

Abbey Lawns Ltd

# Abbey Lawns Care Home

## Inspection report

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Date of inspection visit:  
08 January 2018  
09 January 2018

Date of publication:  
01 March 2018

## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

This inspection took place on 8 and 9 January 2018 and was unannounced.

Abbey Lawns is a privately owned 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Abbey Lawns Care home provides both nursing and personal care for up to 61 people who have a range of care needs. At the time of the inspection there were 61 people living in the home.

The home had a registered manager in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had also began in post on the day of the inspection and told us following a period of induction from the current registered manager, they would then apply to become the registered manager

In December 2016, the provider was found to be in breach of regulations and the service was rated as inadequate and placed in special measures. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

In July 2017, we undertook another inspection and found that some improvements had been made but the provider was in breach of regulations. Following this inspection we imposed conditions on the provider's registration to help keep people safe and these are still in place. The service was rated as requires improvement overall, but was again rated as inadequate in the well-led domain. This meant that the service remained in special measures.

Following this inspection the registered provider provided us with an action plan to show what actions would be taken to ensure regulations were met. The action plan stated that all actions would be met by 1 January 2018. During this inspection we looked to see if improvements had been made. We found however, that the registered provider was still not meeting legal requirements and was in breach of regulations in relation to risk management, medicines management, seeking consent, safe recruitment, staff support systems, care planning and the governance of the service.

The overall rating for this service is 'Inadequate' and the service therefore remains in 'special measures.' The service will be kept under review and, if we have not taken immediate action to propose to cancel the

provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

In July 2017 we found that risk to people was not always accurately assessed as people's personal emergency evacuation plans (PEEPs) did not provide sufficient information to be able to evacuate people safely from the home. During this inspection, we found that that risk was not always accurately assessed and information was inconsistent throughout some people's risk assessments. We also found that when risk to a person was identified, such as significant weight loss, appropriate action was not always taken. We also saw that PEEPs still did not contain sufficient detail to enable people to be safely evacuated and some contained inaccurate information regarding people's needs. Sufficient improvements had not been made and the provider was still not meeting legal requirements.

At the last inspection we found that safe recruitment processes were not always adhered to. During this inspection we found that not all safe recruitment practices were evident within the staff files we viewed. Sufficient improvements had not been made and the provider was still not meeting legal requirements.

In July 2017 we found that the audit system in place to monitor the quality and safety of the service was ineffective. During this inspection we found that audits did not identify all of the concerns that we highlighted during the inspection and were still not effective. We also found that although the provider was in the home on a regular basis, there was no evidence of any checks or audits they completed. Sufficient improvements had not been made in this area and the provider was still in breach of regulation.

In July 2017 we found that not all care plans provided sufficient detail to ensure staff had the required information to meet each person's needs. During this inspection, we found that although some care plans were detailed, not all of the care plans we reviewed were reflective of people's current needs. Sufficient improvements had not been made and the provider was still in breach of regulation regarding this.

We looked to see how medicines were managed within the home they were not always managed safely. Protocols were not in place to enable staff to safely and consistently administer medicines prescribed as and when needed and we saw that guidance regarding administration was not always followed to ensure medicines were administered safely.

Care files we looked at showed people received advice, care and treatment from relevant health and social care professionals to help maintain their health and wellbeing. We found however, that not all advice was sought in a timely way.

The provider had a range of policies and procedures in place; however some were not accurate and required updating. Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had.

Applications to deprive people of their liberty had been submitted appropriately. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, we found that consent was not always gained in line with the principles of the Mental Capacity Act 2005.

Records showed that staff received an induction, supervision and an annual appraisal and staff we spoke with told us they felt supported. We found however, that not all mandatory training had been recorded as completed.

At the last inspection we found that not all planned care was evidenced as recorded. During this inspection we saw that improvements had been made and records showed that care identified within care plans had been provided

People told us they felt safe living in Abbey Lawns and we found that safeguarding procedures were followed to help ensure people remained safe. There were sufficient numbers of staff on duty to help ensure that people's needs could be met in a safe and timely way. Arrangements were in place for checking the environment and equipment to help ensure it was safe. We found that the home was clean and well maintained.

