Abbotsford Care Home Limited

Abbotsford Nursing Home - Manchester

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out the inspection on 12 and 13 December 2016 and the first day of the inspection was unannounced. We last inspected this service in December 2015 where we found the service required improvement.

Abbotsford Nursing home is a large four storey detached building set in its own grounds with plenty of parking space. There is ramped access to the front of the home to enable people with restricted mobility or wheelchair users to access the building. The home supports a cultural mix of people including, Caribbean, Chinese, and Indian, Pakistani or British descent. Local facilities and bus routes are within easy walking distance. The home is registered to provide residential and nursing care for up to 44 people. At the time of this inspection there were 38 people using the service; 20 who required nursing care and 18 required residential care. Two people were in hospital during our inspection.

The home was managed by a registered manager who had been in post since May 2015. 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 a 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 supported in their role by a deputy manager; both were registered nurses and were present during the inspection.

Care files we viewed lacked service user input. We were made aware by the registered manager that they were in the process of updating the information to reflect people's involvement. We saw the care files provided details about the person's individual needs and identified risks to the person's health and well-being.

People were referred to healthcare professionals as and when required and people were supported to attend routine appointments with the GP, optician and dentist as required. Medicines were stored, administered and disposed of safely. People who required the medicines to be administered covertly had appropriate protocols in place including best interest decisions.

Staff were able to demonstrate their understanding in relation to obtaining consent prior to carrying out any care or support. However, the service had not considered people's communication needs in relation to their understanding. They understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We saw the service had taken appropriate action and applied for DoLS when necessary.

We found people were cared for by sufficient numbers of staff who had received appropriate training and been safely recruited. People felt safe and staff were aware of how and who to raise any concerns to. Staff we spoke with had a good understanding of the care and support people required.

Interactions between staff and people, who lived at the service, were warm and friendly. Staff were polite and patient in their approach. People's religious and cultural needs were considered and daily activities were offered to add variety to people's days. We saw the service welcomed the local community into the home to develop links and offer people chance to become part of the wider community.

People's nutrition and hydration needs were met with a varied menu choice which incorporated a variety of needs including both nutritional needs for example diabetes but also cultural needs. However, people had not been consulted with regards to the menu choice. Staff knew who required support to meet their nutritional and hydration needs and what support they needed.

The service completed quality assurance checks to ensure people received safe and effective care. However these had not identified that care plans and other documentation was not available in other formats to support people whose first language wasn't English. We saw systems were in place to provide information in the event of an emergency and that this information was reviewed and kept up to date. There was a formal complaints procedure in place which provided a record of the response and action taken. This was not available in all formats to support people to make a complaint.

Staff felt supported by the registered manager and received regular supervisions. The service had policies and procedures in place to support staff and staff were following these. Statutory notifications were sent to CQC as required.

During this inspection we found three breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 details of this can be found at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were at risk of accident, injury and infection due to areas of the home were not currently safe and secure.

People felt safe living at Abbotsford Nursing Home. Staff knew how to keep people safe and what to do if they suspected abuse had occurred.

People's medicines were administered, stored and disposed of safely. There were protocols in place for 'as required' medicines.

There were sufficient staff to meet the needs of people living at the service. Accidents and incidents where recorded and action taken to prevent their re-occurrence.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had an understanding in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. However, we were not assured that staff always had the necessary language skills or aids to ensure that consent was sought.

People received care from staff who had received appropriate training to meet their needs.

People had choice in relation to meals and people's nutritional needs were being met. Referrals were made to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

Everyone we spoke with told us that staff were kind and caring and this reflected in the way we observed staff interacting with people.

People's religious and cultural needs were met by the service.

Links were being built with the local communities.

People were treated with dignity and respect by staff who knew them well.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans did not provide information about their life history and there was no evidence to suggest they had been involved in writing the care plans.

The complaints procedure was not responsive to people's needs as it was not available in a format to support everyone living at the service to understand.

The service provides support for people living with dementia, at the time of the inspection only one floor was dementia friendly in décor. The service is working towards redecorating the other floor appropriately.

People who were able to access the main lounges and activities rooms had access to activities to occupy their time. People who were being cared for in bed lacked appropriate activities and stimuli.

Is the service well-led?

