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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This inspection took place on 15 and 22 February 2018 and was unannounced. Where we receive information of risk or concern about a service, or information that indicates a service has improved, we may carry out a comprehensive inspection sooner than originally scheduled. The comprehensive inspection for this service was carried out sooner as we received information of concern and risk which we needed to explore.

At the last comprehensive inspection in May 2017, we rated the service 'Requires Improvement' and found the provider was in breach of regulations in relation to safe care and treatment, good governance and staffing. This was the fourth consecutive time the service had been rated 'Requires Improvement'.

During this inspection we looked to see whether improvements had been made to ensure the provider was meeting the fundamental standards of care.

This service has been rated 'requires improvement' in well-led (and overall) for the past four inspections; lack of effective management, leadership and provider oversight have resulted in the inability to maintain a good standard of care for people using the service.

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.

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 34 people using the service.

There was a registered manager 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.

Whilst some improvements had been made since the previous inspection we still had concerns about the quality of service being provided to people living in Abbeydale.

We found the environment was not always safe; this was because sluice rooms containing equipment that could be harmful to people were left unlocked. Action was taken to rectify this during the inspection.

The environment was not always clean and well maintained; this was because on the first day of the inspection some areas of the home were found to be unclean and odorous. Whilst some areas of the home

had been refurbished, the registered manger told us there were plans to continue with the refurbishments to cover all areas.

We found the provider remained in breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

The service did not always deploy sufficient numbers of staff to meet the needs of people living in Abbeydale; this was because on the first day of the inspection, two regular staff members were off which resulted in lower than usual staffing levels and because staff were not always appropriately deployed to where support was required the most.

We found the provider remained in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessments in place to manage and monitor people's individual risks were not always accurate; this was because some care files contained assessments with conflicting information and recorded risk levels.

We saw that whilst systems and processes were in place to monitor the quality and safety of the service, these were not always effective.

Files containing information relating to the care and treatment of people using the service were not always stored securely.

We found the provider remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke positively about the care being provided by staff at Abbeydale. People and relatives told us that staff were kind and caring. However we observed that staff were not always kind and caring towards people. We also observed that staff did not always treat people with dignity and respect; this was because on the first day of the inspection poor staffing levels meant that staff were not always able to interact positively with people in the home.

We found the provider to be in breach of Regulation 10 of the Health Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living in Abbeydale.

We observed a member of staff administering medications and checked records, stock, storage arrangements and audits and found that medicines were managed and stored safely.

Staff were aware of different types of abuse and how to report safeguarding incidents. Those that were reported had been done so appropriately. They were also aware of the whistleblowing policy. Staff were able to explain how to keep residents safe from abuse.

Staff recruitment files were checked and found to reflect safe recruitment processes. Each file contained an application form with detailed employment history, photographic identification, references and evidence of Disclosure and Barring Service (DBS) checks.

We saw evidence of the recording and monitoring of incidents and accidents. The records that we saw

detailed and showed evidence of review and analysis by the registered manager.

Principles of the Mental Capacity Act (MCA) 2005 legislation were being followed and Deprivation of Liberty Safeguard (DoLS) applications were completed correctly and in line with current legislation. Staff showed a basic knowledge and understanding of both MCA and DoLS.

Systems were in place to assess people's capacity to make specific decisions. Best interest decisions were documented correctly and consent for care and treatment was gained in line with the principles of the MCA.

Staff induction met the requirements of the Care Certificate. Records showed that staff had received training in areas such as manual handling, dementia, infection control, safeguarding and first aid.

Although people were supported with nutritional needs, staff were not always observed to support people during meal times where required. People spoke positively about the meals provided at Abbeydale and the chef was aware of people's dietary needs and preferences.

Staff were supported in their role through regular supervisions and appraisals; staff told us they were able to discuss any concerns or training needs during supervision and felt these would be addressed.

People in Abbeydale were supported to maintain good health in conjunction with a range of community health care services. We saw from care files that people received support and advice from health (and other) care professionals such as GP, district nurse, dietician, community mental health and podiatrist.

Care plans provided staff with information on how to support people whilst promoting their independence.

