

Willover Property Limited

# Abbeydale - Derby

## Inspection report

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Date of inspection visit:  
18 January 2019

Date of publication:  
06 March 2019

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Abbeydale is a nursing home registered to provide accommodation for up to 41 older people with needs relating to physical disabilities and dementia. At the time of our inspection there were 29 people using the service.

### What life is like for people using this service:

People were safe at Abbeydale. One person said, "Of course I feel safe. The staff look after me and I'm never on my own." The home was well-staffed and people received prompt care and support. People had their medicines when they needed them. The home was clean and fresh and staff knew how to minimise the risk of infection.

People were assessed before coming to the home to ensure it was right for them. The staff were well-trained and experienced. People enjoyed the meals served and had plenty of choice. Staff ensured people's healthcare needs were met. The home and gardens were spacious and suitable for people with reduced mobility.

The staff were kind and caring. A relative said, "This is a caring home because it's family run and everyone here becomes part of that family." Staff got on well with people and spent time talking with them and ensuring they had everything they needed. People chose their own routines and how they wanted their care provided. Staff respected people and supported them to maintain their privacy and independence.

People received personalised care from staff who knew them well. There was a range of activities on offer. We saw a musical activity in progress. This proved popular and the activity co-ordinators ensured everyone had the opportunity to take part. The atmosphere in the home was calm and friendly. A relative said, "It's a lovely place. When you walk in it feels like home and the care is second to none."

The home was well-led. People, relatives and staff said the provider and registered manager were caring, approachable people who ensured the home provided safe care and support. They involved people in how the home was run, listened to them, and carried out their suggestions. The registered manager was committed to continual learning at the home through staff training and development programmes.

More Information is in the detailed findings below.

Rating at last inspection: Good (report published on 9 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Abbeydale - Derby

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of older people.

#### Service and service type:

Abbeydale is a care home. People in care homes receive accommodation and nursing or personal care. 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:

The inspection was unannounced.

#### What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with three people using the service and four relatives. We spoke with a visiting healthcare professional. We also spoke with the registered manager, the provider, the administrator,

a nurse, and two care workers.

We looked at two people's care records. We also looked at other records relating to the management of the service including staffing, quality assurance, and accidents/incidents.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- People felt safe at Abbeydale. One person told us they felt safe during the day and at night and would tell the registered manager if they ever didn't feel safe.
- Staff were trained in safeguarding and knew what to do if they were concerned about a person's safety. They said they would report concerns to the registered manager who would then contact the local authority and inform the person's relatives, if appropriate.
- Records showed that managers and staff followed the provider's safeguarding policies and procedures and took appropriate action if a safeguarding concern arose.

### Assessing risk, safety monitoring and management

- Staff knew how to minimise the risk of people coming to harm. A relative told us, "The staff do half hourly 'safe and seen' checks because I have been in [family member's] room when they have come to do them."
- If people needed equipment to keep them safe this was provided. For example, one person, who was at risk of falls, had a sensor mat in their room to alert staff if they got up in the night.
- People had risk assessments in place setting out how staff could prevent them coming to harm.
- The premises were mostly safe but there was a low wall between the garden and a road which could pose a risk if a person fell over it. We discussed this with the provider who agreed to risk assess the wall.
- Following our inspection visit the provider contacted us to say the wall had been covered with a trellis. He sent us photos which showed the area was now safe and secure for people.

### Staffing levels

- The home was well-staffed to ensure people's health, care and social needs were met. We saw that when people needed assistance staff provided this in a timely manner.
- One person told us call bells were answered quickly. They said, "I have used my call bell and staff have always come within a few minutes."
- Staff told us they were busy but always able to meet people's needs. One staff member told us, "Nobody's left waiting here, it wouldn't be allowed, and during quiet times we can sit and talk to the residents which they enjoy."
- Staff who worked at the home supplied references and were subject to other checks to help ensure they were suitable for their roles. This meant the provider's safe recruitment policies and procedures were followed.

### Using medicines safely

- People and relatives told us staff always gave people their medicines on time. One person said, "There has never been an issue with my medication."

- There were systems in place to ensure medicines were stored, administered, and disposed of safely.
- Staff who gave out medicines were trained and assessed as competent.
- A staff member told us, "The [medicines] training is good and in-depth and if we have any queries about medicines we can ring our pharmacist for advice."

#### Preventing and controlling infection

- The home was clean and fresh throughout. A relative told us, "It always beautifully clean here, it's like being in a top-class hotel."
- Staff were trained in infection control and were proactive in their approach to the risk of infection. One staff member told us, "If we think one of the residents is going down with something [an infection] we use barrier nursing just in case."
- There were good systems in place to help ensure the risk of infection was minimised including the use of PPE (personal protective equipment) like gloves and aprons and separate laundry services for people who might be unwell.