Requires Improvement

The service was not always well led

Systems were in place to monitor the quality of the service provided to ensure people received a safe and effective service. However these had not identified the concerns raised in this report.

There was a registered manager in post who had been with the service since 2015.

The registered manager had notified CQC, as required by legislation, of any incidents which had occurred at the service.

Abbotsford Nursing Home - Manchester

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 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 took place on 12 and 13 December 2016 and the first day was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has experience of type of service being inspected, either through providing care and support to someone or through their own personal experience. On this occasion the expert by experience had personal experience of supporting older people.

Before the inspection we requested the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had not returned the PIR so we were unable to review this information. We reviewed other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We also contacted the local authority and Health watch to see if they held any information we may need to consider during our inspection. We received a response from the local authority in relation to the most recent infection control audit which raised concerns with regards similar to our findings.

We spoke with14 people, two family members, the registered manager, the activities coordinator, three care staff and the cook. We looked at records relating to the service. Including six care records, six staff recruitment files, daily record notes, policies and procedures and quality assurance records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand

the experience of the people who could not talk to us.

Requires Improvement

Is the service safe?

Our findings

People we observed appeared safe and relaxed with the care and support they received from Abbotsford Nursing Home. One person we spoke with told us, "I trust everyone, they are all good." Another person said, "I am well looked after." Family members told us they felt their loved ones were safe with the care they received from the support staff. Staff we spoke with, were able to describe how they would keep people safe and what actions they would take to minimise the risks to those people they supported.

At our last inspection we found some areas of the home were not safe. This was in relation to securing wardrobes to walls and providing locked doors to prevent people accessing areas that could pose risk of injury to them. At this inspection we found wardrobes had been secured to walls and the doors to the service and areas which may pose a risk to people were locked, to ensure the safety of those living at the service. All windows had been fitted with window restrictors and radiators been fitted with covers over them to protect people from harm.

During our walk round the service we noted that nearly all of the en-suite toilets had damaged tiles, there was either no sealant or damaged sealant around the sinks and in three of the en-suites there were no working light bulbs. This posed a risk of infection and poor lighting can increase the risk of accidents or injury. We also checked to see if the toilet on the ground floor had an over-riding door lock in place as at our last inspection we raised a concern about the lock that was fitted as there was no way of opening it from the outside in the event of an emergency. We found at this inspection there was no longer a lock on the door. We discussed this with the registered manager who showed us evidence that they had already identified the concerns raised and had an action plan and timescale for works to be completed by. We will check these works have been completed at our next inspection.

We looked at the on-site laundry facilities. The laundry was adequately equipped and looked clean and well organised. To prevent cross contamination, we saw clean clothing was kept in a separate room to the clothing which required washing. We saw there were two cleaning staff on duty at the time of our inspection and they worked floor by floor and the home was cleaned in a timely manner. We saw infection control policies were in place and infection control training had been undertaken by staff.

We saw there were safeguarding policies and procedures in place for staff to read and follow. Staff showed they were following these by explaining about signs of abuse and how to report and who to report any concerns to. They said they were able to report anything to the registered manager or the provider who they were confident would take their concerns seriously and act on them. Staff also said they felt they were able to report it to external agencies such as the local authority. Staff told us they had all undertaken mandatory safeguarding training. The staff training records we saw, confirmed they had. All staff had access to the whistleblowing procedure (the reporting of unsafe and/or poor practice) and staff we spoke with were able to explain their understanding of this procedure when questioned.

We saw that any accidents and incidents which had occurred were recorded. The registered manager told us this was so there were able to analyse any recurring themes and then take action to help prevent re-

occurrences. For example, if there were incidents involving the administration of medicines. They would look at whether there was a specific staff member involved and whether it was a training need or whether there were other factors behind the errors.

We looked at six people's care files and saw there were assessments in place to manage risks to those people. We saw there were person centred risk assessments in every person's support plan, which provided some details about both general risks and individual risks posed to that person. We found that none of the files we looked at had been translated into the persons first language which meant the service had not considered how to share this information with the person it was written about. We discussed this with the registered manager who explained that they had just begun to go through people's care files and improve them by making them more person centred. The registered manager showed us a file which had recently been updated. This file provided details about the person and what they were able to do for themselves along with details about their interests and information about their life history. We saw that all risk assessments had been reviewed and up dated as required.