People and their relatives were involved in the decisions regarding the care and support being provided. People had a choice as to how care was delivered.

We saw from care records that they were person centred and based on individual needs and requirements. The care files that we saw were reviewed and updated regularly and provided detailed guidance for staff to provide support on an individual basis.

The service supported people with Equality, Diversity and Human Rights (EDHR) needs/wishes.

The service had a complaints policy that provided details of how people could make a complaint. The complaints log contained details of the complaint being made and the action taken by the manager.

The service employed an activities coordinator four times a week who provided a wide range of activities for people in the home. We observed a notice board that contained information regarding activities for the week ahead.

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.

Systems were in place to gather feedback regarding the service, this included surveys from people using the service, relatives and professionals.

Staff told us the manager's aim was to ensure that people using the service came first and to provide good quality care. However, this was not always seen during the inspection.

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 ●

This service was not always safe.

We found that the environment was not always safe because sluice rooms containing equipment that could be harmful to people were left unlocked.

People using the service told us they felt safe living at Abbeydale.

Medicines were stored and managed safely.

Is the service effective?

Requires Improvement ●

This service was not always effective.

People were not always supported with their nutritional needs.

Staff were trained and supported to ensure that they held the appropriate skills and knowledge.

The service operated in accordance with the principles of the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement ●

This service was not always caring.

People were not always treated with dignity and respect.

Care records showed that people were encouraged to be more independent.

The service supported people with Equality, Diversity and Human Rights wishes.

Is the service responsive?

Requires Improvement ●

This service was not always responsive.

Staff were not always responsive to people's needs.

Care records were based on individual needs and developed with the involvement of people and their relatives and subject to regular review.

People were offered a range of activities to keep them physically and mentally stimulated.

Is the service well-led?

This service was well-led.

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

People spoke positively about how the service was managed.

The service worked effectively with other agencies and organisations.

Inadequate ●

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 comprehensive inspection took place on 15 and 22 February 2018 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist adviser (SPA) with experience in nursing and specialist knowledge in Tissue Viability and an expert by experience (ExE). An ExE 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, clinical lead, six care staff, an activities co-ordinator, housekeeper and laundry assistant. We also spoke with six people who use the service, three visiting relatives and a hairdresser who attends weekly.

We made observations around the care home, we looked at the care files for 10 people, four 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 understand the experience of people who could not talk with us.

Is the service safe?

Our findings

When we carried out a previous inspection in May 2017 we rated the service as 'requires improvement'. We found the provider was in breach of Regulation 12; safe care and treatment. This was because the environment was not always safe and risk assessments were not all completed appropriately. A warning notice was issued to the provider.

During this inspection we checked to see if necessary improvements had been made to address the issues previously identified.

During a tour of the home on day one of the inspection we observed two sluice room doors to be unlocked. A sluice room is where used disposables such as incontinence pads and bed pans are dealt with, and reusable products are cleaned and disinfected. These doors were fitted with key coded locks however staff accessing the sluice rooms had left the doors unlocked. Equipment found within these rooms could be harmful to people living in the home. This was brought to the registered manager's attention and was addressed immediately. On day two of the inspection all sluice room doors were found to be locked. During the previous inspection in May 2017, this same issue had been identified; the persistent failure to restrict access to sluice rooms placed people at risk of avoidable harm.

We found the home was not always clean and well maintained. There was a detailed infection control policy in place which the registered manager told us staff could access on-line. Personal Protective Equipment (PPE) stations were found in various locations in the home which staff used appropriately. On the first day of the inspection we found the first floor was odorous; toilets and bathrooms smelled unpleasant and toilet seats were dirty. Whilst we observed domestic staff cleaning these areas, they remained odorous throughout the day. The domestic staff told us the registered manager had plans to purchase new flooring that would be easy to clean and maintain. We found one room contained fluid under the bed and had an odorous smell of urine; staff were questioned about this and we were told that the person living in that room had been up for several hours. Staff also told us that care and domestic staff had entered the room and had not seen the fluid. This was discussed with the registered manager who told us it would be addressed during supervision. On the second day of the inspection we found the home to be clean and well-maintained. We spoke to members of domestic staff who told us they work to a schedule which we saw evidence of. The service had been visited by an infection control officer in July 2017 and had been awarded 93% in relation to cleanliness and infection control.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

