

Abbendon Healthcare Ltd

Abbendon Nursing Home

Inspection report

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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

Abbondon Nursing Home is a care home providing personal and nursing care for up to 24 people across 3 floors. The service provides support to older people, some who are living with dementia. At the time of our inspection there were 20 people using the service.

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

There was a calm and relaxed atmosphere throughout the home. People were happy and told us they felt safe living at Abbendon Nursing Home. Family members were positive about the care their relatives received. Medicines were safely managed, and people had access to external health care services.

Staffing levels were appropriate, and staff were recruited safely. Staff were up to date with training and were observed treating people with kindness and respect.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received compassionate care from the staff, people and family members (where required) were involved in the care planning process.

People received the support they required to maintain a balanced diet. Positive comments were made by people and their family members about the food.

A variety of activities took place in the home and people were encouraged to maintain relationships. Family members told us they visited often.

A complaints process was in place and was displayed in the home. The registered manager was pro-active in speaking with people in order to discuss concerns at the earliest possibility.

This service was well led and staff felt well supported by the registered manager. Feedback from people and their family members about all aspects of the service was overwhelmingly positive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 17 April 2019 and this was the first inspection. The last rating for the service under the previous provider was good, published on 9 June 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Abbendon Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Abbendon Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbendon Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced and the second day was announced.

What we did before the inspection

Prior to the inspection we reviewed information we held about the service over the last year. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and

improvements they plan to make. We sought feedback from local commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 7 family members about their experience of the care provided. We spoke with 2 care staff, a registered nurse, the registered manager and the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We assessed a range of records including 4 people's care records, 4 people's medication administration records, 4 staff files and a variety of records relating to the management and governance of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- All staff were up to date with safeguarding training and had access to safeguarding procedures. Managers and staff understood how to report allegations of abuse.
- People told us they felt safe and family members were confident their relatives were kept safe. Their comments included, "I feel very safe here" and "Yes I leave here knowing [relative] is safe."

Assessing risk, safety monitoring and management

- Risks to people were assessed and their safety was monitored.
- Checks on the safety of the environment and equipment were regular and up to date with certificates evidencing this.
- Risk assessments for people's care needs were completed and an appropriate risk management plan was put in place guiding staff on how to keep people safe. Staff monitored people's safety in line with their risk management plans.
- Each person had an individualised personal emergency evacuation plan (PEEP) detailing the safest way for them to be evacuated from the building in the event of an emergency. PEEP's were kept under review and updated as required.

Staffing and recruitment

- Staffing and recruitment arrangements were safe.
- The duty staff rota showed there were enough suitably skilled and experienced staff on duty at all times to meet people's needs and keep them safe. Staff told us they felt there were enough staff in the home.
- A range of checks were carried out to assess the fitness and suitability of staff prior to their employment.
- People and family members were happy with the attitude and approach of the staff, their comments included, "The staff are lovely" and "The staff keep me safe."

Using medicines safely

- Medicines were safely managed.
- Medications were safely stored, recorded and administered. Staff with responsibilities for the management of medicines had completed the required training and competency checks.
- Protocols were in place for people prescribed medicines to be taken 'as required' and they provided sufficient detail to guide staff on how to use these safely.
- Appropriate records were in place along with guidance on the use of prescribed covert medication, this is medication given in a disguised format for example in food or drink.

Preventing and controlling infection

- Safe practices were followed to minimise the spread of infection.
- The cleanliness and hygiene throughout the home was maintained to a high standard and it smelt pleasant throughout. A family member commented, "It's always clean and tidy", another told us their relative's room was "Cleaned daily and kept nice."
- There was sufficient PPE available throughout the home and staff used and disposed of this safely. People and family members told us there was always enough PPE available and they saw staff using it.

Learning lessons when things go wrong

- Learning took place when things went wrong.
- Accidents and Incidents were recorded and reported in line with the providers procedure.
- Regular analysis was completed which helped to identify patterns and trends. Lessons learnt were communicated with the staff team through meetings and updates.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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's needs and choices were assessed and planned for.
- The provider completed an assessment of people's needs.
- Outcomes of assessments were used to make sure people's needs were met and to develop an effective care plan.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed for their role.
- New staff completed induction training and there was an ongoing programme of training for all staff in topics relevant to their roles and people's needs. Records showed staff training requirements were up to date.
- Staff told us they felt supported by the registered manager and had received regular supervisions, records confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed to eat and drink and maintain a balanced diet.
- People's dietary needs were set out in their care plan. Staff were aware of people's dietary needs. Kitchen staff held information about people's dietary requirements including likes, dislikes, allergies and textures.
- People's food and fluid intake was monitored where this was required.
- Family members spoke positively about the food, with one family member describing how their relative had gained weight since living at the home.
- The food stores were plentiful and people were happy with the food provided. Their comments included, "Nice food" and "Good choice."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with others to ensure people received effective healthcare and support.
- People's care plans included details of other agencies and professionals involved in their care and appointments and outcomes were well documented.
- Family members told us they thought staff had a good understanding of their relative's healthcare needs and they had always responded efficiently to any concerns. A family member told us, "They [staff] recognise when he's unwell and get the medical help he needs."

