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Abbeydale Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 and 22 February 2018. After that inspection we received concerns in relation to the care and treatment of people using the service. There is currently a police investigation on-going in relation to those concerns. As a result we undertook a focused inspection to look into those concerns and to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service effective and is the service well-led. This was because the service was not meeting some legal requirements.

This unannounced focused inspection took place on 5 and 12 July 2017.

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 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 29 people using the service.

During a previous inspection in February 2018 we rated the service 'requires improvement' and found the registered provider was in breach of regulations in relation to staffing levels, conflicting information within risk assessments and lack of effective quality monitoring systems. During this inspection we found some improvements had been made and the provider was no longer in breach of those regulations within the key questions we looked.

There was a registered manager 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.

People's nutritional needs were assessed and met to ensure they maintained a health balanced diet; care plans clearly identified people with specific dietary requirements and provided guidance for staff to manage this. Staff provided effective support to people during meal times where required and were observed to do so in a calm, unrushed manner.

Consent for care was obtained in accordance with the Mental Capacity Act 2005; staff showed a good awareness of the need to obtain consent when providing care and support.

Sufficient numbers of suitably trained staff had been deployed to meet the needs to people living in

Abbeydale. Staff were supported through regular supervision and appraisals.

People were supported with access to other health and social care professionals such as GP, podiatrist, opticians and wound specialists.

The quality and safety of the service was regularly monitored with the use of effective audits and checks completed by the registered manager, provider and external consultant team. Where issues were identified, clear action plans were in place to address them.

The registered manager notified CQC of important incidents and events that occurred within the home.

Whilst improvements have been made since the previous inspection in February 2018, we have not revised the overall rating from 'requires improvement'. To receive a rating of 'good' this requires evidence of consistent long term good practice.

A full comprehensive inspection will be carried out later this year to look at outstanding areas of concern.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

We found that action had been taken to improve effective care.

People's nutritional needs were assessed and met to ensure they maintained a health balanced diet and people were supported by staff where required.

Staff were trained and supported to ensure that they held the appropriate skills and knowledge to carry out their role.

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

We could not improve the rating from requires improvement to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

We found that action had been taken to improve the quality and safety of the service provided.

Systems and processes were in place to effectively monitor the quality and safety of the service.

People and staff spoke positively about the management team and told us recent improvements had been made.

We improved the rating from inadequate to requires improvement. However we were unable to improve the rating good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was prompted in part by notification of an incident where a person using the service died. The information shared with CQC about the incident indicated potential concerns about the care and support provided to people living with or at risk of pressure sores and wounds.

This unannounced focused inspection took place on 5 and 12 July 2018. The inspection team consisted of one adult social care inspector.

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 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 spoke with the registered manager, clinical lead and four care staff. We also spoke with five people who used the service. We looked at the care files for four people and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various points during the inspection.

Is the service effective?

Our findings

We conducted a comprehensive inspection in February 2018 and found the registered provider was in breach of Regulations 18 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always supported with their meals where required due to insufficient staffing levels and some assessments for people at risk of malnutrition were not accurate and provided conflicting information.

Since the previous inspection the registered provider has sent us an action plan telling us what they would do to address the issues identified. During this inspection we found that improvements had been made.

People were supported to eat and drink and maintain a healthy diet in accordance with their individual requirements. Appropriate assessments were in place to identify people who may be at risk of malnutrition and where required referrals were made to other health professionals for support such as dietician and speech and language therapists (SALT). 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. Staff were observed to sit patiently with people and offer assistance and reassurance where required. Staff regularly offered drinks to people and were seen to encourage people to eat their meals and offer alternatives where people refused to eat the food provided. The registered manager had addressed issues with staffing levels. Staff were effectively deployed in order to support people during meal times. They told us they had completed observations during meal times to look at ways of improving the dining experience for people. This was something they were still working on; however from observations made, we found that improvements had been made since the previous inspection.

People spoke positively about the food provided. Comments included "The meals are nice, I can't complain", "The food is pretty good" and "Yes they are okay, we get a choice if we don't like something."

The registered provider was no longer in breach of Regulation 18 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 within the 'effective' domain.

Care plans had been developed for people's assessed needs. The plans were titled with the identified need and contained clear instructions for staff to follow. We saw care plans for areas such as manual handling, communication, nutrition, pressure wound care and personal care. Care plans were reviewed regularly and updated when changes in needs had been identified.