When we previously inspected this service in May 2017, we received mixed feedback in relation to staffing levels. During this inspection we made observations throughout the day and checked staffing rotas and saw that the numbers of staff deployed was not sufficient to meet the needs of people living in the home. The registered manager told us they a system to help determine how many staff they require to meet the needs of people living in the home. They told us they deploy three care staff, one nurse and one senior care staff,

to cover both the ground and first floor. Care staff were supported by a hostess during meal times. Throughout the first day of the inspection we found that people on the first floor were only being supported by two care staff; people on this floor are living with dementia and have more complex needs than those living on the ground floor. We saw that staff were unable to effectively meet the needs of people living in on this floor. For example, we found that people were often left waiting for staff to support them with personal care, on a number of occasions people were left in the lounge with no staff to support them as they were supporting other people and staff were unable to effectively support people during meal times. This resulted in some people not receiving the care/support they required in an appropriate time scale.

People we spoke to provided mixed feedback about staffing levels. Comments included "Staff are busy", "I have to wait until last if I need the toilet, I need two staff to help me" and "I think there is enough". Relatives told us "When I come there seems to be enough (staff) on duty", "Yes I believe there is (enough staff)". We discussed the staffing issues with the manager who told us they were in the process of recruiting more staff; these staff were awaiting safe recruitment checks and had not yet commenced in post. This same issue had been identified during the inspection in May 2017. On the second day of the inspection we observed sufficient numbers of staff on duty and found that people's needs were met far more efficiently.

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

During the previous inspection in May 2017 we found that whilst risk assessments had been completed for people living in the home, they were not always accurate. During this inspection we saw risk assessments in areas such as falls, nutrition, moving and handling and skin integrity. We found that risk assessments and associated support plans contained appropriate measures to reduce the risk identified in order to keep people safe. For example we looked at risk assessments for people who were at risk of pressure sores. We saw that appropriate assessments had been completed and the service utilised pressure relieving equipment and repositioning charts to manage this risk. The associated support plans provided detailed guidance for staff.

Some risk assessments being used by the service were confusing and provided conflicting information; for example we saw in some care files that people at risk of malnutrition had two different assessments to assess their risk level. In three of the files we looked at, the risk levels documented in the two assessments were not the same. We discussed this with the registered manager and they explained that one assessment was the Malnutrition Universal Screening Tool (MUST); this is a five step screening tool to identify adults who are malnourished, at risk of malnutrition or are obese. The second assessment was one developed by the registered provider that was more detailed; the registered manager told us they used this assessment as it allowed for more information to be documented, however as this was not a recognised assessment tool for dietician referrals; they had previously been advised by other commissioners to use the MUST assessment as this is a nationally recognised tool for dietician referrals.

Each person living in the home had a personal emergency evacuation plan (PEEP) that identified their individual risk level. The information provided clear guidance for staff to safely evacuate people in an emergency. On day one of the inspection we identified that one person's PEEP did not accurately reflect the information recorded within their manual handling risk assessment. We discussed this with the registered manager on day two of the inspection and they told us that the information recorded in the care file was incorrect. The registered manager told us they would review the care file to ensure the correct information was recorded.

Prior to the inspection we received concerns from a commissioner in relation to the management of

pressure sores and lack of details being recorded in a person's care plan. We checked care plans and assessments for people who were at risk of/or currently lived with, pressure sores. We found that all records, support plans and risk assessments had been completed appropriately and contained correct information and guidance for staff. We saw evidence of regular repositioning charts that had been completed by staff in line with the advice within the support plans. The registered manager told us they had addressed some of the issues identified by the commissioner through team meetings. From the records we saw, we no longer had concerns regarding the management of pressure sores and the completion of associated records.

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

Following the inspection we received concerns from the local safeguarding authority about the care provided to a person who lived at the home. We are currently following this up and working closely with the local authority in respect of this matter.

People told us they felt safe living in Abbeydale. Comments included; "Yes I do feel safe", "Yes I do really", "Yes I think so (I feel safe)", "Yes I'm okay" and "I've got my call bell if I need anything".