We saw that the service had identified environmental risks, such as the use of equipment as well as actions to be taken in the event of a fire within the home. Staff were clear about what action they should take in an emergency and knew who to contact for support. Each person's support plan contained a personal emergency evacuation plan (PEEP) which provided information for both staff and the emergency services in the event of an emergency. This information was reviewed annually and if people's needs changed. We saw that all staff had completed first aid training and were able to deal with emergencies of this kind. The service also had a business continuity plan in the event of an incident such as a fire. This helped to ensure that all people and staff were kept safe in the event of an emergency and alternative arrangements were in place to maintain the running of the service should it be needed.

From our observations during inspection, discussions with people who lived at the home, staff and inspection of the staff rosters, we found there to be sufficient staff to meet the needs of the people living at the service. The registered manager told us there was a dependency tool used and a policy in place which helps to inform the deployment of staff. Using these tools there should be four staff on duty. However they did not feel that this was sufficient, so they ensured that during the day there were always six members of care staff on duty as well as two domestic staff, the cook, the activities coordinator and a member of admin staff as well as themselves and / or the deputy manager. At night there were always four staff members on duty. They had agreed with the provider that until all the changes had been implemented and sustained for an appropriate period of time, then staff levels would remain the same. They went on to explain that due to the ethnicity occupancy levels, they ensured there was always a member of staff on duty who was able to speak Cantonese so as to ensure they were able to communicate with all the people living at Abbotsford Nursing Home. There was a duty roster system, which detailed the planned cover for the home.

We looked at four care staff files and two registered nurse's file to check whether the service had carried out the required checks to determine staff member's suitability to work with vulnerable people. We saw they all contained an application form, along with two references, a copy of their passport or driving license displaying a photograph and a check with the Disclosure and barring service (DBS). The DBS helps providers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support service. We also saw the service had completed checks with the Nursing and Midwifery Council to ensure that the nursing staff's PIN numbers were still valid. This showed the service had taken appropriate steps to ensure all their staff were suitable to work with vulnerable people.

As part of our inspection we looked at how medicines were administered, stored and disposed of to ensure the service was managing this safely. We looked at the Medication Administration Records (MARS), observed

staff administering medicines and checked the stock for five people. We also checked how the service managed controlled drugs. Controlled drugs are medicines which require stricter checks and additional storage to ensure they are kept safe. We found that all MARS had been signed as required, with information recorded on the back of the MAR when a medicine had been declined or not given. Staff told us how they supported people to take their medicines as per the persons care plans. Each MARs contained a photograph of the person whose medicines it was. Two people, who lived at Abbotsford, had not allowed staff to take their photograph for this as they did not like having their picture taken. The registered manager was looking at ways of obtaining a photograph of them and had requested photographs from their families. There were policies and procedures in place to ensure that all medicines were managed in accordance with regulations and guidelines.

All medicines were stored securely in locked medicine trolleys which were kept secured to a wall. There were clear guidelines in place for obtaining, recording, administrating and disposing of prescribed medicines. We saw these were being followed. We saw there was a protocol in place for people who required medicines 'as and when required' (PRN), such as pain relief. Staff explained there was a clear disposal process in place to follow when medicines had been dropped or refused. Staff told us and we saw on the training matrix, staff members who administered the medicines had received appropriate training which was provided externally and they were competency assessed on both their knowledge and through observation of them administering medicines. This showed the service ensured that people received their medicines were administered as prescribed, by staff that had received appropriate training and were competent to do so and that they were able to monitor people's health and wellbeing.

Requires Improvement

Is the service effective?

Our findings

We observed people receiving care from staff who knew them well. Discussions with staff who worked at Abbotsford, showed they had a good understand of peoples care and support needs. Staff knew people's abilities and what they were and were not able to do as well as their preference in relation to their daily activities.

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.

