

Mr Bharat Kumar Modhvadia and Mrs Jaya Bharat
Modhvadia

Abbeydale Nursing Home

Inspection report

Croylands Street
Liverpool
Merseyside
L4 3QS

Tel: 01512982218

Date of inspection visit:

18 April 2019

02 May 2019

Date of publication:

04 June 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Abbeydale Nursing home is a care home providing nursing and personal care for up to 36 older people. 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 19 people living at Abbeydale.

People's experience of using this service: At the last inspection we found people's safety was compromised, and the safe domain was rated inadequate. All other domains were rated requires improvement. We asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Caring, Responsive and Well -Led. At this inspection we found there had been some improvements, and people's safety was no longer being compromised.

The registered provider had completed significant refurbishment works since our last inspection. This had improved the overall safety and cleanliness of the service. There were still further improvements to be made. The registered provider showed us planned refurbishment works to further improve the service.

The registered manager had implemented new safety checks since the last inspection. This had improved the overall safety for people living in the home.

The quality assurance processes had improved since the last inspection. However, they were not always effective. We made a recommendation about this.

At the last inspection, we found people were not always receiving responsive care. At this inspection we found there had been improvements to this and people were being supported in ways that met their needs.

Recruitment processes were not always safe. We made a recommendation about this.

The management of medicines was safe. We found concerns with two treatment rooms as they were dirty and untidy. These had been thoroughly cleaned before we returned for the second day.

Staffing levels during the inspection appeared adequate. Staff could respond to people's support needs in a timely way.

People living in the home told us they felt safe. They felt there were enough staff to meet their needs. Safeguarding and whistleblowing policies and procedures were in place. Staff completed safeguarding training and knew how to report any concerns they had. We saw that any safeguarding referrals were submitted to the local authority and CQC accordingly.

The registered provider had a complaints policy in place. People and relatives were familiar with the complaints process and told us they would feel confident approaching the registered manager and staff if

they had any concerns.

Care plans were detailed and person-centred. They ensured people were able to receive care in line with their preferences.

Staff were supported with training, learning and development opportunities. Staff also received regular supervisions and told us they were supported on daily basis.

Risk assessments were detailed and ensured people were protected from avoidable harm.

People told us they had enough to eat and drink.

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

Rating at last inspection: Requires Improvement (Report published 6th December 2018)

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

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Abbeydale 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 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: This inspection took place on 18 April 2019 and 2 May 2019 and was unannounced. The team consisted of two adult social care inspectors, one specialist adviser for medicines and one 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.

Service and service type: Abbeydale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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. The registered manager was unavailable to be part of the inspection on the first day, but was available for the second day.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We sought feedback about the service from the local authority and other professionals involved with the service. The provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We also

reviewed previous inspection reports.

During our inspection we observed the support provided throughout the service. We completed the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 5 people living in the home, two relatives and five care staff, the registered manager, deputy manager, and registered provider. We looked at records in relation to people who used the service including four care plans and six medication records. We observed the administration of medicines. We looked at records relating to recruitment, training and systems for monitoring the quality of the service provided.

Details are in the Key Questions below.

The report includes evidence and information gathered by the inspectors, specialist advisor and Expert by Experience.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe.

At the last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This domain was rated inadequate and the service was in breach of regulation 12 (safe care and treatment). During this inspection we found there had been improvements and the service was no longer in breach of regulation, therefore the rating for this domain has improved to requires improvement.

Using medicines safely

- Treatment rooms used to store medicines were untidy and dirty. We discussed this with the deputy manager who told us a deep clean of the rooms would be arranged. These rooms had been thoroughly cleaned for the second day of inspection.
- We found out of date wound dressing items in treatment rooms.
- Medication was safely stored in locked trolleys and fridges, were administered in conjunction with guidance and instructions; medication administration records (MARs) were appropriately completed.
- PRN (as and when needed) medicines had been prescribed by the doctor for people. Protocols and procedures were in place for staff so they knew how to respond to people and administer their PRN medicines.
- Appropriate medication competencies were in place for staff administering medicines.

Staffing and recruitment

- Recruitment processes were not always safe and compliant with regulation. We found staff had not provided full employment history, and not all staff had proof of identity.

We recommend the provider consult schedule 3 of the Health and Social Care Act 2008 to ensure recruitment processes are compliant with regulation.