Staff had received training in relation to safeguarding and were able to clearly explain how they would keep people safe and safeguard them from abuse and neglect. Comments included; "If we see something that shouldn't be happening we report it", "Safeguarding people from abuse like physical, emotional, financial; we would report it to a senior or a manager" and "Protecting adults from abuse; physical, mental, financial, neglect". Staff were able to clearly explain what action they should take if they were concerned about a person's safety. The safeguarding policy for Abbeydale was clearly accessible for staff to view on-line whenever they wanted to. Staff told us that during team meetings the registered manager will cover a policy each meeting; they had recently covered the safeguarding policy.

The service had a whistleblowing policy that provided detailed guidance for staff. The policy provided examples of where staff could use whistleblowing and ways to report concerns for example to a line manager, registered manager, the provider or to CQC. Staff we spoke with provided a good understanding of the whistleblowing policy and how they could report concerns confidentially.

We found that recruitment processes were safe. We checked four recruitment files and found they reflected safe recruitment practice in line with the provider's recruitment policy. Each file contained an application form with a detailed employment history, photographic identification, references and evidence of Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to establish if recruits have a criminal record or are barred from working with vulnerable adults or children. This helps employers to make safer recruitment choices.

We looked at systems in place for managing medicines; we observed a member of staff while they administered some medicines, checked medication records, storage arrangements and audits. We found that medicines were managed and stored safely. Temperatures of the room and refrigerator were recorded regularly and remained within safe limits. Staff had completed training in relation to safe medicine administration and had their competency assessed regularly. We checked stock balances of some medicines and found they were all accurate; this included controlled drugs. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. Medicine administration records (MAR) were correctly recorded and appropriate procedures followed when people refused medication. We saw PRN (as required) protocols were in place when needed that provided guidance for staff on when to administer medicines. PRN medications are those which are only

administered when needed.

We saw evidence that accidents and incidents were recorded where required. The home uses an Accident/Incident log that staff completed each time a person living in the home had a fall or any other incident of concern had occurred. The records provided detailed information regarding the incident; how it occurred, any injuries sustained, medical treatment provided and any continued observations. We saw evidence that staff were also documenting when a need for appropriate referrals were identified. For example one person had fallen in the presence of staff; it had been identified that the cause of the fall may have been as a result of medication. Staff requested a medication review to be completed by the medication management team. Referrals had also been made to mental health services for review.

We saw evidence of regular safety checks such as gas, fire, Portable Appliance Tests (PAT), legionella and other inspections/reports in relation to fire safety equipment, water temperatures and manual handling equipment. We saw from other records that the service conducted regular fire alarm tests and drills.

Is the service effective?

Our findings

When we conducted a previous inspection in May 2017 we rated the service 'Requires Improvement' with a breach of Regulation 18; staffing. During this inspection we looked to see whether necessary improvements had been made in the quality of the service being provided.

During this inspection we found that care staff did not always support people during meal times where needed. For example, where people had been seen to refuse food during lunch, staff did not always offer alternatives or make any further attempts to encourage them to eat; some people had fallen asleep and food was left to go cold resulting in people not eating any food. The registered manager told us they would usually have a hostess to support with meals, however they were off that week; no staff had been provided to cover this role. On the second day of the inspection we found that sufficient staff had been provided; we observed lunch and found staff to be very supportive of people, assisting them where required. Staff were seen to check that people were okay and encouraged them to eat more when they hadn't eaten enough.

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

We saw in care files that people were supported to eat and drink and maintain a healthy diet in accordance with their individual requirements. For example, we found that where people had been assessed as medium or high risk of malnutrition, appropriate referrals were made to dietician and SALT. However, assessments being used to assess people's risks in relation to malnutrition provided conflicting information. For instance, we found the service was using two different types of assessments in relation to malnutrition. The three files that we looked at showed that different risk levels were being recorded for each assessment, which provided a conflicting view of a person's actual risk level. This was discussed with the registered manager who told us that associated support plans reflected the higher risk level and therefore this ensured that people received the appropriate support. Where required, people were provided supplements or placed on a fortified diet in order to support them to maintain a healthy weight. We saw fluid balance charts in place for some people to ensure they were being provided with enough fluids throughout the day. However, on day one of the inspection these had not been completed since 5am that morning. One staff member told us that when they give people supplements they will provide them with easy read instructions and will later check that they have taken them. Care staff were asked how they knew when people had specific dietary needs/requirements, they told us information could be found on the board but if they were unsure they would ask the nursing staff.

