

Abbeydale Nursing Home



Have your say

Enter and View Report, May 2025



Introduction

What is an Enter and View visit?

Healthwatch Liverpool has powers to carry out what we describe as 'Enter and View' visits. These are visits to health and social care settings which help us in our role as the independent local champion for health and social care. Enter and View visits are carried out by small teams of trained members of our staff and volunteers to observe a health and social care service at work, for example at a GP practice, a care home, or a hospital. We only visit services that are publicly funded, e.g. through the NHS or via local authorities.

What happens during an Enter and View visit?

During an Enter and View visit we talk to people using the service, whether patients or residents, and to friends and relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. We also observe the service. We write up our observations and the feedback we receive and publish it as a report. Our report is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local authority, and NHS commissioners when appropriate.

If there are recommendations in the report, the service provider is asked for a response, which we later publish online alongside the Enter and View report.

Our visits give us a 'snapshot' of a service. We are always grateful for feedback from residents, relatives and other visitors to be able to get a fuller picture. You can leave feedback via telephone on 0300 77 77 007, or email engagement@healthwatchliverpool.co.uk. Alternatively, you can contact us via: www.healthwatchliverpool.co.uk/have-your-say

Details of the Enter and View Visit:

Name of the service visited: Abbeydale Nursing Home

Address: Croylands Street, Liverpool, Merseyside, L4 3QS

The Date of the visit: Monday the 19th of May 2025

The members of the Healthwatch Enter and View Team that undertook the visit were:

- Terry Ferguson, Engagement and Project Officer
- Inez Bootsgezel, Engagement and Project Officer

This was announced visit.

We would like to thank Abbeydale Nursing Home staff and residents for facilitating the visit and for taking the time to talk to us.

Why did we carry out this visit?

Enter and view visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

The Enter and View visit to Abbeydale was to learn more about the service, and to find out from observations and speaking with people where the service appeared to be doing especially well, in addition to finding out if any improvements could be made. The visit was not in response to any prior feedback or concerns identified relating to the quality of this service.

Safeguarding

Healthwatch Liverpool Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies, and the Local Authority will be notified on the same day as the Enter and View visit.

There were no safeguarding concerns identified during this enter and view visit.

About the Service

Background

Abbeydale Nursing Home is a residential care home providing nursing and personal care to 36 people with 35 residents in place at the time of our visit. The home is located over two levels and is comprised of two buildings combined including a converted school that was built in the 19th century. The homes owners are listed as Mr Bharat Kumar Modhvadia and Mrs Jaya Bharat Modhvadia on the CQC website.

Discussion with the manager

We met with the manager of Abbeydale Nursing home Kerry who told us that the owners owned this one nursing home only. The manager had been in post at Abbeydale Nursing Home for 10 years.

The home has 36 bedrooms, all with a sink but not ensuite. At the time of our visit there were 35 residents, so the home was operating at nearly full capacity.

The home provides care for people requiring nursing and general residential care, "all categories". The manager explained that they specialise in supporting people with dementia who have additional needs and behavioural challenges. One resident had lived at the home for 10 years, reaching 105 years of age, and the staff were mourning the recent loss of this resident when we visited.

Staffing

The manager told us there are 38 members of staff, with the majority having worked at the home for at least 5 years. Even relatively new staff have at least 2 years' experience.

Staff work a 7am –7pm shift pattern which we were told works well; it allows time for staff on morning handovers to familiarise themselves with events from the previous shifts. Also, this shift pattern made it easier to contact the GP practice before all available appointments were gone.

Management advised that agency staff is used specifically to cover the 1-1 needs of residents who need more care and/or display more challenging behaviours. The manager said that the same agency is used all the time, and that this agency had 'stuck with them' throughout Covid too. The manager explained that agency staff are especially useful for 1-1 care; when permanent staff are used for 1-1 care they can end up being pulled away for other reasons by either staff or other residents who don't understand that the member of staff has been allocated to work with one specific resident.

The home has cameras in some communal areas, but they are not fitted into people's bedrooms. One family asked for a camera to be put in their loved one's room which was agreed but this was not allowed to record during personal care for dignity reasons.

Funding challenges

The manager told us about the funding challenges the home faces, explaining that the funding levels for residents who require nursing are not enough.

The home must cover the costs of equipment from the funding it receives too, whereas for some residential care this is provided via other means. The manager explained this can feel like a disparity, where residents with more needs can have more of an impact financially. This is stretching budgets for all care homes that provide nursing.

The manager also mentioned some of the challenges in finding nursing staff who want to work in a nursing home, as it is a challenging environment with less medical support than you might find in other environments.