#### Learning lessons when things go wrong

- Lessons were learnt and improvements made when things went wrong. For example, records showed one person left the home unaccompanied through a little-used bolted door
- To prevent a reoccurrence the provider took prompt action, alarming the door and putting a red 'Stop' sign on it to deter people from using it to leave the building.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before arriving at Abbeydale to ensure their needs could be met. A relative told us, "Yes they came out and met [family member] and us and we discussed whether the home would suit."
- Assessments covered people's health and social care needs and protected characteristics under the Equality Act were considered during the assessment process in line with the provider's Equality Diversity and Human Rights policy.
- The home's assessment form had been improved to ensure information about people's cultural needs was captured in full.
- Staff told us they were informed if someone came into the home with a particular need. One staff member said, "A person came in on a [specific] diet. We had to all read up on it and the kitchen were brilliant finding out all about it so they could cater for the person."

Staff skills, knowledge and experience

- People and relatives said the staff were well-trained and experienced. Two relatives commented on how effectively staff supported their family members to use the hoist. One relative said, "The staff know what they are doing with the hoist and always use it properly."
- Staff were knowledgeable about people's needs and described how they supported individual people with all aspects of their care. One staff member told us, "We know our residents very well and if there's anything we need to check we look in their care plans."
- Staff completed an induction and mandatory and person-specific training. Mandatory training covered general care skills. Person-specific training ensured staff had the skills they needed to meet people's individual needs, for example, in administering pain relief medicines.
- Care workers and nurses were supported to increase their skills and knowledge through the home's training programme and via mentoring, supervision and appraisals.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they liked the food served. One person said, "The food is very good." A relative told us their family member was on a soft diet and the cook went 'the extra mile' to present their meals in an appetising and attractive way.
- At lunchtime people had the choice of two main meals plus additional choices if they wanted something different. People's likes and dislikes were on a board in the kitchen so staff knew what to suggest to them if they were unsure what they wanted.
- Some people felt they had to wait too long with their food. This was because staff served people who needed assistance to eat first. We discussed this with the registered manager who said they would review meal arrangements to ensure people had their food on time.



- People had nutrition and hydration care plans in place. These were personalised, for example, one person's stated, 'Staff need to encourage fluids with [person] as they may forget to drink a whole drink.'
- If people needed extra support with their food and drink staff referred them to the SALT (speech and language therapy) team and dieticians.

#### Staff providing consistent, effective, timely care

- People's health care needs were identified and met. One person told us, "The doctor, optician and chiropodist all come here to see us." A relative said, "Staff are quick to call the doctor out and the doctor is very prompt in coming."
- A staff member told us a person had problems with standing and walking so they referred them to an occupational therapist.

#### Adapting service, design, decoration to meet people's needs

- The premises were spacious and adapted to meet people's needs. All areas were accessible to people with limited mobility and there were handrails so they could steady themselves.
- There was good pictorial signage around the home to help people identify their bedrooms and other rooms in the building.
- We were told by staff some people got anxious waiting for the passenger lift so they had put up vintage pictures nearby to distract people and help reduce their anxiety.
- The home's reception was open-plan and provided a focal point for people and visitors. We saw people enjoyed interacting with the home's administrator when they were on duty there.

#### Ensuring consent to care and treatment in line with law and guidance

- 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). Where appropriate people had been referred to the DoLS team for assessment.
- People had mental capacity assessments which explained what decisions they could make on their own, for example what to wear and to eat, and decisions that they might need support with. Staff were trained in the MCA and understood what it meant to deprive someone of their liberty.
- One person told us, "I choose what I want to do and I am never made to do something I don't want to do." A relative said, "The staff always ask [family member] before providing care."

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- The staff were kind and caring. One person told us, "They (staff) are friendly and supportive. They can't do enough for you." A relative said, "The staff are very helpful and friendly."
- One person was icing a cake they'd baked with staff. They told us they'd discussed the best ingredients to put in before making the cake. They said, "The staff agreed with me and the cake has turned out lovely." Staff admired the cake which made the person smile.
- One person was unable to say verbally what they wanted. A staff member told us, "We've had to work out what [person] wants. It could be food, drink, personal care or an activity. Now we've got to know [person] we understand them better and can give them what they need."
- Staff interacted well with people and had trusting relationships with them. We saw staff comfort people when they were distressed using kind words and appropriate touch.
- When one person seemed left out of an activity. Staff noticed and supported them to move to a different chair so they were central to what was going on which encouraged their inclusion.

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in writing their own care plans. One person told us, "I helped with mine. The staff asked me questions about how I like things done and wrote my answers down."
- A relative said, "The care plan is open to us. I was shown [family member's] care plan. [Family member] and I went through it together and made a few changes. The staff were very patient with me and allowed me to ask questions without feeling stupid."
- Another relative said that when their [family member] first came to the home their whole family helped to set up the person's care plan together.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff always respected people's dignity. A person told us, "They knock on my bedroom door before entering." A relative said, "They take [family member] into their bedroom [for personal care] to give them their privacy."
- Staff encouraged people be as independent as possible. One person said, "The staff listen to me and respect my wishes. I am independent within the building and have plenty of freedom."