We asked people about the food available within the home and people told us they enjoyed it. People's dietary needs were catered for and support was available to assist people when required.

People and their relatives told us staff were kind and caring and treated them with respect. Although people told us staff were caring, we found that the provider had not fully addressed risks that had been identified at previous inspections. This does not demonstrate a caring approach.

Interactions between staff and people living in the home were warm, friendly and familiar. Staff spoke to people in a way each individual could understand to ensure their needs were known and could be met. We also observed people's dignity and privacy being maintained and their independence being promoted.

It was clear through observations and discussions that staff knew the people they were caring for well. Care plans included some information regarding people's individual preferences in relation to their care and support; however the amount of detail recorded regarding people's preferences varied.

We saw relatives visiting throughout both days of the inspection and people told us their visitors were always made welcome.

A range of activities were available both within the home and the local community and people told us they were happy with the activities offered.

People were aware of the complaints policy and how to raise any concerns they had.

Staff told us they worked well together as a team and felt able to raise any issues they had with the management. Systems were in place to gather feedback regarding the service, such as meetings, surveys and suggestion boxes.

Ratings from the last inspection were displayed as required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Risk was not always accurately assessed or acted upon once identified. Medicines were not always managed safely.

Safe recruitment practices were not always adhered to.

There were sufficient numbers of staff on duty to meet people's needs.

Safeguarding procedures were followed when required.

Arrangements were in place for checking the environment and equipment to help ensure it was safe.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Not all staff had completed training considered mandatory to ensure they could meet people's needs.

Consent was not always gained in line with the principles of the Mental Capacity Act 2005. However, applications to deprive people of their liberty had been made effectively.

People received support from relevant health and social care professionals. However, advice was not always sought in a timely way.

Staff received an induction, supervision and an annual appraisal to support them in their role.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Although people told us staff were caring, we found that the provider had not fully addressed risks that had been identified at previous inspections. This does not demonstrate a caring approach.

Interactions between staff and people living in the home were warm, friendly and familiar. People's dignity and privacy was maintained and their independence was promoted.

We saw relatives visiting throughout the inspection and people told us their visitors were always made welcome.

### Is the service responsive?

The service was not always responsive.

Although some care plans were detailed, not all care plans were accurate or reflective of people's current needs.

Care plans contained consent forms and evidence of meetings with family members to discuss and agree plans of care. Care plans showed that planned care had been provided.

A range of activities were available both within the home and the local community and people told us they were happy with the activities offered.

People were aware of the complaints policy and how to raise any concerns they had.

**Requires Improvement** 

### Is the service well-led?

The service was not well-led.

Systems in place to monitor the quality of the service were not effective. There was no evidence of provider oversight of the service.

The action plan in place had not been accurately completed and did not reflect actions that still required completion.

Not all policies were accurate and up to date.

Systems were in place to gather feedback regarding the service.

Ratings from the last inspection were displayed as required.

**Inadequate** 

# Abbey Lawns Care Home

## **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 8 and 9 January 2018 and was unannounced. The inspection team included an adult social care 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.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We reviewed information sent to us from members of the public and we also contacted the commissioners of the service to gain their views.

We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, the new manager, the maintenance person, three members of the care team, the activity coordinator, seven people living in the home and three relatives.

We looked at the care files of four people receiving support from the service, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various times during the inspection.

# Is the service safe?

## Our findings

During the last inspection in July 2017, we found that the provider was in breach of regulations and the safe domain was rated as 'requires improvement.' The breaches were in relation to risk management and safe recruitment of staff.

In July 2017 we found that risk to people was not always accurately assessed as people's personal emergency evacuation plans (PEEPS) did not provide sufficient information to be able to evacuate people safely. During this inspection we looked to see if the necessary improvements had been made and found they had not.

We viewed the personal emergency evacuation plans (PEEPs) and found that not all of these were accurate. For example, one person's PEEP we viewed stated that the person was able to communicate their needs in the event of an emergency. However, the rest of their care file reflected that they were not able to communicate verbally at all and staff we spoke with confirmed this.