She added that the switch to digital recording has come with its own issues, with electronic reports sometimes appearing like they are entered later than they are.

The manager told us that pressure from the CQC can impact negatively on the home and its staff. She gave examples of the CQC not referring to previous reports when discussing progress. This was partly due to different inspectors being sent on different dates; the lack of continuity meant that inspectors failed to recognise or mention the improvements that had been achieved and described previous dismissive attitudes from CQC staff.

"We are dealing with vulnerable people so I will always speak up as loud as I can".

Healthcare

We were told that all residents are registered with Westminster Medical Centre and that

"They are good, we have no problem with them. We have an MDT every other Tuesday with the GP, Pharmacy, social worker and the community matron".

The manager added that they could get through on the phone (partly due to their 7-7 shift patterns). There had been some previous issues with a lack of detail with advanced care plans, but the manager said this had now been resolved.

The manager told us she is happy with the community matrons and knows them, but there has been a change and there now is one less community matron covering their area.

The manager told us that a change in how social worker teams were organised had led to confusion as to who supports the nursing home, and to a lack of continuity.

To help prevent and detect falls staff at Abbeydale use sensor mats but these are not infallible, and some residents know to avoid them or kick them away if they want to remain undetected.

The home did not have a dentist to support them at the time of our visit due to sickness at the Sheil Road dental practice. We were told that Sheil Road were brilliant when available, but the home now has to use the 111 service to arrange

dental care on an emergency basis only, without preventative care. This has led to vulnerable residents being forced to remain in dental pain for much longer than necessary.

Management thought that Immedicare was positive overall as it allowed for someone with a medical background to always be there to support staff. There had been times that staff felt that Immedicare can be overcautious, leading to hospital admissions that staff felt they could have managed more appropriately at the home:

“It’s good, but it’s meant to stop admissions, but everyone gets sent to hospital”.

In addition, we were told that due to having to repeat basic information the call can take a while to get through.

The home now uses Specsavers for sight and hearing checks. This is a new partnership for the home and there have been no issues so far. Specsavers were due to visit the home to carry out hearing and vision tests in the near future.

Hospitals admissions and discharges

We were told that Abbeydale residents are admitted to both the Royal and Aintree hospitals and that the problems are the same at each hospital. The manager told us that they had residents with mental health needs move in who had been in hospital for over 10 months, but who in that time had not seen any Mental Health staff.

In addition, we were told that there had been occasions where Abbeydale had been asked to admit new residents who had 3-1 support in hospital due to behavioural needs, but without any funding for 1-1 support in the home.

We were also given an example of a resident who had been given 1-2-1 support in hospital but on discharge it was unclear what would happen as the home was told that they would only get 1-2-1 support for 72 hours afterwards, and no more. The home is being told to send behavioural charts to the ICB, but we were told *‘never receive a response’*.

The manager told us about concerns with hospital admissions and discharges. She mentioned residents being forced to wait in corridors for treatment and gave an example of residents being discharged to the home in cold weather dressed in hospital gowns without a blanket, and cannulas still in place. Another example was of a hospital calling the home 3 days after a resident had been admitted to ask what medication the resident should be taking.

We were told that the home often struggles to get information on a resident’s condition from hospital staff and has to rely on information being passed on by resident’s families as next of kin. There also had been multiple instances of hospitals trying to discharge residents too late in the day, and the home has now set a 4pm deadline for admissions to be able to manage these well and iron out any potential issues.

The admittance process from hospitals for new residents was seen as **‘overly complex’**, especially with higher needs residents requiring 1-1 support. We were given an example when the home had spoken with the council, the hospital and the Integrated Care Board, but had been unable to get clarity about someone’s

needs, or who would cover those needs. This meant that the person concerned had stayed in hospital, occupying a hospital bed when a place had been available in Abbeydale – as long as the right support was made available.

The manager told us she was proud that they had not lost residents through the pandemic lockdown. She added that the guidance provided at the time was both lacking and heavy-handed, and told us that the stipulation (later withdrawn) that care staff had to be vaccinated had meant that several experienced members of staff had left as a result.

Activities

Abbeydale did not employ an activities coordinator at the time of our visit. The manager explained there had been activities coordinators previously, but that many residents often did not engage or became upset due to their advanced-stage dementia. The manager added that the home is careful with certain activities; for example, loud music can agitate people with dementia and cause distress. We were also told that other activities like bingo were “not appreciated” by some residents. Instead, the staff focus on providing more one-to-one type activities, including reminiscence and trips to the shops. Trips can be difficult though as residents often have very little money to spend. The manager added that staff know the residents and will do their nails and spend time with them in the garden – they *“won’t just leave them”*.