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

Those able to communicate spoke positively about the food provided at Abbeydale. Comments included; "The food is okay. The cook is lovely", "I like the food, if you don't like something you can have something else", "You get plenty of food" and "The cook tells us what we are having on the day". Throughout the inspection the cook was observed speaking with people and asking them what they wanted to eat; the interaction observed between the cook and people living in the home was positive.

During the previous inspection we found that staff induction did not meet the requirements of the Care Certificate and not all staff had completed mandatory training. Care Certificate standards were introduced by the Government in 2015. This is a set of standards that care workers have to achieve as part of their induction and be assessed as competent by a senior member of staff. Since the previous inspection, staff had been issued the Care Certificate workbooks for them to complete. We saw evidence that all staff had completed the Care Certificate workbooks and had been signed off as competent.

During the previous inspection we found that not all staff had completed the required training. During this inspection we saw from records that staff had received training in areas such as manual handling, first aid, safeguarding, dementia, infection control, medication administration, management of pressure sores (react to red), COSHH, and fire safety. Records showed that staff received regular refresher training; in addition to the refresher training the registered manager told us they cover specific areas during team meetings if any issues have been highlighted. For example, the registered manager had been made aware that concerns were identified in relation to the management of pressure sores; during a team meeting the registered manager briefly covered this topic and reminded staff of what to look for when identifying pressure sores and what action to take.

People living at Abbeydale told us they felt that staff had the right skills to look after them properly with comments like "Staff know people very well" and "[Staff] know what they are doing as far as I can see".

Staff were supported in their role through supervision and appraisals. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role. Staff we spoke with told us they had regular supervisions with either a senior care worker or the registered manager. Staff felt they were able to discuss any issues they had and were confident that any issues raised would be dealt with appropriately.

Records that we saw indicated that the service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty had been made regularly to the local authority. DoLS applications had been made appropriately and correct procedures had been followed.

We found that systems were in place to assess people's capacity to make specific decisions and where required, best interest decisions were being made appropriately; forms provided clear detailed information to evidence that people lacked mental capacity to make specific decisions, the particular decision being made on their behalf and relevant people involved in each decision being made (family, health professionals or social worker). For example we saw that where a person lacked the mental capacity to make decisions with regards to the monitoring of their physical health, appropriate capacity assessments had been completed, the risk of not monitoring their physical health was identified and the relevant people were involved in the decision being made.

Staff we spoke with told us they had received training in relation to MCA and DoLS; this was further evidenced from training records that we viewed. Staff provided a good knowledge and understanding around MCA, DoLS and best interests with comments like "This is when we stop people from leaving to protect them and make them safe", "Protecting people from getting out because they cannot keep themselves safe" and "Doing something for them in their best interests".

We found that where required, consent was being obtained from people in line with the principals of the MCA. Staff we spoke with told us they ask for people's consent every day with comments like "We always ask people for consent; we ask them 'do you want to get up?', 'do you want something to eat'. If they don't want to do it we can't make them", "We have to allow choices, we do this every day" and "We ask people what they want and if they refuse we leave them for a while and go back and try again". One staff member told us "You can tell when people don't want to do something; they either tell you verbally or you can tell by facial expressions or body language".

People told us staff asked for their consent before carrying out tasks. Comments included "I can get up or go to bed when I want", "I can decide what to do" and "Staff do ask first before supporting me".

People living in Abbeydale were supported by staff as well as other health care professionals when needed, in order to maintain their health and well-being. The care files we looked at showed people received care and treatment from health and social care professionals such as, GP, dietician, community mental health, district nurses, tissue services, podiatrist, dentist, speech and language therapists (SALT), social workers and opticians. For example we saw that where some residents had developed pressure sores they had been referred to the tissue viability nurse to support staff to manage any treatment.