We also saw that not all PEEPs provided sufficient information. For instance, one person's PEEP lacked information as to how they would be supported down the stairs in the event of an emergency, as they were unable to mobilise. It also informed staff that if a fire broke out at night, they were to ensure the bedroom door was secure and await the assistance of the fire brigade. It is however, the responsibility of the provider to have a plan in place to enable all people to be safely evacuated from the home should this be necessary. This meant that staff may not have access to essential information to enable them to support people safely in the event of an emergency. We shared these concerns with Merseyside Fire and Rescue Service.

During this inspection we looked to see if the necessary improvements had been made in regards to risk assessment had found that they had not. Sufficient improvements had not been made and the provider was still not meeting legal requirements in this area.

We found that risk assessments had been completed in areas such as nutrition, pressure areas, falls, smoking and use of bed rails. We found however, that risk was not always accurately assessed. For instance, one person's falls risk assessment reflected that they had not had any falls. However the evaluation of the risk assessment recorded two previous falls. This showed that the risk assessment had not accurately identified risk to the person.

Another person's pressure area risk assessment inaccurately reflected the person's continence needs, which led to the wrong score being identified. We also saw that risk assessments were not completed consistently for people. For instance, one person's pressure area risk assessment reflected that they were above average weight, but their nutritional risk assessment correctly identified that they were of an average weight. This meant that risk was not accurately or consistently assessed

During the inspection we found that when risk to a person was identified, appropriate action was not always taken. We looked at records regarding people's weight monitoring and saw that six people had a significant



weight loss recorded but no action had been taken in relation to this. We discussed this with the registered manager and the newly appointed manager, but neither were aware of the weight losses. The manager advised that it may have been due to an issue with the scales which had been repaired recently, so we requested that these people have their weight checked again. On the second day of the inspection, we saw that two of these people's weight had been rechecked and a significant loss was still evident. Staff had used the new weight recording and completed a newly implemented electronic nutritional risk assessment tool. However, we found that these had not been completed accurately and did not reflect the actual amount of weight people had lost. For instance, we asked for one risk assessment to be recalculated and the percentage of weight loss increased from 5.2% to 11.8% and another person's from 2.4% to 14.4%. This meant that risk had not been assessed accurately and actions had not been taken to mitigate the risk. Staff made referrals to the dietician for advice on the same day.

Sufficient improvements had not been made and the provider was still not meeting legal requirements in this area.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in July 2017 we found that safe recruitment processes were not always adhered to, as not all staff files contained photographic identification, disclosure and barring service (DBS) checks were not always made by the provider prior to employment and risk assessments were not always completed when potential risks were identified in the recruitment process.

During this inspection we looked to see if improvements had been made in this area. We found that two of the four files viewed did not contain photographic identification of the staff members. Although all files contained references, one file did not have a reference from the most recent employer which would have been the most appropriate reference to have obtained. We also saw that one file evidenced gaps in the staff member's employment history but the reason for these had not been recorded.

All files we viewed contained evidence of a Disclosure and Barring Service (DBS) check. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. We found however, that one person's check had been completed by their last employer five months prior to commencing in post at Abbey Lawns. This meant that the provider did not have up to date information to assist them with safe recruitment decisions. The registered manager told us a new DBS check had recently been applied for. By the end of the inspection, the registered manager told us the files had been updated and now included full employment histories and photographic identification.

Sufficient improvements had not been made and the provider was still not meeting legal requirements in this area.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked to see how medicines were managed within the home and saw that they were not always managed safely. Medicines were stored securely in a locked clinic room and the temperature of the room was monitored daily and we found that this was within the recommended range. If medicines are not stored at the correct temperature, it can affect how they work.

We found that not all medicines were booked in accurately, so we were unable to audit some of the medicines, including one medicine susceptible to abuse. The stock balance of controlled drugs we checked were correct. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. We found however, that not all stock balances we checked were accurate. For example, one MAR chart showed that 30 medicinal patches had been received into the home for a person; they had been signed as administered 19 times, but we found that there were still 42 in stock. This meant that accurate records regarding medicines were not maintained.