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

### Personalised care

- People told us they received responsive, personalised care. One person said, "I get just the right amount of care and it is fine for my needs."
- Personalised care plans, which were regularly reviewed, ensured staff had up-to-date information on how to support people in the way they wanted.
- They included details of what was important to people. For example, one person said, "warm clothes because I feel the cold." Another person said having their religious and spiritual needs met was important to them.
- Staff had clear instructions on what to do if a person needed support. For example, one person's care plan stated that if they were distressed staff should, 'Hold my hand and reassure me gently by talking softly in my right ear. Distract me by talking about my family and past holidays.'
- People had a 'This is Me' section in their records providing information about their family tree, history, and hobbies and interests. This information helped staff get to know people and talk with them about their lives.
- The home had an extensive programme of activities covering weekdays and weekends. The activities programme was displayed in the home and included a dignity action day, expressive therapy, and Chinese New Year celebrations.
- Religious services, including communion, were held at the home and church choirs visited once a month to sing with people.
- The registered manager understood their responsibilities in line with the Accessible Information Standard. Information was provided to people in a way they found accessible and included large print.

### Improving care quality in response to complaints or concerns

- Everyone we spoke with knew how to make a complaint but said they had never felt the need to do so. A relative told us, "Staff are very easy to talk to and niggles are sorted out quickly."
- The provider's complaints procedure was in the statement of purpose and on display in the home.
- If complaints were made they were logged, along with the action taken to resolve them. A staff member said, "If something's wrong we would really like people to speak up so we can put things right for them."

### End of life care and support

- The home specialised in high-quality end of life care and had a designated bed, known as an enhanced bed, funded by the health authority. This was set up to prevent or shorten hospital visits for people needing care and support at the end of their lives.
- A visiting health professional told us staff at the home worked closely with them when people came to the home for end of life care. They told us, "I know when someone is placed here they are going to get good treatment and be in safe hands."

- Staff received extensive training in end of life care from the enhanced beds team and during visits to hospitals where they learnt about people's specific needs and equipment so they would be able to support people effectively.
- The home had been awarded the DELQUA (Derbyshire End of Life Quality Award). This was achieved through meeting a set of standards accredited by external healthcare specialists and professionals.

# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and relatives said they would recommend the home to others. One person said, "I would recommend this home to family and friends because you get good care, you're looked after, and you feel secure."
- A relative said, "I would, and have, recommended it [the home] to family and friends." Another relative told us, "I would recommend this home. It is by far the nicest we have seen."
- The home had a culture of openness and honesty with approachable and friendly management and staff. A relative said, "The home is well-led because the staff explain any incidents and deal with them promptly."
- Staff told us they trusted the registered manager and provider to ensure the home provided safe, high-quality personalised care and support. A staff member said, "I'm 100% behind (the registered manager) because they put the residents first." Another staff member told us, "[The provider] will do anything for the staff and the residents."
- Photos of the staff team and the home's regular GP were displayed in the home so people and relatives could identify who was who.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider and registered manager had quality assurance systems in place to monitor all aspects of the home and the care provided. Records showed audits were comprehensive and if improvements were needed these were carried out.
- Audits considered people's and staff members' experiences of the service. For example, a recent audit noted that staff interactions with people were 'very friendly' and that staff were positive about their training opportunities.
- Staff were clear about their roles and responsibilities and knew what to do if they had any concerns about the service. A staff member told us, "We can talk to [registered manager] and [provider] about anything. We can always get hold of them and they will always listen and do their utmost to help no matter what the issue is."
- The registered manager understood regulatory requirements and had completed statutory notifications appropriately as well as completing CQC's Provider Information Return [PIR]. The information given in the PIR reflected what we found on the inspection.

Engaging and involving people using the service, the public and staff

- The provider and the registered manager involved people in how the home was run. A staff member told

us, "They know all the residents and the relatives and always put them first when decisions are made about the home."

- People were at the heart of the home which was run in their best interests. For example, we saw a sign stating, 'No cleaning activities to take place in same areas as residents are eating meals, with visitors, or engaged in activities, that would disturb or interrupt.'
- People and relatives said they felt listened to and their wishes were respected. A relative told us, "[The owner] is quite often in and talks to us and the staff will ring you if they are worried or need to know about something quickly."
- People, relatives and other visitors were invited to provide written feedback on the home by completing the home's new feedback cards. These could be completed anonymously if this was preferred.
- Staff said they had the opportunity to comment on the service at meetings and during supervisions and appraisals. A staff member said, "We're very lucky on the management side because we can speak out and discuss things openly and management listen to us and are very supportive."

#### Continuous learning and improving care

- The registered manager was committed to continual learning at the home through staff training and development programmes. The home worked in partnership with local teaching hospitals to provide placements for student nurses.
- The home was accredited for the quality of its end of life care. Staff were involved in external projects and initiatives aimed at improving the quality of care and support. These included activity provision, leadership, and nutrition.
- The provider and the register manager represented the home at stakeholder meetings and shared good practice and suggestions for improving care.

#### Working in partnership with others

- The home had close links with organisations in the community to support them in meeting people's needs, for example, end of life specialists, dementia support teams, and other health and social care professionals.
- Local churches sent representatives to the home and children from a nursery visited. Members of the local community were welcome to visit the home and take part in events and occasions.