

Abbeyfield Hoylake & West Kirby Society Limited

Abbeyfield Lear House

Inspection report

Lear House
17 Darmonds Green, West Kirby
Wirral
Merseyside
CH48 5DT

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Ratings

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

Summary of findings

Overall summary

About the service: Abbeyfield Lear House is registered to provide accommodation with personal care for up to 33 older people some of who may be living with dementia. The service also accommodates up to nine people in a separate building located next to the main house which is currently used for people receiving respite care. At the time of the inspection there were 25 people living in the home, which included five people who were staying for a short period of respite care.

People's experience of using this service:

Since the previous inspection the registered manager has made improvements to the service and implemented systems to ensure that people's records contained person-centred information which was relevant and up-to-date.

People told us they felt safe living in the home and that staff were always there when they needed them. Risks that people faced were now accurately assessed and recorded; those identified were safely managed. Records relating to people's safe evacuation in an emergency were now accurate and reflected current care and support needs. Medicines were now managed safely and adequate systems were in place to ensure that medicine administration records were completed accurately. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. The environment was safe and people had access to appropriate equipment when needed including during any potential emergency evacuation procedures.

The management team and staff created a warm, calm and friendly atmosphere within the home. Positive comments were received regarding the caring approach of the staff team and how well they knew people's needs. Strong, familiar and positive relationships had been developed between staff and people living in the home. Staff were motivated to deliver care that was person-centred and based on people's needs and preferences. People were treated with kindness, compassion and respect and staff interacted well with people.

Enough suitably qualified and skilled staff were deployed to meet people's needs. Staff received a range of training and support appropriate to their role and people's needs. Staff told us they received a good level of support from the registered manager and were encouraged to develop within their roles.

People's needs and choices had been assessed and planned for and guidance available for staff to deliver care in a way people preferred. People told us they received the right care and support and felt staff were well trained. The care people received reflected what was recorded within their plans and staff ensured that information recorded was relevant and up-to-date. People were encouraged and supported to eat and drink well and supported to access health care when needed. People were offered choice and control and where able consented to their care and support. Where people lacked capacity to make their own decisions they were made in their best interests and in line with the Mental Capacity Act.

The leadership of the service promoted a positive culture that was person-centred and inclusive. Good links with the community had been made in order to encourage engagement and social inclusion. Effective systems were now in place to check the quality and safety of the service and improvements were made when required.

Rating at last inspection: Requires improvement (report published 3 May 2018)

Why we inspected: This was a planned comprehensive inspection based on the rating at our last inspection.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

This service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

This service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

This service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

This service was well-led.

Details are in our Well-led findings below.

Abbeyfield Lear House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was conducted by one adult social care inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Abbeyfield Lear House is a care home. People in care homes receive accommodation and nursing or personal care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Our plan took in to account information the provider had sent to us since the last inspection. We considered information about incidents the provider must notify us about and looked at issues raised in complaints and how the service responded to them. We assessed information we require the provider to send to us at least annually within their provider information return (PIR); this provides key information about the service, what the service does well and the improvements they plan to make. We used all this information to plan our inspection.

During our inspection we spoke with eight people using the service and five family members to ask about

their experience of care. We spent time making observations of the care provided and the interactions from staff towards people. We spoke with the manager, deputy manager, senior staff including nurses and five care staff. We also looked at three people's care records and a selection of other records including those related to the quality monitoring of the service.

Some people using the service were not able to give us their views. During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Details are in our key findings below. This report includes information provided by the expert by experience and assistant inspector.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Using medicines safely

- During the previous inspection we found the provider was in breach of regulation 12 as risks to people had not always been assessed and mitigated to ensure people were safe, medicines were not always managed safely and safe evacuation equipment was not available for people in an emergency. During this inspection improvements had been made.
- Individual risks to people had been assessed and plans provided detailed information in order for staff to keep people safe.
- Staff knew people's identified risks well and were seen to support people with their physical needs and mobility in a safe way.
- Risks to people were regularly reviewed and records updated to reflect any changes identified.
- Personal emergency evacuation plans (PEEPs) now provided up-to-date and accurate information and staff had access to appropriate equipment to safely evacuate people in an emergency.
- Regular safety checks were completed on the environment and equipment people used to ensure it remained safe.
- Medicines were now safely managed by suitably trained staff. Medicine administration records (MARs) were completed correctly.
- There were now clear processes in place for recording the delivery, return and destruction of medicines in line with national guidance.
- Guidance was in place for staff to safely administer 'as required' medicines to ensure people were only given medication when needed.
- Allergies that people had were now clearly recorded in care plans and medication records.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People told us they felt safe living in the home. Comments included, "I feel safe because the staff are efficient," "I feel safe because the staff are very good" and "I feel safe because the staff don't open the door unless they know who it is, and they check on me at night." One family member told us, "[Relative] is safe here, I am not at all worried about her here."
- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm. Staff were confident about how to report safeguarding concerns.
- The service kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise future occurrences.
- There were enough suitably qualified and skilled staff deployed to meet people's needs. The service had a low turnover of staff which meant people were being supported by staff who knew them well.
- Safe recruitment processes continued to be followed.