Some MAR charts contained a number of medicines that had no signatures to show they had been administered. We discussed this with staff, who told us that these medicines had been discontinued and were no longer required, but this was not clear from the charts and could be confusing for staff. There was a risk that discontinued medicines may be administered if they were available.

Not all people's allergies were recorded on the MAR charts. This meant there was a risk people could be given a medicine they were allergic to. Protocols were not in place to guide staff when to administer medicines prescribed on a PRN (as and when required) basis. For example, one person had been prescribed a PRN medicine to be administered when they became agitated. Staff were to monitor the person's behaviour and administer the medicine when required. However, there was no guidance available as to when to administer it. This meant there was a risk the person may not receive this medicine consistently or when required.

Medicines were not always given safely, or as prescribed. For instance, one person's MAR chart showed they were prescribed a medicine which contained paracetamol. It provided clear instruction that this was not to be administered with any other product that contained paracetamol. We found however, that the person was also prescribed and administered paracetamol. We discussed this with the new manager who contacted the person's GP for advice during the course of the inspection.

The training matrix we viewed showed that staff had completed training in relation to medicines management; however we found that only one competency assessment had been fully completed. This meant that staff had not been assessed to ensure they were able to administer medicines safely.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All people we spoke with who lived in the home, told us they felt safe living in Abbey Lawns. Comments included, "Yes I'm safe and you are never on your own", "There is always someone here and there are cameras outside" and "If I press the buzzer they [staff] come." Relatives we spoke with agreed and one confirmed, "Yes, it is safe here."

We spoke with staff about adult safeguarding and how they would report any concerns they had. All staff we spoke with were able to explain different types of abuse and describe how they would deal with any safeguarding concerns. Responses were appropriate and in line with safeguarding procedures. Contact numbers for the local safeguarding team were available to everybody within the home and staff we spoke with had completed safeguarding training. This helped to ensure that referrals could be made to relevant organisations. There had not been any safeguarding concerns reported since the last inspection.

We looked at how accidents and incidents were managed and found that they were recorded and reported appropriately. An audit of incidents was completed each month to establish any potential themes or trends and enable action to be taken to learn from incidents and prevent recurrence.

The provider had policies and procedures in place to help protect people from discrimination as required under the Equality Act 2010. These policies included equality and diversity, harassment and bullying and the recruitment policy reflected that the provider was an equal opportunities employer. A resident's charter was also in place which described people's rights and explained that people would be treated with respect and courtesy regardless of their gender, religious beliefs sexual orientation, ethnic origin or health problems.

The provider also had a whistleblowing policy in place, which encouraged staff to raise any concerns they had without fear of repercussions. No whistleblowing concerns had been raised.

We looked at how the home was staffed. One person told us they felt there were not always enough staff on duty overnight, they said, "There isn't as many staff at night, they seem to be a bit short of night staff." However all other people told us there was enough staff and that they responded quickly if they needed help. One person told us, "If I press the buzzer they come" and another person said, "Yes there is always someone here." During the inspection we found that there were sufficient numbers of staff on duty and we observed people's needs being met in a timely way. We saw that people who required support to eat were not rushed and we saw call bells were answered quickly.

Arrangements were in place for checking the environment and equipment to help ensure it was safe. For instance, we saw certificates which showed external checks had been made on the gas, electrics, lifting equipment, emergency lighting and fire alarm systems and these checks were in date. Regular internal checks were also made and recorded in areas such as water temperatures, fire extinguishers, emergency escape routes and portable appliance testing.

When we looked around the home we found that it appeared to be clean. Communal bathrooms contained liquid soap and hand towels in line with infection control guidance. We saw that personal protective equipment such as gloves and aprons were available and worn appropriately and sanitiser gel was available around the home to help prevent the spread of infection.

## Is the service effective?

### Our findings

At the last inspection in July 2017 we found that the registered manager did not have a system in place to monitor which staff had completed training they considered mandatory. We also found that despite training, not all staff had the required knowledge in some areas. We made a recommendation regarding this.