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

- The environment was adapted and designed to meet people's needs.
- Adaptations were in place to support people with their mobility and independence such as walk in showers, handrails and a passenger lift.
- People's bedrooms were personalised with their own belongings to help create a homely feel. A family member told us their relative's room was kept nice.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA.
- People's capacity to consent was assessed and a DoLS application was made for people where this was appropriate. DoLS applications not yet granted and were kept under review to ensure they remained appropriate.
- Staff understood the need to obtain people's consent prior to offering any care and support and they were observed doing this.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and respected.
- We observed warm and caring interactions between staff and people throughout the inspection. Staff spoke respectfully with and about people.
- People spoke highly about the care they received, their comments included, "They [staff] treat me very well" and "They [staff] treat me with respect."
- Family members described staff as caring and respectful, their comments included, "I have no concerns about how [relative] is treated, they [staff] are all very caring."

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

- People were supported to express their views and make decisions about the care provided.
- Family members felt involved and were confident about expressing their views. Their comments included, "I know about [relatives] care plan and they let me know if there has been a change" and "I am invited to review [relatives] care plan."
- People were provided with information about independent advocacy services. The support one person was receiving from an independent advocate was well documented.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted and respected.
- People's lifestyle choices were respected. One person told us, "I prefer to stay in my room and they [staff] call in on me regularly to check I'm ok." Another told us, "I choose what clothes I wear each day."
- Discussions held with staff showed they knew the importance of maintaining people's dignity. A family member told us, "[Relative] is treated with dignity, well cared for, clean, warm and enjoys his food. [Relative] has gained confidence and I am very happy with his care."
- People's laundry was treated with respect and the service was efficient. A family member told us, "[Relatives] clothes are washed quickly and returned the same day smelling nice."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control to meet their needs and preferences

- There was a person-centred approach to planning people's care.
- People and others such as family members were fully involved in the development and reviewing of care plans. The plans clearly identified people's needs and how they were to be met.
- Care plan reviews were regular and used as an opportunity for people to comment on the care provided and agree to any changes they wished to make. Staff were kept updated with any changes through daily handovers at the beginning of every shift.
- Peoples likes and dislikes were documented and staff knew where to find these.
- Improvements were seen amongst people living in the home, one person's relative told us "[relative] has improved so much since being here, they have gained weight, and their speech is so much better."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met.
- Peoples communication needs were assessed and well documented within their care plan.
- Information was available in different formats upon request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities and to maintain important relationships.
- Care plans included people's hobbies, interests and important relationships.
- There was a variety of activities offered to people. An activities timetable was displayed documenting a range of planned activities. One person told us, "I enjoy the craft sessions and singers."
- Visitors including family members were welcomed and offered refreshments. A family member told us their family visit their relative every day and another told us they, "Visit regularly without any concerns."

Improving care quality in response to complaints or concerns

- Complaints and concerns were used as an opportunity to improve the quality of care.
- Complaints information was clearly displayed near the entrance to the home and people and family

members were provided with a copy of the complaint's procedure. The complaints procedure clearly described how to make a complaint and there was an appropriate process in place for managing complaints.

- The registered manager was proactive in encouraging people and family members to speak up to resolve any concerns at the earliest opportunity. A family member told us, "I am very happy with everything but if I had a complaint, I would tell them."

End of life care and support

- At the time of inspection, no one was receiving end of life (EoL) care and support. Staff had completed six steps to EoL care pathway. The programme aimed to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around EoL care.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture which led to good outcomes for people.
- People appeared content and relaxed throughout our visits.
- Family members spoke positively about the registered manager, with one family member telling us, "[Registered manager] is very approachable and supportive." Staff commented they felt it was a good place to work.
- Staff knew people well; a good rapport was observed between them. People told us they were, "Happy" living at the home and the staff were "Very kind," People and family members knew who the registered manager was, one person told us, "She checks with me that everything is okay."
- Staff members felt confident raising concerns with the registered manager and said they were approachable and fair.

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

- The provider understood their responsibilities under duty of candour.
- Accidents, incidents and near misses were reported without delay and information about them was shared with relevant others.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff had a good understanding of their roles and responsibilities and risk management.
- The registered manager and other senior staff monitored and assessed the quality and safety of the service through the completion of regular checks and audits. Any areas for improvement were identified and actioned in a timely way.
- The registered manager understood the events they were required to notify the Care Quality Commission of and they submitted them without delay.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager engaged, involved, and worked in partnership with others.
- People, family members and staff were involved through regular meetings, care reviews and general

discussions. Family members told us they felt able to speak up freely and were confident they would be listened to. A family member told us, "I have raised a couple of niggles in the past and spoke with [manager] and they have sorted it without me needing to take it any further."

- The registered manager kept up to date with their learning and development and new ways of working. They attended meetings facilitated by partner agencies and other registered managers and providers of services in the local area.
- There was a consistent approach to working with others such as family members and local authority commissioning and safeguarding teams to promote and ensure good quality care for people.