Preventing and controlling infection

- Staff told us they had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.
- Staff were seen to use personal protective equipment (PPE) when required.
- All areas of the home were clean and well-maintained.

Learning lessons when things go wrong

- The service kept a record of incidents that had occurred which were reviewed monthly by the provider. Information was collated and reviewed externally to help identify patterns and theme to help prevent further incidents occurring.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Assessments were completed prior to people moving into the home to ensure staff were able to meet their needs. Information was gathered from other health and social care professionals to help complete these assessments.
- Assessments of people's care needs were completed in good detail and provided guidance for staff in order to follow to support people based on their needs and choices.
- People were involved in the assessments of their care needs; we observed that staff ensured their needs and preferences were listened to and recorded within their care plans.
- People told us, and family members agreed, that staff knew them well and how best to meet their needs. Comments included, "The staff are very good, they know what I need" and "The staff are absolutely competent."
- Where people required support from healthcare professionals this was recorded within their care plans and advice given was followed by staff.
- Records were maintained to evidence such referrals and any advice given. However where one person's needs had changed their care plan had not been updated in a timely manner. Staff were verbally updated to ensure their current and up-to-date needs were known. We discussed this with the registered manager and records were updated by the end of the inspection.

Staff support: induction, training, skills and experience

- Staff were seen to be competent, knowledgeable and skilled in their role and supported people effectively.
- Newly recruited staff continued to receive a detailed induction and on-going training relevant to their role and people's needs.
- Staff told us they felt supported in their role and were able to discuss any learning and development needs through regular one-to-one meetings.

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

- People spoke positively about the food provided. Comments included, "The food has been good so far, yes very good I would say," "The food is absolutely superb. If I don't like something they always find me something else" and "The food is alright." One family member told us "[Relative] enjoys the food, we are always offered tea and biscuits when we visit."
- People were supported to maintain a healthy balanced diet and were provided with regular food and drinks throughout the day. Where required staff supported people at meal times and took time to encourage people to eat and drink.

- A drinks station had been set up in the dining room with a variety of choices to encourage people to drink often and reduce the risk of dehydration.
- Staff were aware of those who required their food and drink intake to be monitored throughout the day and relevant charts were completed within a timely manner. Charts were reviewed by senior staff and the registered manager to ensure people received enough food and drink.

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

- At the time of inspection the service was in the process of renovating the garden. Plans included a small café for people and family members to access with a kitchen for them to use. The registered manager also told us they were looking to create a small bowls area to encourage people to take part in physical activity outside.
- A lift had been installed to enable people to access the garden which was on a lower floor to the main building.
- Some adaptations had been made to environment to support people living with dementia. There were pictorial signs around the home that provided direction to main rooms such as bathrooms.
- Memory boxes had been made and fitted outside people's rooms to help them identify their room and prompt conversations with staff and visitors.
- Other areas such as a sensory garden and 1950's lounge area had been developed to help provide areas of relaxation and stimulation.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack the 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 the 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.

- People told us they were always offered choice and control over the care they received. Comments included "Yes staff always ask me before they do anything, it is always my choice," "Yes I get a choice" and "Staff don't do anything I don't want them to do."
- Records evidenced that where able to people provided consent for care and treatment.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation to ensure decisions made on behalf of people were lawful.

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.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People spoke positively about the caring attitudes of staff. Comments included, "The staff are very good, very friendly," "The staff are kind and caring, if I have a problem with my iPad someone will always help me," "The staff are good, and I mean very good. They have the patience for the job" and "The staff talk to you and they listen to me. I have a bit of fun with them."
- Staff were observed to be kind, caring and compassionate towards people and provided support when needed or asked for.
- Staff knew people well and displayed positive, warm and familiar relationships when interacting with them.
- Staff understood and supported people's communication needs and choices. Staff were seen to observe body language, maintain eye contact and listen patiently when speaking with people.
- People told us family members could visit whenever they wanted to and were always made to feel welcome by staff. One relative told us "Staff always make us feel welcome, we can visit whenever we want. It's a lovely atmosphere."
- People, along with family members, were encouraged to share their views about the care received with regular reviews and meetings.
- People told us their views were always listened to and felt part of the decisions made about their care. Comments included, "Yes staff always ask me what I want" and "I have a meeting with staff and we talk about my care, I always say what I want."