During this inspection we looked to see how staff were supported in their roles. Records showed that staff received an induction, supervision and an annual appraisal and staff we spoke with told us they felt supported.

We found however, that not all mandatory training had been recorded as completed. We reviewed the training matrix provided to us which the registered manager told us was up to date. This showed that 24 out of the 67 staff listed on the matrix had not received fire safety training. No fire safety training or fire drills had been recorded for care staff who worked at night. The registered manager confirmed that no fire drills had been conducted with night staff and that they would arrange for this to take place.

Not all of the staff had completed moving and handling training. The matrix showed that no staff had completed first aid training and although most staff had completed safeguarding training, it reflected that the maintenance staff did not require safeguarding training. The registered manager and new manager agreed that they did require this training and would arrange for this to take place. Although most staff we spoke with told us they had completed a lot of training, one staff member told us they, "Could do with more training." This meant that staff may not have the knowledge and skills required to meet people's needs effectively.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that 10 DoLS applications had been made appropriately to the local authority and one authorisation was in place which was clearly reflected within the person's care file.

When able, we saw that people had signed to show their consent in areas such as photography and care planning. When there were concerns about the person's ability to provide consent due to memory difficulties, we saw that mental capacity assessments had been completed as required.

We found however, that when these assessments showed that people lacked the capacity to make a specific decision, there was not always a clear decision recorded in their best interest. For example, one mental capacity assessment showed the person was unable to consent to living in the care home. There was no best interest decision recorded, however an application to deprive the person of their liberty had been submitted appropriately.

We also found that consent was not always recorded in line with the principles of the MCA. For instance, one person's file contained a consent to care planning record which had been signed by the person's next of kin. There was no evidence that the next of kin had a legal right to provide consent on the person's behalf. We discussed this with the registered manager who told us that they understood family members could provide consent if the person was unable to.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans we viewed showed that people's needs were assessed prior to moving into the home. This helped to ensure that staff knew people's needs from the day they moved in. We saw that when required, equipment was provided to people in order to ensure they received effective care and support. This included the use of hoists and specialist wheelchairs, as well as individual adaptations. For example, one person used adapted cutlery to help support their nutritional intake.

People living in the home were supported by staff and other health professionals to maintain their health and wellbeing. Care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, dietician, optician, speech and language therapist and diabetic nurse. For instance, one person's care file reflected that their health condition had deteriorated and staff had contacted the GP for advice and treatment. People we spoke with confirmed that they saw a doctor quickly if they were unwell. We found however, that not all advice was sought in a timely way. For instance, one person's file recorded that they had lost weight, but a referral to the dietician had not been made for advice and support.

Care files also showed that people had their health monitored regularly by staff within the home. For instance, when needed, people had their blood pressure, temperature and blood sugar monitored. This helped to ensure people's health and wellbeing was maintained.

We asked people about the food available within the home. People told us they enjoyed the food and their comments included, "The food is gorgeous, gorgeous. I have a sweet tooth; I like the puddings" and "The food is good I chose my own food." People told us and we saw, that drinks and snacks were provided regularly throughout the day. One person told us, "Yes we have biscuits tea and coffee and the meals are nice." Relatives we spoke with agreed that there was a good choice of nice food available. One relative told us, "I like the food they [staff] give plenty."

We observed the lunch time meal in the main dining rooms and saw that staff were available to support people with their meals when required. We saw that meals were provided based on people's nutritional needs and preferences. For instance, was person was served a soft diet and another person had a vegetarian meal. Menu's showed that meals were varied over a four week rota and there were a range of alternatives available. One person we spoke with told us staff went out of their way to meet their food preferences, as they did not like the brand of a cereal in the home, staff went out and bought their preferred brand of the cereal.

We saw that cold drinks and fruit were available in the lounge area and some people had their own fridges in

their rooms to store additional snacks and drinks.