- Staff we spoke with told us staffing levels were safe and adequate. We saw evidence of the registered manager discussing staffing levels with staff regularly.
- The home used a dependency tool to assess numbers of staff required. We found staffing levels to be adequate, with staff able to respond to people in a timely way.

Assessing risk, safety monitoring and management

- A fire risk assessment had been completed and recently reviewed. However, we found the assessment contained inaccurate information. We raised this with the registered provider who told us a further review would be completed.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The registered manager had implemented new systems to ensure risks to the environment had been

assessed. We found these new systems improved the safety of the service and reduced the risk of avoidable harm for people.

- There were regular checks on equipment to ensure it was safe and fit for purpose.
- Personal emergency evacuation plans (PEEPs) were in place for people.

Preventing and controlling infection

- The home had undergone an extensive refurbishment since the last inspection and the home looked cleaner in most parts. We found there were still some areas that needed improving.
- Staff received appropriate training in infection control and told us they understood and followed infection control procedures.

Systems and processes to safeguard people from the risk of abuse

- People and a family member told us they felt safe with comments including "I feel safe. Why shouldn't I, they are good staff and they look after me," and "I can relax knowing [my relative] is safe and well cared for."
- Staff received safeguarding training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident about how to report safeguarding concerns.
- The manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise future incidents occurring.
- A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this.

Learning lessons when things go wrong

- A system was in place to monitor any incidents or accidents which occurred.
- Appropriate actions were taken following incidents, such as seeking medical advice, and referring to other services for further support, such as the falls team.

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

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

At the last inspection this domain was rated requires improvement. At this inspection, we found there had been sufficient improvements to change the rating of this domain to good.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At our last inspection we recommended that the provider reviewed the best interest decision process. This had been completed effectively and we found best interest decision processes were followed appropriately.
- Staff ensured people were involved in decisions about their care. We observed staff seeking consent before they supported people in a kind and caring way.
- Where people were deprived of their liberty, the provider worked with the local authority to seek authorisation for this to ensure any restrictions were lawful.

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

- The home had undergone significant refurbishment since our last inspection. Lighting had been improved around the home, and carpets were no longer a trip hazard. There are further improvements needed to ensure the environment is safe and clean in all areas.
- There were signs around the home to support people to locate different rooms, such as the lounge and bathrooms.
- Some rooms had the person's name and photos of themselves on the door.
- Bathrooms were adapted to ensure they could be accessed by all people.
- Equipment was in use to support people to move around the home independently.

Staff support: induction, training, skills and experience

- Staff completed appropriate training.

- Staff had opportunity for supervision and appraisal. Staff told us they felt supported.
- New staff completed an induction when they commenced working at the service.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans.
- People told us they were happy with the food. Comments from people and their relatives included, "Food is very good, I get a choice and there's enough to drink and eat", and "[My relatives] food is okay, it's thickened because of dietary needs".
- A weekly menu was available. This had been prepared in picture format.
- Where people required their food to be prepared differently because of a medical need or problems with swallowing, this was catered for.

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

- People's needs were assessed before admission to service.
- Assessments of people's needs were thorough and expected outcomes were identified. Care and support was reviewed regularly to understand progress and make changes where needed.
- Staff used their knowledge of people's preferences to ensure they received personal care in their preferred way.

Supporting people to live healthier lives, access healthcare services and support

- The service worked with other health and social care professionals to help ensure people's healthcare needs were met. We saw evidence that appropriate referrals had been made, and staff followed guidance given.
- Information was appropriately shared with other agencies if people needed to access other services such as hospitals.
- People were happy with the support they received with their healthcare. Relatives were fully involved in appointments and provided with updates where needed. A relative told us, "They tell me all about [my relatives] healthcare, and advise me about any treatment needs in a very proactive manner. This gives me reassurance."

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

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

At the last inspection this domain was rated requires improvement. At this inspection we found the provider had made significant improvements to the service and this domain has improved to good.

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

- People told us they had choice and could make decisions about their support. People got up and went to bed whenever they chose and only took part in the activities they chose to.
- Regular resident meetings and surveys were also completed. Records showed that people were asked their opinions and whether anything could be improved. We saw that action was taken based on this feedback.
- People and their family members told us they felt confident to be able to raise any concerns they had with the management and that they would be dealt with.
- A service user guide was available to people. This provided information regarding what the service provided and what people could expect, to help them make decisions regarding their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt staff protected their dignity and privacy. People told us "They [the staff] are very respectful and are always patient," "They ([the staff] always knock on my door."
- Staff clearly described how they protected people's dignity and privacy, including closing doors and curtains when providing personal support and helping people to remain covered with towels. We saw staff respecting people's privacy during the inspection.
- Records regarding people's care and treatment were stored securely.
- People told us staff encouraged them to be as independent as they could be and records reflected this. One person told us "They allow me to do things myself, but they're there to help if needed."

