

Mrs Wendy J Gilbert & Mr Mark J Gilbert

Abbendon Nursing Home

Inspection report

45 Scarisbrick New Road
Southport
Merseyside
PR8 6PE

Tel: 01704538663
Website: www.dovehavencarehomes.co.uk

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Ratings

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 1 January 2016 when a breach of legal requirement was found. We found a breach as the service did not always ensure effective fire safety measures were adhered to.

After the comprehensive inspection, the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on 27 June 2017 to check that they had they now met legal requirements.

This report only covers our findings in relation to the specific area / breach of regulation. This covered two questions we normally asked of services; whether they are 'safe' and 'well led.' The question 'was the service effective', 'was the service responsive' and 'was the service caring' were not assessed at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbendon Nursing Home on our website at www.cqc.org.uk.

Located in a residential area of Southport, Abbendon Nursing Home provides accommodation, personal care and nursing care for up to 24 older people living with dementia. The property is arranged over four floors that are accessible by a lift. There is off road parking to the front of the building and an enclosed garden at the rear.

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

At the previous inspection in January 2016 we observed that fire doors on the first floor of the home were wedged open. Retaining fire doors in an open position meant they could not close automatically, which placed people at risk in the event of fire. At this inspection we saw improvements had been made to ensure effective fire safety measures. Following the last inspection new fire doors with automatic door releases were fitted throughout the home. We saw that wedges that held doors open had been removed. This breach had been met.

At this inspection we reviewed how the service was operating in respect of on-going improvements since the last inspection in January 2016. This included a number of internal audits which looked at different aspects of the service. For example, care, medicines, cleanliness of the premises, health and safety, maintenance/decorating schedule and safety checks on equipment and services such as fire safety, gas and electric supply. We also looked at current feedback obtained from relatives and how the service had responded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

We found action had been taken to improve the service. Following the last inspection new fire doors with automatic door releases had been fitted. These along with other fire prevention measures ensured the safety of people and others in the event of a fire.

Is the service well-led?

Good ●

The service benefited from robust governance arrangements to drive forward improvements for people living at the home.

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

The inspection team consisted of an adult social care inspector.

Before our inspection we looked at the notifications and other intelligence the Care Quality Commission had received about the home. We contacted one of the commissioners of the service to seek their feedback about the home.

During the inspection we spent time with registered manager and a regional manager for the organisation. We reviewed the service's fire safety measures and the service's systems and processes to monitor how the service was driving forward improvements. We toured the building and saw new fire doors which had been fitted following the inspection. We visited in the morning and at the time of our inspection people who lived at the home were receiving their breakfast and also support with personal care; we therefore did not have an opportunity to speak with them at this time.

Is the service safe?

Our findings

We previously visited this service in January 2016 and found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people were not protected from risks associated with the environment because staff had wedged fire doors open, which meant people living at the home and others were at risk in the event of a fire. We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet this breach. At this inspection we checked the progress of the action plan by speaking with the registered manager and a regional manager. We also looked at fire safety records and undertook a tour of the premises.

At this inspection 24 people were living at the home. We discussed with the registered manager and regional manager the current arrangements for fire safety. The registered manager informed us that following the inspection in January 2016, new fire doors with automatic door releases connected to the service's fire alarm system had been fitted throughout the home. These doors self-close in the event of a fire. We toured the building and saw these doors had been fitted. We also looked at other fire safety measures. This included the services' fire risk assessment for the building, service contracts for checks of the fire alarms and other fire safety equipment, weekly in-house checks of the fire alarms and monthly in-house checks of the emergency lighting. Personal emergency evacuation plans (commonly known as PEEPS) were available for people living at the home. The records we saw were in date and subject to review to help assure fire safety. Staff received fire safety training which comprised of role play, staff training booklets with questions on fire safety and DVDs to support their learning. A training log recorded on-going fire training for the staff. The registered manager said fire training was conducted every three months for the night staff and every six months for the day staff. One member of staff's training was due for renewal this month and the registered manager said they would advise us when this had been undertaken.