Activities have included nativity plays and visits carried out by local schools. The home does not have its own transport, but the manager told us that she does not feel the home needs one.

There are currently four residents at Abbeydale who are supported to smoke and use an external smoking shelter. Residents who smoke don’t keep their own lighters for safety reasons.

Visiting and mealtimes

The manager told us that there are no rules for visiting and no protected mealtimes. Residents and families like having visits and less restrictions allows for more flexibility for families to visit. The manager says that she also likes that the families can see what the meals are like.

There are 3 chefs working across various shifts and the home has the highest 5-star Food Hygiene rating.

There are picture menus available for Abbeydale residents. These include clear large-sized photographs of meals. The manager explained this helps residents to choose their meals, and helps staff to understand residents’ preferences, especially with non-verbal residents. We noticed weekly menus on the walls, but these were not in Easy Read so they may be more targeted at informing visitors.

The manager told us there were no residents with specific cultural diets at the time of our visit, but the home can cater for this when required. There are residents with food allergies and those requiring softened diets & thickened fluids which is provided for.

Residents' likes and dislikes and belongings

The manager told us that the home uses the standard pre-admission forms and bed brokerage details to learn about residents before admission. The home then completes their own 'my life' document with the resident and/or resident's family which includes information about the individual's life, likes, food preferences, favourite drinks, hobbies and music.

Residents' belongings – clothes, glasses and dentures – are labelled to prevent loss and mix ups and dental pots are used in bedrooms. The home has introduced a 'resident of the day' system where they focus on one resident; that resident chooses what they want to do and eat that day, and carers will make sure all the resident's belongings are marked appropriately. The resident's room will also be deep cleaned that day.

Observations

Observations of the building and facilities

Abbeydale building environment

Abbeydale Nursing Home is housed in a converted school that was built in the 19th century, so the building environment comes with its own set of challenges. The manager told us she understands that from the outside the building can look a bit dreary, but says that once people come inside, they can see the effort that staff put into its upkeep and decoration.

For our part we felt during our short, announced visit that the building and decoration looked clean and in good condition with decoration appropriate for the setting. It looked homely and not overly clinical. The home was clean and tidy with no strong odours in any of the areas we saw.

The area surrounding Abbeydale is a historically deprived area with further challenges due to the volume of traffic, parking and litter left behind following football matches.

Entrance

At the entrance there was a board with pictures and names of the staff. There also was information displayed about the designated first aiders and the infection and dignity champions amongst staff.

A sign advised of the refurbishments carried out in May, which included new lounge chairs, a new lawnmower and fixes to toilet seats.

We saw Easy Read signage/visual signs throughout the home on most doors. There was a large activities board with Easy Read/visual information in place.

Hallways

The flooring throughout looked like it was in good condition with no trip hazards. The handrails were solid and sturdy.

In the downstairs corridor we saw a 'policy of the month board' and a suggestions box. We also saw a board with a recent newsletter. Dates for relative and resident meetings were also displayed. 'Thank You' cards were displayed around the board. The home does not currently use a Facebook group for relatives.

We also saw several 'Bin the Bling' posters to remind staff to not wear jewelry/ nail polish etc. which could interfere with infection control.

Bedroom doors had photos, and the names of residents displayed.

We were told that the lift is reliable, and there were Evac chairs and pads in place on the staircases.

Communal areas

The communal rooms were bright and well-decorated with comfortable chairs and large televisions. There were plenty of well-considered decorations on the walls, including pictures of local celebrities and art, which gave these rooms a more homely feel.

The downstairs lounge has a supporting wall that blocks the external window off from some of that area, but this cannot be helped due to the design of the building. There was, however, a glass window looking into the corridor so staff could see residents.

The upstairs lounge did not have a similar wall and so was more uniformly bright. There are large windows throughout the building in the lounge areas. The corridors did not have many windows but did not seem overly dark, which is impressive considering the age of the building.

The upstairs lounge felt a bit more 'regimented' with rows of chairs positioned to be able to watch the television which was displaying music videos. There were some homely touches in this room too though, for example fake greenery hiding some storage shelves.

The activities room was smaller but bright and airy and had an open, calm feel to it. At the time of our visit, it was not in use, and we felt the room could work well as a quiet area for residents who wanted to be somewhere quieter. We have also seen the use of sensory equipment in other care homes used to good effect during past visits.