Ensuring people are well treated and supported

- Staff knew the people they were supporting well and used this knowledge to support people in line with their preferences.
- People told us staff were kind and caring. Comments from people included, "The staff are good," and "The staff are kind and patient".
- We observed positive, familiar interactions between staff and people living in the home throughout the inspection and staff spoke warmly of the people they supported.
- People were supported to receive care and support from others. When and where people needed support beyond the remit of the provider, an advocate had been sought. There was information about advocacy services available in the home.
- Relatives told us they felt welcomed and could visit anytime they wanted.

Is the service responsive?

Our findings

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

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

At our last inspection we found concerns with the level of personal support people were receiving, and the service was rated requires improvement. At this inspection we found there had been improvements in relation to this, and this domain has improved to good.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We checked people had access to nurse call bells and pressure mats when needed. We found they were available for people, and staff responded in a timely way when people were in need of support.
- The care people received was person centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted.
- Care records contained relevant and up-to-date information regarding people's needs. Records were completed in a timely manner when people's needs changed so that staff had access to the most up-to-date information.
- Risks were assessed, for example falls, mobility and skin integrity. These had been reviewed and updated as required. We saw that appropriate referrals made to the relevant teams when necessary.
- The service assessed, recorded and shared information regarding people's communication needs. We saw the provider had adapted menus for people by using an easy to read format.

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service. The complaints log contained both complaints from people using the service and relatives. Complaints had been responded to appropriately.
- People and their family members told us they felt confident to be able to raise any concerns they had with the management.
- There were regular residents meetings which enabled people to provide feedback to the service. We saw the registered manager had responded to this feedback and used it to improve people's experiences. For example, people had asked for more yellow fish on the menu and this was actioned.

End of life care and support

- At the time of our inspection, the service was not providing end of life care to anyone. Staff were aware of the processes and procedures required.
- We saw people's preferences regarding end of life care had been recorded in their care files.

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

At the last inspection the provider had failed to implement effective systems to assess the quality and safety of the service. This was a breach of Regulation 17 (good governance). At this inspection we found the provider had made some improvements to this and was no longer in breach of regulation. However, we found there were further improvements needed to ensure effective oversight of the service and we made a recommendation about this.

Continuous learning and improving care

- The registered manager had implemented new checks in the service to ensure care provided was safe and of high quality. We found these checks had improved the overall safety of the service. However, quality assurance systems had not picked up some of the issues identified at this inspection.
- Some daily records we looked at were confusing to read and appeared disorganised. Some people had care planned that was not needed and not being completed. This had not been picked up by the service during their checks.
- Action plans were in place to ensure continuous improvement. There were regular meetings with the registered manager and provider to discuss concerns and actions. However, we found there was not always a clear recording of what actions had been completed, or evidence of follow up of any actions that were still incomplete.
- We found some fire doors were not included on the weekly fire safety checks. This was addressed by the manager during the inspection.

We recommend the provider seeks advice and guidance from a reputable source to strengthen the auditing processes.

- There was evidence the registered manager and provider had used previous inspection findings to improve the quality of the service. The registered manager was also responsive to concerns identified at the inspection, and had implemented new practices to address concerns before the completion of the inspection.

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

- The registered manager and staff understood their roles and responsibilities within the service.
- Ratings from the last inspection were clearly displayed within the home as required.
- CQC had been notified of all incidents that had occurred within the home as required.
- Policies and procedures were in place.
- People told us they knew who the manager was and would tell them if they had any concerns.

Planning and promoting person-centred, high-quality care and support

- People provided positive feedback regarding the quality of the care they received. People told us staff were caring and looked after them well.
- Staff told us they felt supported and spoke positively about the management of the service. A comment from staff was, "Managers are brilliant, they take on board what's being said and change things when needed. It's better now."
- Staff told us they had confidence in the management to continue the improvements in the service.

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

- Systems were in place to gather feedback from people. These included regular surveys and meetings as well as complaints and compliments processes. Complaints were responded to appropriately.
- When referrals to other services were needed, we saw that these referrals were made.