During a tour of the building we saw one fire door in the basement which did not close to their rebate. People living in the home did not have access to this area. The registered manager was however informed of our findings and actions were taken immediately to ensure the fire door closed safely.

The service had recently appointed a fire warden to help oversee fire safety in the home. A 'grab bag' was available at the main front door, the contents of which were designed to help staff in the event of an emergency evacuation, such as a fire.

We were shown a letter of fire safety matters following a visit to the service by the fire service in March 2017. Recommendations from this visit had been acted on to ensure fire safety measures were robust.

Is the service well-led?

Our findings

At the previous inspection in January 2017 this domain was rated as 'Good'. At this inspection we looked at how the service's governance arrangements had helped to maintain standards and promote improvements for people living at the home.

A registered manager was in post and they were supported by a senior management team. The new management structure comprised of a regional manager, compliance manager and the provider. Support for staff training was provided by Dovehaven academy with a training officer to support staff learning at Dovehaven. We saw evidence of the staff training programme. The registered manager attended local dementia forums to help implement 'best dementia practice' for the benefit of people living at the service.

Within the organisation a more robust monitoring system has been introduced. This identified areas of the service to be audited on a monthly or six monthly basis and the registered manager and members of the senior management team responsible for their completion. We were shown the organisation's SCREW audit for Abbendon Nursing Home, (so called in respect of the five questions we ask; is the service 'safe', 'caring', 'responsive', 'effective' and 'well led'). The audit was completed in February 2017 by the compliance manager and the scores overview recorded compliance. Overall the service scored 76%. The audit included management, dignity and respect, person centred care, safe care, safeguarding, nutrition and hydration, premises and equipment, complaints, governance, duty of candour and staffing. We saw a number of actions had been completed or were in the process of completion. In respect of the environment the audit did not make particular reference to fire safety however the regional manager and registered manager told us about the fire safety measures in the home. This was confirmed by us when reviewing fire safety records and undertaking a tour of the premises.

In June 2017 a combined monthly audit was completed by a senior management. This included areas such as, laundry, medicines, fire walk around, environment, catering and dining experience. We saw scores and ratings for each area and the regional manager informed us an action plan was being drawn up to address any required actions. With respect of fire safety the audit stated that the registered manager carried out a walk round to check fire exists and fire routes were kept free from obstacles though these were not recorded. The audit also stated that in the event of a fire a risk assessment was needed or instruction on how to release the front door when the alarm was activated. Following the inspection we received written confirmation of these actions and were provided with a copy of the service's 'daily fire walk around checklist'.

In respect of a recent internal infection control audit the service scored 100% for hand hygiene and 100% for use of protective personal equipment, for example, glove and aprons. The need to install a separate sink for hand washing in the laundry room had been highlighted as the existing one was being used for hand washing clothes. The regional manager informed us this would be actioned as soon as possible.

We saw that people living at the home were now benefiting from a more 'dementia friendly' environment. Bedroom doors and hand rails on all floors had been painted different colours and clearer signage was

being put in place to aid orientation. Pictorial menus and cards were being introduced to help people choose their meals. We saw rooms were being decorated and new furnishings being purchased for the bedrooms. There was a plan in place for this development over the next six months.

We saw minutes of resident/relatives' meetings and following the meeting held in May 2017 the provider had installed a cooling system in the conservatory to regulate the temperature; this was following feedback from those who attended the meeting, who felt the temperature was not sufficiently controlled. The issue around senior management not being visible had also been raised and the regional manager informed us they were attending the next meeting to meet relatives.

Feedback surveys had been distributed to relatives January/February 2017. The information collated reported favourably regarding the service. Comments included, 'I can't praise the home and staff enough' and 'Excellent leadership'. We saw actions had been taken in response to some comments. For example, a Bain Marie purchased to help keep food warm prior to serving.

These examples helped to show that the provider and staff listened to what people had to say, that people's opinions mattered and changes were made to improve the quality of life for people living at the home.

The registered manager was aware of their responsibility to notify us, Care Quality Commission (CQC), of any notifiable incidents in the home.

From April 2015 it is a legal requirement for providers to display their CQC (Care Quality Commission) rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Abbendon Nursing Home was displayed for people to see.