own care. This is to ensure preferences and personal needs are at the centre of [persons] care plans' and 'I can do most things for myself, I am mobile with my delta frame (assisted walking

aid) and I am able to wash and dress myself.' This meant that people received the level of care and support that helped promote independence but in a safe and appropriate way.

For people who did not have any friends or family to represent them, details of local advocacy services were made available. Advocates represent people when specific choices and decisions need to be made in relation to their health and support needs. Contact details for advocacy services were available to people living at the home.

The registered provider continued to comply with General Data Protection Regulation (GDPR). People's records were secured stored in locked offices and confidential information was not unnecessarily shared with others. This meant that people's sensitive and personal information was kept confidential.

People and relatives were given a 'Service User' guide from the outset. The guide contained important information about the quality and safety of care people could expect to receive. This meant that people could familiarise themselves with the different provisions available to them at Abbeydale.

Is the service responsive?

Our findings

During the last comprehensive inspection, the responsive domain was rated 'Requires Improvement' as people were not always receiving a responsive level of support in relation to their care needs. During this inspection we saw that improvements were still required.

We checked people's pre-admission assessment paperwork and found that people were appropriately assessed. Areas of assessment included, consent to care, health details, religious/spiritual beliefs and personal care needs. Assessment details helped to devise care plans and risk assessments, however the level of support was not always provided. We found that people were not always receiving the appropriate level of responsive care.

The absence of nurse call cords and pressure mats meant that staff were not always alerted when people required support. This meant that people were not always responded to in a timely manner, were not always receiving the tailored level of support they needed and support measures were not always in place to support people's independence in a safe and appropriate manner.

Care records contained sufficient 'person-centred' detail about the support people required. 'Person-centred' means the care and support which is delivered is in line with people's individual needs, and not the needs of the home. However, we identified that people did not always receive the responsive level of care that was expected.

Each person's care record contained a detailed support plan which provided staff with information in relation to their past experiences, personality, physical health, equality and diversity, activities, sensory impairments, spirituality, relationships and environment support. Staff were familiar with people's preferences, likes and dislikes and were provided with up to date information on a day to day basis.

We received positive feedback about the level of responsive care people received. Comments included, "Staff are very good, they look after me" and "The girls [staff] are very good will do anything for you". Relatives told us, "Brilliant, couldn't fault it". It's run very well" and "Staff know them [people] very well."

Care records reflected people's preferences in relation to the care they required. For instance, records contained information such as, '[Person] likes to make her own choice of clothing to wear', 'likes to have hair washed and styles weekly', 'likes to eat my meals in the lounge or sometimes I will have tea in my room', 'I can eat and drink independently', 'I wash myself with assistance' and 'I like reading and mixing with people.'

People were treated equally regardless of their protected characteristics (age, gender, disability, religion/belief or culture). People's support needs were established from the outset and support measures were appropriately put in place to ensure people's support needs were catered for.

There was a dedicated activities co-ordinator at Abbeydale who supported people with a range of different activities four times a week. Activities included, bingo, external trips to different places such as Blackpool,

Liverpool and local parks and pubs, memory sessions, arts and crafts, karaoke, birthday celebrations and board games. We were told that activities didn't take place on a Thursday due to the hairdresser visiting or at the weekend, due to relatives taking people out. Relatives told us, "There's always something going on" and "There is enough activities for them (people living at Abbeydale)."

The registered provider had a formal complaints policy in place. The procedure for making a complaint was clear and people knew how to complain if they needed to. We reviewed how complaints were recorded, how they were responded to and actions taken. At the time of the inspection there were no formal complaints being investigated.

We asked the registered manager if 'End of life' care was provided to people who had been assessed as being at the end stages of their life. End of life care was provided in a dignified, caring and sensitive manner. Staff expressed their understanding of supporting people's end of life wishes and ensured that their preferences were respected.

Is the service well-led?

Our findings

During the focused inspection which took place in July 2018, we identified that the registered provider was compliant with Regulation 17 in relation to 'Good Governance'. During this inspection, we identified that quality assurance measures the registered provider had in place were not effectively assessing or monitoring the safety and quality of care people received.