We observed staff asking for people's consent prior to them providing any care or support. Staff had learnt simple phrases to support people whose first language wasn't English and we heard them converse with people. However it wasn't clear if the person understood what was being said to them. For example, we observed staff supporting one person and trying to reassure them with a transfer from chair to wheelchair. The person appeared distressed and it wasn't clear if this was because they didn't understand or were just unhappy with the transfer. We saw that staff did try to reassure the person throughout this task. We did see the service had devised picture cards and phrases in other languages such as Chinese, in order to help them communicate with people living at the home. People's ability to consent to aspects of their care had been recorded in their care plans. Where people were unable to give consent, we saw the service had looked at what was in the person's best interest and a decision was made with people who knew the person well. However, we found as with our last inspection, that these were still signed by staff or by family members and it was not clear if they had the authorisation to do so. As previously mentioned in the report, care files were due to be updated and these will be looked at as part of this process. We cannot be sure that people had not given consent due to them not understanding what was being said to them. We shall check this has been completed at our next inspection.

Staff had an understanding in relation to obtaining the person's consent; we observed a staff members asking peoples consent before carrying out some care and support. However during mealtimes, we observed staff putting plastic aprons on people each person prior to their meals. We did not see staff consulting with people before doing so. We discussed this with staff and the registered manager who explained that they knew the people well and knew those who had previously consented to wearing a plastic apron to protect their clothing. However we did not see this documented anywhere and people should be able to make day to day decisions and given control over the choices that they make. Staff we spoke with explained how if someone declined support, they would leave the person and try again later, or another staff member would try. Staff had a general understanding of the MCA and how this impacted upon the work they did. The registered manager understood their responsibilities in relation to the MCA and when they needed to consider making a best interest decision, and was providing additional support to staff through training and team meetings.

Staff were able to clearly describe how they supported people to make choices around their clothing and what they wanted to do. One staff member said, "[name of person] would not let one of the carers shave him. So I went to see him and asked him if he would allow me to shave him. He then allowed me to shave him."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about this and they were aware of when they needed to deprive someone of their liberty in order to keep them safe and the need to apply for a DoLS to legally authorise this. We saw copies of DoLS authorisations were kept on file and referrals had been made to the local authority when required. This showed the service was supporting people to make their own decisions and wasn't restricting people when they weren't authorised.

We looked at the staff training plan, which showed details of what training staff had completed or required. We saw that essential training in areas such as safeguarding, mental capacity act and food hygiene had been completed by almost all the staff working at the service. The registered manager also told us that staff who had been employed after 1 April 2015 had to complete the care certificate. We saw seven staff members had undertaken the care certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. We saw staff had also completed training in areas such as continence care, diabetes and dementia which was specific to the needs of people living at the service. Staff told us that training at Abbotsford was very good. One staff member said, "the manager (name) is very supportive regarding training." Another staff member said "Can't do anything without knowing what you're doing. Helps me do my work properly."

Staff we spoke with confirmed they received regular supervisions. Supervision meetings support staff by allowing them time to discuss their progress and identify any learning and development needs they may have. One staff member told us, that as well as formal sit down supervisions, the registered manager also completed spot checks, where they "shadowed the staff member to check they are doing the jobs well and will point out any poor practice."

We observed and staff we spoke with confirmed, that both the registered nurses and the care staff received a verbal handover about the people who used the service at the start of each shift change. This ensured that any changes to a person's health and support needs were shared with the team and also documented in the persons care file.

We checked to see if people were provided with a choice of nutritious food and drink to meet both their health care needs as well as their cultural needs. We looked at the kitchen and the food storage areas and saw there was a good stock of food available. We spoke with the kitchen staff who told us the head cook was on leave at the time of inspection. We saw that all meals were made from raw ingredients and that the service catered for the varying cultural needs of people living at the service. At the time of the inspection the menus were in the process of being updated. We spoke with the registered manager about this, who explained that currently the cook was making five different main meals at lunchtime and the five different meals in the evening, each meal containing a different meat, fish or vegetable and this wasn't sustainable. The plan was to offer the same meat for the lunchtime meal in different dishes as well as a vegetarian choice and a halal choice and then use a different meat in the evening. We saw that people who required specialised diets received meals which were nutritionally balanced to meet their needs. People who required soft diets or pureed diets were supported to eat these by staff. Staff we spoke with all knew the

people they supported and any dietary requirements they had. We saw from the training matrix that all staff had received appropriate food hygiene training.