Respecting and promoting people's privacy, dignity and independence

- We saw many examples of staff treating people with dignity and respect and providing compassionate support in an individualised way that made people feel at ease. Staff provided support and comfort to people who were upset and anxious to help them relax.
- Staff ensured that people were clean and well-presented especially after meal times and when providing support with personal care.
- People's right to privacy and confidentiality was respected; staff ensured they delivered personal care to people in private. People told us staff always knocked on doors and waited for a response before entering bedrooms and bathrooms.
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.
- People were given choice and control in their day-to-day lives and supported to maintain their independence wherever possible.

- People were supported to maintain and develop relationships with those close to them, social networks and the community.

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.

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

- People received person-centred care that was based on their individual needs. Staff knew people's likes, dislikes and preferences and provided care and support in the way they wanted.
- Care records were detailed and person-centred and contained relevant and up-to-date information regarding people's needs. The registered manager ensured that staff had access to the most up-to-date information.
- Staff were seen to be responsive to people's needs and ensured that support was provided when needed. People had access to call bells to alert staff if they needed support from staff. People told us staff were quick to respond if they needed help. Comments included, "Staff come when I need them, I don't seem to wait too long" and "The staff are really good, they always come if I need them."
- The service continued to meet the communication needs of people with a disability or sensory loss in line with the Accessible Information Standards to ensure people had access to any relevant information about their care.
- People were supported to access a range of activities on a regular basis both inside the home and out in the community.
- At the time of our inspection a local nursery group had visited which appeared to have a very positive impact on people; they told us they enjoyed these visits which occurred on a regular basis.
- People spoke positively about the new developments within the garden and were looking forward to being able to access it when completed.
- Events were organised on a regular basis which the registered manager invited members of the local community to. This helped to encourage socialisation for people both within the home and in the community.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experience of care and were provided with a range of accessible ways to do this.
- People and family members were given information about how to make a complaint. People told us they hadn't needed to make a complaint but felt confident in doing so if needed. Comments included "I don't have any complaints," "I have no complaints but if I did I would speak to [manager]" and "I have only had to mention that some clothes go astray but that seems to have improved. If I had to complain I would speak to [manager]."
- The service maintained a record of any complaints made; only one had been recorded since the previous inspection.

End of life care and support

- At the time of inspection no-one using the service was in receipt of end-of-life care. However, people were supported to make decisions about their preferences for end-of-life care
- The service followed a nationally recognised programme to ensure people at the end of their lives received the best care possible.
- The registered manager was in the process of compiling an end-of-life box containing items to help with relaxation such as aromatherapy, sensory items and music.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- During the previous inspection we found the provider was in breach of regulation 17 because systems in place to monitor the quality and safety of the service were not always effective. During this inspection improvements had been made.
- Systems were now in place to ensure regular checks were completed on care records so that all recorded information was relevant and up-to-date.
- Other effective systems were now in place to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team to identify areas of improvement.
- Members of the executive committee completed regular inspections of the service and actions were created for the registered manager to complete.
- The service was well run with a clear management structure in place. The registered manager was supported by a general manager and team of senior care staff.
- Staff told us they felt well supported by the registered manager and were confident discussing any issues and concerns in an open manner.
- Most people knew who the registered manager but some were unsure due to the role of the general manager. However everyone we spoke with told us they knew who to speak to if they had any concerns and were confident the home was being well managed.
- The registered manager was aware of their legal responsibility to notify CQC about certain events and submitted notifications when required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Managers promoted a culture of person-centred care by engaging with everyone using the service and family members.
- Managers and staff created a warm and friendly atmosphere which made people and visitors feel relaxed and welcome.
- The registered manager was visible about the home and seen to regularly engage and chat with people in a genuinely kind and caring manner.
- Staff understood the registered manager's vision to provide the best care that people deserved and were keen to implement this within the home. One staff member told us "[Manager] wants people to receive person-centred care, social inclusion, maintain dignity and respect and make a happy life for people."
- Staff told us they were happy working at the home; they felt the atmosphere was friendly and all staff got

on well with each other. Staff supported each other and described good team work. One staff member told us "We are quite lucky. We have a good mix of ages and personalities. We all enjoy coming to work and we know each other really well."

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

- The service involved people and family members through meaningful discussions about the care and any developments within the service. People told us about the changes being made to the garden and the new café. People had been asked for ideas on names and were clearly excited about the changes being made.
- The registered manager was keen to include members of the local community in events held at the home. People from the sheltered accommodation next to the home were regularly invited and encouraged to engage with people to help with social inclusion.
- The management team and staff worked closely with other agencies and community groups to achieve good outcomes for people.
- Staff told us they felt included in decisions made and were regularly asked their views on any changes or developments.