We checked to see the variety of audits, checks and processes which were in place to ensure people received safe, effective, compassionate and high-quality care. Audits and checks included, care plans and risk assessments, accidents and incidents, medication, health and safety, infection control and fire safety. Although we identified improvements in relation to the quality and safety of care and the feedback we received was positive it was clear to see that improvements were still required.

A variety of quality assurance systems were routinely completed but they were not effectively identifying areas of improvement or sufficiently ensuring that people were receiving safe care. For instance, health and safety audits and checks did not identify the areas of risk people were exposed to throughout the home, fire safety checks were not identifying potential fire risks and nurse call systems and pressure mat checks were not effectively carried out. This meant that systems in place to monitor the quality and safety of the service were not always effective.

It was evident throughout the course of the inspection that the overall governance of Abbeydale required improving. Although the registered provider was receptive to the feedback we provided and risk was mitigated during the inspection, the quality and safety of care people received was not effectively monitored and standards were not always maintained.

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

At the time of the inspection there was a registered manager in post. They have been registered with CQC since February 2016. The registered manager was aware of their regulatory responsibilities. They had notified CQC of all events and incidents that occurred in the home in accordance with our statutory requirements. This meant that CQC could accurately monitor information and risks relating the home and people who were living there.

We received positive comments about the leadership and management of the service. Staff told us, "They [manager] are open and approachable", "I can go and see them anytime if I have a problem", "They run the home well and care for the residents", "Their door is always open", "They always have a walk about of the home and a chat with the staff", "The [manager] is approachable" and "If we have any problems we feel we can just say it".

Comments we received from relatives included, "[Manager] is a good manager" and "Since [manager] took over it's been brilliant here."

During the inspection, we found the registered manager to be responsive and open to the feedback we provided. They engaged with the inspection team throughout the course of the day, they were pro-active in their approach and understood that immediate action was required in relation to the concerns we identified.

We checked to see how the registered provider maintained oversight of the quality and safety of care people received. People and relatives had the opportunity to express their thoughts, views and opinions of the care that was provided. There was evidence of 'residents and relative' meetings which were routinely scheduled. Topics of discussion included activities, standard and quality of food, cleanliness and refurbishments. We also saw that feedback and suggestions were followed up on. For example, people living at Abbeydale requested more available fresh fruit and responsive action was taken when people expressed that their laundry was being misplaced. This meant that the registered manager was committed to listening and responding to the feedback and suggestions they received.

Staff meetings were taking place every three to four months and attendance was mandatory. It was clear from the minutes we reviewed that the registered manager promoted a 'lessons learnt' culture amongst the staff team. For instance, the registered manager provided feedback from each CQC inspection and informed staff of the action they needed to take to improve the provision of care.

Meetings also regularly took place between domestic and kitchen staff. Staff told us that the communication was effective and they found staff meetings beneficial. Comments we received included, "We talk about new ways of trying things to improve the home", "The meetings act as a good communicator between day and night staff so that we work together better," and "The [manager] listens and acts upon what we say."

We saw meeting minutes from a 'Professionals Meeting' which was held in June 2018. We reviewed feedback from a District Nurse who said that 'The home was improving day by day' and a podiatrist who made comment that the 'staff at the home were efficient'. We also received feedback from the Local Authority; they confirmed they were satisfied with the clinical support people received at Abbeydale.

We checked a variety of different policies and procedures the registered provider had in place. Policies included, confidentiality, GDPR, supervision, complaints, equality and diversity, infection control and medication administration. Policies contained up to date and relevant information and guidance for staff to follow. We also saw that the registered manager updated a 'policy of the month' notice board. The board contained monthly policy updates that people and staff could familiarise themselves with at their leisure.

There was a 'Business Continuity Plan' (BCP) in place. BCPs help to ensure that there are contingency plans in place in the event of an emergency situation. This meant that people would be safe and protected if an emergency situation occurred.

Ratings from the last inspection were displayed in the foyer of the home. From April 2015 registered providers were legally required 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
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were exposed to unnecessary risks and inadequate care was provided.
Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had ineffective quality assurance measures in place. The provision of care people received was not effectively assessed or monitored.