We observed the environment of the home and found that adaptations had been made to meet people's needs and preferences. For instance, a passenger lift was available to all floors and bedrooms were personalised and had been decorated and furnished to people's individual taste. There were different spaces available within the home where people could choose to spend their time, such as a large communal lounge or a quieter room that was often used for activities or family parties. There was a large garden available for people to use and we were told barbeques were held out there when the weather allowed.

The home is situated close to two local football stadiums and we were aware that parts of the homes grounds were used for parking on match days. One person told us they chose not to use the garden on those days as they were afraid of cars coming too close, but another person told us they enjoyed standing outside and chatting to the people who parked their cars there, about the football games.

## Is the service caring?

### Our findings

People living at the home told us staff were kind and caring and treated them with respect. One person told us, "We have caring staff", another person said, "They [staff] are very kind to me" and a third person told us, "Yes, the staff are lovely actually." Relatives we spoke with all agreed that staff were caring and one relative told us, "They [staff] are always willing to listen."

Although people told us staff were caring, we found that the provider had not fully addressed risks that had been identified at previous inspections. This does not demonstrate a caring approach.

During the inspection we observed interactions between staff and people living in the home that were warm, friendly and familiar. We heard staff speak to people in a respectful way and were quick to offer support when needed. Staff spoke to people in a way each individual could understand. Staff also encouraged people to communicate effectively in order to ensure their needs were known and could be met. For example, one person, who was not able to communicate verbally, used a letter board to ensure staff could communicate with them effectively.

We saw that people's dignity and privacy was respected by staff during the inspection. For example, we observed staff knock on people's bedroom doors before entering. Staff we spoke with told us how they helped to maintain people's dignity and privacy when providing personal support. For instance, ensuring doors and curtains were closed and informing people what was happening so they felt comfortable. We also saw that people's confidential information within their care files was stored securely in order to maintain people's confidentiality in line with the Data Protection Act.

Staff we spoke with told us they encouraged people to be as independent as possible and this was reflected within care plans we viewed. For example, a personal care plan we viewed provided details as to what the person required support with and what they should be encouraged to do for themselves. The plan also reminded staff to encourage the person to make their own decisions when able, such as what clothes to wear.

It was clear through observations during the days of the inspection and discussions with staff, that staff knew the people they were caring for well. Care plans we viewed included some information regarding people's individual preferences in relation to their care and support. For instance, one person's care plan reminded staff to ensure subtitles were switched on, on the person's television. Another person's personal care plan advised staff that the person enjoyed bubbles in their bath water. We found however, that the amount of detail recorded in the care plans regarding people's preferences varied.

The registered provider shared information regarding the service to assist people in decision making. Information was displayed within the home, such as a complaints policy and safeguarding information. There was also a resident's charter available. This helped to ensure that people were provided with information as to what they could expect from the service. Information regarding advocacy services was also available to support people who did not have friends or family to assist them with decision making.

We saw relatives visiting throughout both days of the inspection. The registered manager told us there were no restrictions in visiting, which encouraged people to maintain relationships that were important to people. People we spoke with confirmed their relatives could visit at any time and that they could visit in private if they chose to. A relative told us, "I asked if I could go to a private room to talk about private matters and they [staff] said yes."



## Is the service responsive?

### Our findings

At the last inspection in July 2017, we found that the provider was in breach of regulations and the responsive domain was rated as 'requires improvement.' This was because there was a lack of accurate, detailed and person centred care plans. During this inspection we looked to see if improvements had been made and whether the provider was meeting legal requirements.

In July 2017 we found that not all care plans provided sufficient detail to ensure staff had the required information to meet each person's needs. During this inspection, we found that although some care plans were detailed, not all of the care plans we reviewed were reflective of people's current needs. For instance, one person's care file recorded that they had been seen by a GP recently due to deterioration in their health and medication had been prescribed to help support them when they became agitated. We found that this information had not been transferred into the relevant care plans.

Another person's file contained a letter from a dietician which made recommendations for changes to the person's diet and the need for supplementary build up milkshakes in order to maintain their weight. We found however, that this information was not reflected within the person's nutritional care plan.