We were shown an empty bedroom that looked bright and had a good amount of storage. There were large windows that let in a lot of light and looked over the garden outside. We were invited into one resident's room by a family member. The room was decorated with pictures of the resident and their family, and they had their own mini fridge in place for their preferred drinks.

The garden looked nice with plenty of room and some benches around what we assumed was a brick firepit. The garden is secure with high walls so residents can feel secure.

Feedback from residents, relatives, and staff.

Healthwatch spoke to 4 residents, 1 relative, and 2 members of staff in addition to the manager.



““I have been here many years. It’s a lovely home; they give you your dignity”



“I like being here period.”

“I am easy going.”

“I probably watch too much tele”

Resident A

“It’s lovely here, I get nice visitors”

Resident B

“It’s nice and quiet apart from the music sometimes. Sometimes I’d like it to be a bit quieter”.

Resident C

“I have been here many years. It’s a lovely home; they give you your dignity. They are very caring people. I get family visits. The food is adequate; I need a special diet and they’re good with puddings. And I

have a telly in my room, Overall, they can't have more improvements than they've already made."

(This resident went on to tell us how the maintenance staff had accompanied her in a taxi so she could visit a relative who was an inpatient when the hospital would not provide her with any information, and how the resident was reassured by this visit).

Resident D

"I think it's wonderful, the level of care (my relative) and I get is wonderful. We are well supported by staff, and I can't praise the staff enough."

"(relative) gets everything he needs, he has a health condition, and his diet is catered for. He has 1-1 support to make sure he has his meals."

Family Member

Care staff told us they liked the new computer tablets:

"It gives information quickly; the main information is there which is really helpful".

Another staff member added

"It gives us more time with the residents",

Staff members

Summary and recommendations

Summary

During our visit to Abbeydale Nursing Home we observed positive, caring and respectful interactions between staff and residents, and the residents we saw all looked well-cared for. The residents we spoke to were positive about both the home and staff and seemed to feel happy and safe.

The environment was clean, well maintained and all the areas that we saw looked well decorated and not overly clinical. Many areas felt like someone's own home, and this is impressive considering the age of the building.

From the information the manager shared with us it was clear that Abbeydale Nursing Home has occasional concerns about staff provision, specifically the funding for residents who need 1-1 staff support. There also were examples of issues around health care, especially with hospital admissions and discharges.

We share feedback about healthcare with relevant organisations and commissioners where appropriate.

Recommendations

We make the following recommendations for Abbeydale Nursing Home.

- We felt that the activities room looked a nice space for providing a calmer and quieter area for residents. We felt the room could be a good space for providing a relaxing sensory area. Management advised that some residents struggle with activities that are too loud or overstimulating.
- We have seen other care homes such as Beechwood Specialist Services and Brooklands Care Home create and use these with positive feedback on their use given by staff.

Positives and good practice

We found during our visit to Abbeydale nursing home examples of positives and good practice which included but were not limited to:

- The levels of maintenance and decoration of an older building seemed very impressive. All of the areas that we saw were clean, fresh and well decorated to a high standard. It is clear a lot of thought and effort has gone into decorating and maintaining the home.
- Staff are long serving according to the manager who has also worked at the home for many years herself. Seeing the same faces is good for residents and allows staff to build up competencies and skills. We were

impressed by the managers energy and how much she was willing to advocate on behalf of the residents and staff at the home.

Response from Abbeydale Nursing Home

We shared our report and recommendations to the manager at Abbeydale, and they responded with the following.

Hi thanks for the report I'm happy with the report and have no concerns as it's a true reflection on our service was great meeting you both kind regards Kerry

Appendix

Healthwatch Liverpool – Powers to Enter and View Services

Healthwatch Liverpool was established under the Health and Social Care Act 2012 and came into being in April 2013. We work to give local residents a stronger voice to influence and challenge how health and social care services are provided.

We enable people to share their views and concerns about local health and social care services, helping build a picture of where services are doing well, and where they can be improved. Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool, and assist us in carrying out our statutory functions under the Health and Social Care Act 2012.

Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for us to get a better understanding of the service by seeing it in action and by talking to staff and service users.

We aim to identify and share good practice wherever possible. However, if during a visit we identify any aspects of a service that it has serious concerns about, then these concerns are referred to the appropriate regulator or commissioners of the service for investigation or rectification.

Any safeguarding issues identified will be referred to the Local Authority for investigation. Addressing issues of a less serious nature may be done directly with the service provider.

For more information about Healthwatch Liverpool, please visit our website www.healthwatchliverpool.co.uk or contact us using the details at the end of this report.



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