Abbeydale supported people who are living with dementia. During the inspection we looked to see whether the registered manager had taken steps to ensure the environment was dementia friendly and included adaptations; such as appropriate lighting, high-contrast colour schemes, floor coverings and clear signage. This helps to ensure that the environment is appropriate to assist people with orientation and safety. We found the home had recently been refurbished to ensure that colour schemes were brighter, this had been completed throughout most parts of the home but some areas still required redecorating. Lighting on the ground floor and first floor had been changed to make the home well-lit. We saw that bedroom doors had been painted different colours and contained photographs to help people identify their room. The registered manager showed us bathrooms that had been refurbished to make them safer and easier for people to use. We saw that some corridors contained items on walls to promote conversation; one wall contained pictures of various emotions. We asked the manager to explain what this was for; the manager told us that it was to help people identify how they were feeling. Whilst this appeared to be a good idea in principal, there did not appear to be a positive outcome for people such as promoting staff interaction with people and supporting them to address any concerns they may have. We discussed this with the manager and suggested that they look at relevant guidance for dementia friendly environments.

Is the service caring?

Our findings

We found during this inspection that the service was not always caring. The observations we made of interactions between staff and people in the home provided mixed views.

Staff were not always observed to treat people with dignity and respect. During observations that we made on the first day of the inspection, we saw that staff treated people on the first floor in an undignified manner. For example, we observed one person trying to ask for support due to feeling unwell; staff did not take time to find out what was wrong which resulted in this person being left in an unclean and undignified state. During lunch we observed staff supporting a person with their meal, staff were stood up whilst feeding this person and were not seen to positively interact during this time.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff and management did not always ensure that people's confidentiality was protected; on the first day of the inspection we found that a filing cabinet in the lounge containing records regarding people's care and support was unlocked. This was immediately addressed and the cabinet was locked. On the second day of the inspection we found this cabinet to be locked.

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

When we observed staff on the first floor we found that interactions were not as positive as those observed on the ground floor; the atmosphere was not as pleasant and people did not look cared for. Staff were busy and were not observed to spend one-to-one time with people and interaction was limited and task-led. On one occasion we observed a person asking for support, staff did not understand what the person was asking and walked away without trying to interact with them and find out what was wrong. We did not observe staff taking time to chat with people; during most of the first day people were found to be sat in the lounge with very little interaction from staff unless support was needed. We saw staff supporting people to the toilet with no interaction or encouragement throughout the task. On the second day of the inspection we observed staff interactions with people on the first floor to be more positive with staff chatting with people and having a laugh.

When we observed staff on the ground floor we found that interactions were positive; staff were kind and professional and seen chatting to people and sharing their time. The general atmosphere within the home on the ground floor was pleasant and people looked content, happy and well cared for. People who were able to communicate spoke positively about the care provided with comments like "Yes [staff] are kind to me", "Very friendly", "Lovely [staff] and helpful", "[Staff] talk to me as if I'm in my own home", "Staff are good" and "Yes [staff] treat me well". Relatives also provided positive feedback about the care provided by staff.

We observed staff when administering medicines and saw their interactions with people were kind, caring

and patient particularly when people did not want to take their medication.

Staff we spoke with showed a good understanding of how to maintain a person's dignity and respect and were able to clearly explain how they would maintain a person's dignity. Their comments included; "I keep the doors closed, tell [people] what I am doing and explain everything and keep [people] covered at all times during person care" and "I make sure I knock on [people's] doors before going in".

We saw from care records that people were encouraged to be more independent; support plans contained a section 'Aim of Care' that detailed promotion of independence with people who were able to carry out tasks for themselves. Staff we spoke with told us they try to promote independence everyday by getting people to do things for themselves; such as personal care. People told us they felt they were actively involved in the decisions about their care, support and treatment as far as possible and encouraged to maintain independence. Comments included "I can get up or go to bed when I want", "I can speak to the nurses if I'm not well" "I can try and do things for myself" and "Yes I'm involved with everything". Relatives told us "When [relative] moved in they asked me about their background", "If anything is wrong or anything changes I am told" and "If [relative] is not well [staff] always ring me". We saw that some people living in the home required very little support and were encouraged to go out regularly; support was only provided if it was needed or asked for to ensure that these people remained as independent as possible.