Not all care files we viewed contained clear and consistent information regarding people's needs. For instance, one person's file contained a pressure area care plan that was pre-printed with generic statements. It provided advice to staff on what to do if a person's skin began to deteriorate and they developed a pressure sore. It did not reflect that the person had pressure sores. We found however, that this person had developed pressure sores and had a separate wound management file with detailed plans regarding this. This meant that not all care plans provided accurate and consistent information and could be confusing for staff.

We found that sufficient improvements had not been made and the provider was still in breach of regulation regarding this.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we also found that not all planned care was evidenced as recorded. During this inspection we saw that improvements had been made and records showed that care identified within care plans had been provided. For example, one person's file reflected that they required support to reposition every four hours to provide relief to their pressure areas. Records showed that this care had been provided. Another person's health plan showed that they required regular blood sugar checks prior to their medicine being administered and we saw that these had been completed.

Care plans contained consent forms and evidence of meetings with family members. This showed that people and their relatives were involved in the creation and review of care plans. People we spoke with were aware of their care plans and told us that they or their family members, were involved as much as they

wanted to be. One person told us, "[Staff] help me agree a care plan." A relative we spoke with told us, "Every couple of months I see my [family members] care plan, [staff] explain it all to you and are very approachable about everything." Another relative said, "We have meetings and chats about our relatives care and we can just visit whenever we feel like."

We looked at the activities available within the home and people told us they were happy with the activities on offer. One person told us, "I like the activities; I like to draw pictures." An activities coordinator was employed four days per week, who created a schedule of activities that was advertised within the weekly newsletter for the service. Activities included arts and crafts, poetry writing, singing and films as well as trips into the local community and outings on the minibus.

A library exchange system had been developed in the home and external entertainers such as singers visited each week. The activity coordinator told us they held a party each month to celebrate people's birthdays that month and parties were held to celebrate significant events, such as Christmas, Easter and St Patrick's Day. The activity coordinator also told us that they provided one to one activities for people who were unable, or did not want to participate in group activities.

People told us they were supported to undertake activities of their choice, including those that met their religious needs. One person told us, "I go to church on a Sunday; a man comes to pick me up and take me."

People we spoke with told us they knew how to make a complaint should they need to. One person told us, "Yes [staff] always listen to me, I've never needed to make a complaint." We looked at how complaints were managed within the service. A complaints policy was available and this was on display for people to access. The registered manager maintained a complaints log and we saw that there had not been any formal complaints since our last inspection.

During the inspection we saw that technology was used when required to help support people and help maintain their safety. For example, people who were at risk of falls had a falls sensor in place in their bedrooms. This alerted staff when people mobilised, so that they could provide support in a timely way and help prevent falls. Call bells were also available to people in their bedrooms to enable them to call staff when they required support. This helped to ensure that people's needs could be met in a timely way.

We looked at how people's needs were met at the end of their life. Care plans we viewed showed that people's basic wishes had been sought and recorded regarding their end of life care, such as funeral arrangements. The training matrix also showed that staff had completed training to enable them to support people effectively at these times.

## Is the service well-led?

### Our findings

At the last inspection in July 2017, we found that the registered provider was in breach of regulations and the well-led domain was rated as 'inadequate.' The breaches of regulation were in regards to the governance of the service and how it was managed. During this inspection, we looked to see if the provider was now meeting legal requirements and found that they were not.

The home had a registered manager in post. A new manager had also begun in post on the day of the inspection and told us following a period of induction from the current registered manager; they would then apply to become the registered manager

In July 2017 we found that the audit system in place to monitor the quality and safety of the service was ineffective. During this inspection we looked to see if improvements had been made. We saw that audits were completed in a range of areas, such as medicines management, falls, staff files, meeting minutes, maintenance and care planning. However, these audits did not identify all of the concerns that we highlighted during the inspection. For example, the medication audits that had been completed did not identify any concerns; however we noted a number of concerns during the inspection with how medicines were managed.