Some people required aspects of their care monitoring throughout the day and night, for example food and fluid intake, wound management and air flow mattress settings. Charts were in place for staff to complete in order for care to be regularly monitored and evaluated. Regularly monitoring people's care is important so that staff can ensure care is effective and achieves the desired outcome. For instance people with wounds or pressure sores had wound evaluation sheets; staff completed on a regular basis in order to record the condition of their wound. Where staff had identified a deterioration in a person's wound, appropriate

referrals were made to health professionals such as GPs, district nurses and tissue viability services.

On commencement of employment at Abbeydale, staff completed a detailed induction program in order to provide them with the necessary skills and knowledge to carry out their role. Staff were also issued Care Certificate workbooks for them to complete. Care Certificate standards were introduced by the Government in 2015 and is a set of minimum standards that should be covered as part of induction training of new care workers. Further training was provided in areas such as manual handling, hand hygiene, food hygiene, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, person centred care and pressure/wound care ('react to red'). The registered manager kept a record of training staff had completed and when refresher training was required. Staff were supported in their role through regular 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 told us they felt supported in their role and received regular supervision and felt confident discussing any concerns/issues or development needs they may have.

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 appropriately and correct procedures had been followed.

Systems were in place to assess people's capacity to make specific decisions and where required, best interest decisions were 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).

People told us staff asked for their consent before providing support. Comments included "Yes of course they do", "Yes they always ask can they do this that or the other" and "Yes, we get to say 'yes' or 'no', if there was a problem I would tell them".

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.

Abbeydale supports people who are living with dementia. Steps had been taken to ensure that the environment was appropriate for people; such as appropriate lighting, colour schemes, floor coverings and signage. We saw that bedroom doors contained a photograph to help people identify their rooms and rooms such as toilets and bathrooms had appropriate pictures to help people identify them.

While improvements had been made since the inspection in February 2018, we have not revised the ratings

of 'Requires improvement'. To improve the rating to 'Good' would require a longer-term track record of consistent good practice.

Is the service well-led?

Our findings

We carried out a previous inspection in February 2018 and rated the well-led domain as 'inadequate'. We found the registered 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. During this inspection we looked to see whether necessary improvements had been made and sustained.

We saw evidence of effective audits and monitoring systems in place for areas such as nutrition, falls, bed rails, cleaning and medication; checks were completed monthly by the registered manager and any issues identified were addressed and information shared amongst staff either through team meetings or one-to-one supervision. Since the previous inspection, the registered manager had implemented regular observations of both the dining room experience and dignity experiences to check staff performance and interaction with people and ensure a better service was being provided. The clinical lead completed monthly care plan audits and any issues identified were addressed with staff through supervision.

In addition to the audits and checks being completed by the registered manager, the registered provider completed a monthly monitoring visit. During these visits they completed checks in areas such as care plans, risk assessments, daily records, incidents and accidents, health and safety, staffing levels and staff training and performance. Where any issues had been identified, a clear action plan was created by the registered provider to address them.

The registered manager was supported by an external consultants team who visits on a monthly basis, completes inspections and provides action plans where areas of improvement are identified. This was a new service and had only been implemented for a short time however the registered manager felt these were useful in order to help identify issues and make necessary improvements in the service being provided.

We found that improvements had been made in relation to effective audit and monitoring systems. The registered provider was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager 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.

People spoke positively about the registered manager and how the home was being managed. Comments included "Yes [the home] is managed well, if it wasn't I would tell them", "The manger is fair and always willing to help", "[Manager] is a good manager" and "[Manager] is always kind, I can talk to them about anything."

Systems were in place to gather feedback from people regarding the service. We saw evidence of regular surveys being completed by people, relatives and visiting health/social care professionals. The feedback

provided about the overall service was positive. Since the previous inspection, the registered manager had received numerous compliments from people and their relatives. Comments included "[Relative] has settled at Abbeydale and seems happy, I believe this is because of the genuinely caring staff", "[Manager] has an open door policy and is always available for me to talk to", "I feel like one big family", "Life is wonderful at Abbeydale", [Manager] is a constant presence on the floor not locked away in the office" and "[Manager] is proactive in their approach and any issues or suggestions I have are acted on"

Staff we spoke with felt supported by the registered manager and told us they were very approachable. Staff told us since the previous inspection the registered manager had worked hard to implement changes to address the issues identified. For instance changes to staffing levels and skills mix to ensure that sufficient numbers of appropriately skilled staff were deployed to meet people's need. Staff were also aware of the dining experience observations being completed and why these were important. Staff told us they felt the changes were positive and had seen improvements in the service provided since the previous inspection.

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 registered manager had notified the 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.

Improvements had been made since the inspection in February 2018. We have revised the rating from 'Inadequate' to 'Requires improvement'. To improve the rating to 'Good' would require a longer -term track record of consistent good practice.