The service supported people with Equality, Diversity and Human Rights (EDHR) needs/wishes. An example of this was people with particular religious beliefs; staff supported these people to ensure they had access to particular church meetings, ceremonies and promoting friends from known religious groups to visit them within the home.

Is the service responsive?

Our findings

Whilst people told us staff were responsive to their needs, we did not always see evidence of this; on a number of occasions people had been observed asking for support, however staff did not always respond in a timely manner resulting in people waiting for specific needs to be met; such being taken to the toilet or having other personal care needs met. We discussed this with the manager as we felt this was due to the staffing issues we had identified during the inspection.

We saw from care records that when changes in needs were identified, staff responded appropriately by ensuring that further assessments and records were completed and referrals sent to health professionals. For example, we saw from care files that when people's needs in relation to pressure sores had changed, wound management plans were updated and referrals to tissue viability specialists were sent. We also saw evidence that staff were kept up-to-date with any changes through the use of handover at the start of each of shift; this ensured that staff were kept informed of any relevant changes in care needs, appointments and other relevant information relating to people's care.

We saw that care records were person centred and created with the involvement of the person and their relatives. The care records contained extensive information about people's personal histories, families, care needs and preferences in areas such as meals, hobbies and social activities. This helped staff to get to know people and understand their previous life experiences and offer support that was based on what they wanted.

Care files contained assessments (pre-admission assessments) that had been completed prior to people moving into Abbeydale; this ensured that the service was aware of people's individual needs and could effectively plan for their care.

The care provided was based on individual needs; we saw care and support plans in areas such as moving and handling, communication, nutrition, mental health and personal care. The plans were reviewed regularly and provided clear guidance for staff to effectively support people. We saw one care file for a person with mental health needs. The plan explained the specific condition and how this affected the person's behaviour, communication and mood/anxiety levels. The plan in place advised staff how to support the person and manage their condition with information around what may cause the person's behaviour to change and how this would affect them. The detailed information helped to ensure that a consistent approach was taken when supporting the person.

People had access to call bells in their room in order to call for staff when needed. For people who were unable to use call bells due to memory difficulties, sensor mats were in place to inform staff if people were up and needed support.

The service employed an activities coordinator four days a week and a hairdresser attended once a week when the activities coordinator was not there. The activities coordinator told us they regularly took people out for pub lunches, shopping and other outings such as Blackpool and the local football grounds. They

provide activities such as karaoke, sing-a-longs, arts and craft, quizzes and exercise to music; the activities coordinator told us they had liaised with a visiting physiotherapist to gain advice regarding appropriate exercises for people to take part in. During the inspection we saw a notice board containing information about planned activities for the week ahead. People living in the home spoke positively about the activities provided, one person said "There is something going on. Quiz, bingo, sing songs all sorts really".

People had access to a complaints procedure which was displayed on notice boards within the home. People told us they knew how to make a complaint if they needed. Their comments included; "I can talk to the [staff] in the office", "I've no grumbles. I would tell [manager] and "I can speak to any of the staff". People told us they did not feel they had any complaints they needed to make. Relatives told us "I've not had to complain", "No nothing to complain about" and "I've not had any concerns". The registered manager kept a complaints log which detailed any complaint received and how this was dealt with; only a small number of complaints had been made in the last six months.

We found during this inspection that Abbeydale supported people with end of life care; the care and support was provided in conjunction with other health care professionals and families. The feedback provided from families around the standard of care provided was positive; relatives told us that staff dealt with end of life in a professional and caring manner, ensuring that people were kept comfortable at all times. End of life care plans were completed and provided guidance for staff to ensure that appropriate support was provided throughout the process.

Is the service well-led?

Our findings

When we carried out a previous inspection in May 2017 we rated this service 'requires improvement' and found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because audit systems in place were not effective. The provider was issued a warning notice due to this breach of regulation.

During this inspection we looked to see whether necessary improvements had been made and sustained.

Whilst we saw evidence of monthly audits/checks being completed by the provider, registered manager and other senior staff, these checks were not always effective and did not identify the issues we found during the inspection. These audits/checks are used to ensure the safety and quality of the service provided.