We found that some actions identified within the audits had been signed off as completed, however we found that they were not. For instance, a staff file audit recorded an action for photographic identification to be stored within staff files. This action had been signed as completed, however we found a number of files that did not contain photographic identification within them. This showed that records relating to audits were not always accurate.

At the last inspection we found that there was no evidence that the registered provider maintained oversight of the service. During this inspection we found that although the registered provider was in the home on a regular basis, there was no evidence of any checks or audits they completed, or that they were made aware of the outcome of audits completed by other people. The registered manager told us that the registered provider held a monthly managers meeting to keep updated, but there were no records of these meetings available.

During the inspection we found that the registered manager was not always aware whether actions had been taken to address identified issues. For example, a staff file we viewed identified potential risk which would need to be assessed prior to the person being employed. There was no evidence that a risk assessment had been completed and the registered manager told us they were not sure if it had. On the second day of the inspection the registered manager told us a risk assessment had not been completed but they would ensure one was completed. A short while later the registered manager informed us that an assessment had in fact been completed by the previous deputy manager. We also found that there was no effective system in place to ensure relevant staff were made aware of changes in people's needs, such as significant weight loss. This showed that the registered manager did not have oversight of crucial processes within the service, such as recruitment.

This showed that systems in place to monitor the quality and safety of the service were still not effective. Sufficient improvements had not been made in this area and the provider was still in breach of regulations regarding this.

At the last inspection we raised concern that the registered manager did not have an action plan in place which identified areas of the service that required improvement. There was an action plan from a consultancy that the provider had employed, but the registered manager was not aware of what was on it. During this inspection we saw that the action plan from the consultancy was still the only plan in use, however, a copy was available within the home.

We viewed the action plan and found that it was not accurate. For example, the action plan showed that all policies and procedures had been updated but we saw that some still required updating and the registered manager confirmed that this was still in progress. It also showed that all but one staff had a medicine competency assessment in place. However, we found that these were not in place for most staff who administered medicines and the registered manager agreed with this. The action plan showed that audits were being completed to monitor personal emergency evacuation plans and consent to care, which the registered manager advised were not in place. This meant that the action plan the service was using to support them to make improvements did not accurately reflect actions that still required completion.

The provider had a range of policies and procedures in place which provided guidance to staff in how to fulfil their roles. We looked at the policies and procedures and found that some were not accurate and required updating. For example, the covert medicine policy had been updated in January 2018 and we found that it was factually incorrect. It contained an inaccurate description of what covert meant and did not provide accurate guidance to staff in the event that a person required their medicines to be administered covertly.

We also found that the mental capacity policy was not up to date. It made reference to old regulations and did not reflect the principles of the mental Capacity Act 2005. This meant that staff may not have access to appropriate guidance to support them in their roles. We noted that these policies had not been completed by, or reviewed by the registered provider or manager and this raised concerns as to whether the most suitable staff members were being allocated tasks appropriate to their role within the service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had. Having a whistle blowing policy helps to promote an open culture within the home.

People we spoke with were aware who the registered manager was and the feedback we received regarding the management of the home was positive. Relatives we spoke with also agreed and one relative told us, "Oh yes everything runs smoothly here I am very happy."

Staff we spoke with told us they worked well together as a team and felt able to raise any issues they had with the management. Staff told us and records confirmed, that regular staff meetings took place. We viewed the minutes of these meetings, which showed that staff were kept informed of developments within the home and that they were encouraged to share their views. Meetings were also held with people living in the home and their relatives. One person told us, "Every month we have a meeting."

The registered manager also issued quality assurance surveys as a means of gathering feedback regarding

areas of the service, such as the food. A relative also told us, "We have a suggestion box that we use in the main hall by the reception." This showed that systems were in place to gather feedback regarding the service and we saw that action was taken based on this feedback. For example, one person told us, "I made a complaint about the food and they said they would change it and they did."

The registered manager told us they had also developed good links within the local community, such as the local football teams and local schools who often visited the home.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory requirements. This meant that CQC were able to monitor information and risks regarding Abbey Lawns.

Ratings from the last inspection were displayed within the home as required. The provider's website also reflected the current rating of the service. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.