We asked how the service ensured the meals on offer were what people living at Abbotsford wanted. The registered manager explained that staff knew the people they supported and understood their likes and dislikes with regards to meals. A staff member who had worked at the service for a number of years along with the cook and another staff member had devised a menu. We saw a copy of the updated menu which they planned to 'go through with people living at the service to ensure they approved of the choices'. When asked about the residents input we were told, "[name of staff member" has been with the service for many years and knows the residents well." This showed the service offered people a choice of nutritional meals which supported people to maintain any cultural or dietary needs. However it appears that ultimately the choice is being determined by staff and this should be re visited to give people more choice and control over day to day activities and decision making.

Peoples weights were monitored by staff and referrals had been made to the GP for supplements where people had lost weight. Staff knew how to fortify diets by adding full fat milk and cream. We saw people who had been assessed as being at risk of inadequate nutrition and hydration, had care plans in place describing actions to be taken, along with monitoring charts. This showed the service had appropriate plans in place to monitor and assess people's nutritional needs were being met.

As well as referrals to the GP, we saw evidence or appointments with optician, dentists and specialist nurses as well as referrals to dieticians and the speech and language therapy team. During our inspection the local GP visited the service and held a clinic within the home. This showed the service ensured people's health care needs were being met.

Good

Is the service caring?

Our findings

Everyone we spoke with had positive comments about the kindness and caring attitude of staff. One person told us, "Everybody is so kind. They are very, very good indeed." Another person said, "I couldn't ask for better. The staff are very, very nice." A third person said, "He (pointed to a member of staff) is wonderful; I think he should get an increase in salary."

We observed caring interactions between staff and people living at Abbotsford nursing home. People appeared relaxed and smiling. We saw staff getting down to be on the same level as the person and making eye contact with them whilst speaking in a calm and caring way. People responded in a relaxed manner, smiling and interacting well with the staff members. People appeared well cared for, clothing was clean and presentable. We were told the hairdresser visited the service on a weekly basis and there was a specific room for the hairdresser to use. Staff we spoke with told us how they provided care for people to ensure their privacy and dignity was maintained; such as knocking on people's doors before entering their rooms, closing curtains and blinds and also ensuring toilet and bathroom doors were kept closed when in use.

People's care files were kept in the staff office to ensure information about people was kept secure. Staff we spoke with were aware of their responsibility to ensure the information about people living at Abbotsford was treated confidentially. We saw staff were discreet when asking people if they needed support.

We saw that some of the bedrooms had been recently decorated and the plan was to update everyone's bedroom to make them more personalised. The registered manager explained that the plan was to decorate outside of people's bedrooms and make them more personalised with the use of memory boxes, containing possessions and pictures which have meaning to that person. They had started decorating the first floor corridors, lounges and entrance hall and plans were in place to work through the rest of the home. This showed the service had thought about the importance of each person's individual needs and how to support people to recognise their own rooms and maximise their independence.

We saw there was a cultural mix of people living at Abbotsford nursing home including, Caribbean, Chinese, and Indian, Pakistani or British descent. The home had two separate lounges; one was used mainly by people of Chinese descent and had been decorated with Chinese lanterns, a Chinese calendar and Chinese pictures. We saw the television had been tuned into Chinese programmes. We also saw signage around the home had been translated into Chinese to facilitate people's independence. Staff told us that people could choose which lounge they wanted to sit in and that one person who was not of Chinese descent, liked to spend time in this lounge.

People and staff told us that volunteers from the Buddhist temple had visited the home the day before our inspection, and cooked for all the residents. We were told that the service was building links with the local Chinese community via the Chinese English church and the local Buddhist temple. We saw photographs of previous visits and celebrations, which were displayed on the walls of the service. Staff told us that people of all faiths were encouraged and supported to follow their religion. We saw that within people's care files, the service had recorded peoples cultural and religious beliefs as well as what was important to them. This

showed the service supported people to maintain their cultural and religious beliefs and maintain contact with the local community.

Every care file we looked at contained an advanced plan with regards to the person's wishes for their end of life care. Not all of these had been completed as not everyone living at the service had made advanced decisions. We also saw some people had a do not attempt cardiopulmonary resuscitation (DNACPR) forms completed by the GP kept in their care files. We saw whenever possible the decision had involved the person and their families. The service displayed information about end of life care at the home which was written in both English and Chinese. This showed the service had considered what was important to people with regards to their end of life care.

Requires Improvement

Is the service responsive?

