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# Abbeydale Nursing Home

## Inspection report

Croylands Street  
Liverpool  
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Tel: 01512982218

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Abbeydale Nursing Home is a residential care home providing nursing and personal care to 34 people at the time of the inspection. The service is registered to support up to 36 people in one adapted building. The home is located over two levels.

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

Records to document the completion of planned care were not always updated to reflect the care being given to people. However, we found staff were aware of the care needs of people and told us these had taken place even when they were not recorded fully.

Audits and checks were completed by the registered manager; however, these were not always effective at identifying concerns. There was a lack of robust oversight with aspects of the service. The registered manager implemented some new checks before the end of the inspection to improve oversight of some areas.

Risks to people were assessed and appropriate plans were in place to keep people safe. However, whilst people and relatives were involved in decisions where appropriate, healthcare professionals had not always been consulted to ensure decisions were safe for the person.

Accidents and incidents were recorded, and actions were in place to ensure people were safe. However, there were no systems in place to effectively analyse incidents to ensure learning could be implemented to prevent reoccurrence.

There were enough staff to meet people's needs. People told us they felt safe living at Abbeydale and liked living there.

Staff understood their role and had confidence in the manager. Staff told us they worked well together as a team, and there was good morale amongst them.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 4 June 2019).

The service remains rated requires improvement. This service has been rated requires improvement for the last eight consecutive inspections.

### Why we inspected

We carried out an announced focussed inspection of this service on 11 September 2020. We gave the service

30 minutes notice so we could make appropriate plans regarding covid-19. At the last inspection recommendations were made about safe recruitment processes and good governance.

We undertook this focused inspection to check they had made improvements to the recruitment process and governance of the service. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

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

#### Enforcement

We have identified breaches in relation to good governance.

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

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Abbeydale Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

This inspection took place on 11 September 2020. The team consisted of two inspectors. Inspection activity ended on 17 September 2020. This is the date we received and finalised review of documents requested from the service. We spoke with relatives and staff by telephone during this time.

#### Service and service type

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced 30 minutes prior to our visit.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, clinical lead nurse, care workers and the chef.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remains the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People's care plans contained a wide range of risk assessments with appropriate information to guide staff in safely supporting people. However, records did not always show these had been followed by staff. For example, one person who was assessed as needing regular repositioning did not always have this recorded. We checked with staff and they were aware of the need for repositioning and confirmed this took place.
- Risks within the environment were considered and assessed. However, we found issues with some fire doors and bedroom doors on the day of the inspection. We checked health and safety records and found this issue had not been identified prior to our visit. Action was taken on the day of the inspection to address these concerns. The registered manager told us more robust visual checks would be included in the daily checks to ensure issues with the safety of the environment were identified in a more timely manner.
- Improvements had been made to the environment to ensure it was safe for people. A refurbishment plan was in place to ensure these works continue. We found some areas of concern needed to have been prioritised sooner, for example a carpet in one of the communal lounges had not yet been replaced and presented a trip hazard. The registered manager confirmed this had now been scheduled to be replaced.

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

### Staffing and recruitment

At the last inspection we made a recommendation the provider the provider consider current guidance on safe recruitment act to update their practice. We found the provider had made improvements.

- Safe recruitment processes were followed.
- There were enough suitably qualified staff to support people safely.

### Using medicines safely

- Medicines were administered, stored and managed safely in line with best practice guidance.
- Nursing staff administered medicines and all had appropriate training and competency checks.

### Learning lessons when things go wrong

- Incidents and accidents were recorded appropriately. Appropriate actions were taken after each incident

to ensure people were safe.

- Analysis of incidents was not always completed which meant opportunities for learning and improvement could be missed.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the home. Comments from people and relatives included, "I feel safe, staff are good" and "We are 110% happy with the care. [The person] looks better now than before going in the home, people are looking after [the person] now."
- Staff were clear on the potential signs of abuse and how to raise any concerns they might have.
- Records showed that any potential safeguarding allegations had been reported, recorded and investigated in a timely manner.

Preventing and controlling infection

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remains the same. This meant the service management and leadership was inconsistent.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

At our last inspection we recommended the provider seek advice and guidance to strengthen the auditing processes. At this inspection not enough improvement had been made.

- There were checks and audits in place. These had not been effective in identifying the shortfalls found at this inspection.
- Records to document the care people had received were not always well-maintained. People's records did not always show that planned care had taken place.
- When risks to people were identified, appropriate healthcare professionals were not always involved in plans to reduce the risks.
- Systems were not robust enough to ensure an effective analysis of incidents was completed. This meant the opportunity for learning from these incidents to further reduce risk to people was sometimes missed.

The provider had failed to effectively assess, monitor and improve the quality of the service provided. The provider had failed to maintain an accurate and complete record in respect of each service user. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.

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

- There was an open and transparent culture within the service. People and their relatives told us the registered manager and staff were open and honest with them.
- People knew the registered manager and greeted them warmly with a smile and chatted to them.
- The registered manager had discussed concerns raised with people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Due to restrictions imposed by covid-19 relatives meetings had not taken place. However, the registered manager had ensured all relatives were called regularly to discuss any feedback they had. Resident meetings had taken place regularly. It was clear people's feedback was taken on board.
- There were regular staff meetings and staff told us they felt supported in their roles, and management

listened to their ideas.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us how they promoted a person-centred approach to people's care and support. They discussed with people how they wanted to be supported and involved them in developing their care.
- Staff and people told us that they felt the service revolved around people and their needs. People told us they thought the management team were approachable.

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 17 HSCA RA Regulations 2014 Good governance<br><br>Governance, assurance and auditing systems were not always effective at assessing and monitoring the quality and safety of the service. |