We saw monthly checks in relation to care plans, manual handling equipment, medication and cleanliness. In some checks we found that issues were identified and addressed, for example in care plan audits we saw that where certain aspects of people's care plans had not been completed (for instance physical observations) this was addressed with individual staff through supervision. However, we found that care plan audits did not identify the issues we found during this inspection, such as inaccurate and conflicting information in risk assessments and care plans.

We also saw weekly and monthly cleaning and safety checks in relation to bed rails, wheelchairs, pressure cushions and mattresses, however the cleaning checks had not been completed within the weekly/monthly time scale; some had not been completed since November and December 2017. This again had not been identified in any audits completed by the registered manager.

We found during this inspection that whilst the provider visited the service regularly it was unclear what actions were being completed. We saw from records that during visits some checks had been completed in areas such as care plans, surveys, medication, safety and cleanliness, however it was not clear from those records what had actually been checked and whether any issues had been identified and addressed.

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

There has been a poor history of compliance with this service since 2010 with previous ratings of both 'inadequate' and 'requires improvement'. Following the four previous inspections conducted at Abbeydale we have rated the service 'requires improvement'. This shows evidence the provider has not learnt from past inspections to both drive and sustain improvements in the service.

Since the previous inspection, the registered manager had completed a daily check of the home; this included checking the quality and safety of the environment. The registered manager told us they had not been able to complete this on the day of our inspection due to our presence which resulted in the issues identified relating to the filing cabinet being left open and sluice rooms containing equipment that could be

harmful to people being left open. Since we visited the service the registered manager has told us they have recruited a member of staff to complete these daily checks for them, to allow them to more effectively manage the service.

There was a registered manager 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.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection was displayed for people to see.

The 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 Nursing Home.

People and visiting relatives spoke positively about the manager and how the home was managed with comments like "Yes it's [manager] they are very good", "[Manager] is approachable" and "[Manager] is good". People told us they had seen improvements in the last 12 months especially with the refurbishments that had been completed.

Staff we spoke with felt supported by the registered manager and told us they were very approachable; many staff had known the registered manager for a number of years having worked with them at a previous service and had come to Abbeydale to work with them. Staff told us the registered manager gets involved and understands the clinical demands; they described the registered manager as professional, willing to listen and keen to improve the home. Another staff member told us they all work as a team; this was agreed by other staff we spoke with. One staff member told us "I wouldn't work with anyone else other than [manager], you can come to them with anything, they are supportive and approachable".

Systems were in place to gather feedback from people regarding the service. We saw evidence of regular meetings and surveys being completed by people, relatives and visiting health/social care professionals. The feedback provided about the overall service was positive and included comments such as; "We have a good relationship with the manager, no issues to report", "The service is prompt and effective at all times", "The care home is totally responsive" and "Managers are always friendly and approachable".

Regular meetings were held with residents, relatives, staff and health professionals. We saw that during meetings, various topics were covered. For example during a recent staff meeting areas such as care plans, medication and leadership were discussed; staff were given opportunities to offer their views/opinions during these meetings. During a recent meeting with residents, the registered manager asked the views of people living in the home; the response was positive and people had commented on the new furniture and bathroom refurbishments. We also saw evidence of positive remarks from visiting district nurses who stated they had no issues with Abbeydale and felt it was improving.

The registered manager showed us a folder for relative's meetings, they told us that whilst they set aside dates on a regular basis and posted these dates on the notice board, relatives do not attend. The registered manager felt this was due to the open door policy held by them and the relationship they have with people who visit the home.

During the inspection we saw evidence that the registered manager and staff worked effectively in partnership with other agencies. This included health and social care professionals; such as GP, district nurses, podiatrist, optician, community mental health, community dietician and tissue viability nurses. The records we saw showed evidence of referrals being made in a timely manner and surveys suggested a positive working relationship with other agencies and professionals.

During the inspection we found the registered manager to be very open and responsive and showed a keen desire to improve on the service being provided; this was confirmed by staff we spoke with, comments included "[Manager's] vision is to provide good care and make sure people are well looked after" and "It's people first, making sure they are safe and well cared for".