Our findings

Staff knew people well and were responsive to their needs. Staff spoke with us about how they delivered person centred care. One staff member said, "Each care plan is individual." And that this helped them to understand that person's needs. We found that all the care plans we looked at had been reviewed and provided details about the care and support the person needed. However we found that out of the six records we looked at, only one contained detailed information about the person's life history. We saw that people's preferences, their likes and dislikes and information about any identified risk had been recorded. From the information recorded it was not clear if the person or their family members, had been involved in the writing of the care plans. None of the care files we saw had been translated into the persons first language in order to support their understanding and involvement of the information being recorded. As previously mentioned in this report, the registered manager told us they were in the process of updating the care records and one of the care files we saw had been updated and did provide person centred information about the person's life history and it was clear this person had been involved in the writing of their care and support plans, However, from the other care files we viewed it was not clear that people had been involved. At our last inspection we were told the service was updating its care plans but this still has not been completed.

This is a breach of Regulation 9 (3)(a) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We looked at how the service managed complaints. We saw people were provided with clear information about the procedure for handling complaints. We saw that there was a formal complaints procedure in place, and we were told that any complaints received would be acted on appropriately and in a timely manner. At present this was written in English and translated into Chinese to support people should they wish to complain, but it was not available in a format to support people living with dementia to understand. People we spoke with said, "I never have to complain." Another person said, "I would complain to the nearest lady or nearest one of the staff." We looked at the complaints folder and saw they had received one complaint in the past 12 months. We spoke to the registered manager about how they dealt with this complaint and they explained how they had investigated and respond to the complainant. However, the complaints procedure was not responsive to people's needs as it was not available in a format to support everyone living at the service to understand.

This was a breach of Regulation 16 (2) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

Abbotsford nursing home provided care and support to people who had a diagnosis of dementia. We saw the service had introduced dementia friendly signage to some of the areas of the home. At the time of the inspection, work had been completed on the ground floor to decorate the walls and signpost the toilets and lounge so as to orientate people as to which floor they were on. The other three floors had not yet had works undertaken and both the walls and the doors of people's bedrooms were white meaning it would be difficult for a person living with dementia, to identify the doorways and access their rooms. We discussed this with

the registered manager and the maintenance person about the time scale for works to be completed they explained that the essential repairs would be completed first and then they would move on to the redecoration of the service. We saw a copy of their action plan for the works to be completed. These showed the service planned to complete the essential repairs within 28 days. They told us their vision is to theme each floor and make each door more person centred as well as having reminiscence items in memory boxes. This showed the service had considered appropriate ways of supporting people and were taking action to support people living with dementia. We will check at our next inspection to see if this work has been completed.

The service had considered people's communication needs. A high percentage of people living at the home spoke Cantonese or Mandarin. The service had, with the support of one of the staff members, produced communication cards which staff could use if there was no Chinese staff member available. The service had actively tried to recruit staff from the Chinese community but found very few applicants, instead the service had looked at other ways in which to support people to be able to communicate their needs with staff. This showed the service had looked at ways in responding to each person's communication need.

We saw that their cultural and religious backgrounds were celebrated and respected. The majority of people living at the home could not speak English or had limited English, we saw the home tried to ensure that there was a staff member on duty at all times who was able to communicate with people who spoke Cantonese and Mandarin. We observed staff who were not of the same cultural descent, had learnt to speak basic Cantonese and Mandarin on order to be able to liaise with people living at the home. We also saw the service had devised picture cards with the words translated into both Chinese and English, to support staff to communicate effectively with people. For example, for yes or no, or if a person was in pain.

People's views and opinions were sought by the service through residents meetings and relative meetings which were held every one to two months. We saw minutes from these meetings, which had been used to discuss what people wanted from the service. We saw comments about the décor in the home and meals. These had not been translated so that everyone living at the service would be able to read them. We were told by the registered manager and the activities coordinator, that despite advertising these meetings, they were poorly attended as people and their families tended to just 'call into the office' and discuss and changes or suggestions about the home.

We asked people and their families if there was enough to do at Abbotsford. We received a mixed response. One person we saw whose needs meant they were being cared for in bed and told us they "only had their television to occupy them", whereas others who were able were supported to go out into the community or join in activities provided by the activities coordinator. The activities coordinator had been in post since March 2016 and was employed, not only to provide activities to people living at the service, but also to decorate the service to make it more dementia friendly and also to work on the garden area to make it more accessible to those living at the home. At the time of the inspection we saw that work had been completed on decorating the first floor and lounge areas to dementia friendly colours. An area of the corridor had been given a musical theme using old vinyl records as decorations and one of the lounges had been decorated with Chinese lanterns, pictures and the television was tuned in to Chinese programmes. We saw the home had an activities room which was decorated in artwork which people living at Abbotsford had completed. Several people we spoke with mentioned the visit from the Buddhist Temple who had brought presents for everyone and cooked a vegetarian meal. People told us how much they had enjoyed it. The registered manager and the activities coordinator spoke about the plans to make the garden area more dementia friendly and the plan was to start the work when the weather improved. We observed both staff and the activities coordinator engaging with people in the lounges. One staff member was encouraging people to partake in a game of skittles. This showed at the time of the inspection there were sufficient activities on

offer for people who were mobile, but there were not sufficient activities for people who were being nursed in bed.

Requires Improvement

Is the service well-led?

Our findings

The home was managed by a registered manager who had been in post since May 2015. 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 a 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 supported in their role by a deputy manager; both were registered nurses and were present during the inspection.

We asked people and staff what they felt about the management of the home and whether it was well led. Comments included, "The manager loves to invest in people and will push them to be the best they can be. (Registered manager) encourages staff and is inclusive." "There is an open door policy; you can always speak your mind." Another comment was, "The manager (name) is very supportive."

We asked the registered manager what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were shown copies of the audits which were being completed within the home. These consisted of both weekly and monthly checks as well as checks carried out by the assistant director on areas such as medication, infection control, care plans, care charts and training. We also viewed a system for reviewing accidents and incidents as well as complaints, however they had not picked up the fact that none of this information was available in any other language other than English despite a high number of people living at the service not having English as their first language. Staff also told us the registered manager completed spot checks on their practice to ensure they were working safely.

We saw the service sought feedback from people living at the home their relatives and visiting professionals through the form of questionnaires, none of which had been translated into the person's first language. The results from these were displayed on a noticeboard in the foyer along with two thank you cards from relatives. We spoke with the registered manager about the feedback they had received and they told us that not many relatives had completed the feedback as they tended to call into the office "ad-hoc" and voice any queries or concerns. A number of comments had been in relation to the menus and the décor of the home of which action was already being taken. We did not find that the service had sought feedback form people who used the service, however they had not translated any of the questionnaires nor responses into other languages other than English so could not gauge the response from everyone at the service and were not a true reflection of those people living at the service and/or their families.

Not having an effective system in place to assess and monitor the service was a breach of Regulation 17(1) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us the service held staff meetings quarterly. We also saw minutes from these meetings which showed the agenda and items discussed. These included, areas for improvement, identified training needs and 'discuss things related to people living at the home'. Staff told us they felt supported and worked well together as a team with one staff member telling us, "It's a good team atmosphere." Another staff member commented, "Staff are friendly. If I ask how to do something, they always support or help me.

Nurses and seniors help a lot." We spoke with the registered manager about the support they received to undertake their role. They explained that they were supported by the assistant director and the director. They went on to say, "I have an amazing team (staff members), they are so receptive and it shows. Staff feel that people are well cared for."

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

There were policies and procedures for staff to follow good practice. We looked at several policies and procedures which included safeguarding, whistleblowing, medicines, infection control, recruitment, moving and handling, accident reporting and confidentiality. These were accessible for staff and provided them with guidance to undertake their role and duties.

We asked the registered manager what their visions for the future were for the service. They told us, they were in process of developing care plans which were more person-centred and provided a realistic timescale for which these were to be implemented by. They were also looking at improving the grounds of the home by introducing an allotment for the local community to use as well as making the garden more user friendly. They were currently concentrating on implementing the changes which have been highlighted in this report in relation to the general décor and upkeep of the home. We found the issues with regards to the care plans not being person-centred at our last inspection in December 2015 and these still had not been updated at the time of this inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People had not been involved in the writing of their care plans.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The complaints procedure was not responsive to people's needs as it was not available in a format to support everyone living at the service to understand.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were not effective systems in place to assess and monitor the service.