

Abbey Lawns Ltd

Abbey Lawns Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

This inspection took place on 11 and 12 July 2018 and was unannounced.

Abbey Lawns is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The 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 54 people living in the home. It is located in a residential area of Liverpool close to public transport routes and local amenities.

There was no 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 manager had been appointed and they were in the process of applying to CQC to become registered.

At the last comprehensive inspection in January 2018 we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to how consent to care and treatment was sought, medicines management, risk management, staff recruitment practices, staff support systems, care planning and systems to monitor the quality and safety of the service.

The service has been in special measures since an inspection in December 2016, when the overall rating for the service was Inadequate. In July 2017 we found that some improvements had been made and the service was rated as Requires Improvement. However, at the last inspection in January 2018, we saw that the service had been unable to sustain those improvements and they were again rated as Inadequate and remained 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.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by

adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Following the inspection in January 2018, CQC began enforcement processes. As part of the process we completed this comprehensive inspection to assess whether the provider had made any improvements and found that although some concerns remained, improvements had been made. We identified breaches of Regulation regarding risk management, staff support systems and the governance of the service. The service is now rated as Requires Improvement overall and so is no longer in special measures.

In January 2018 we found that risk to people was not always assessed accurately to ensure steps could be taken to manage or reduce the risk. During this inspection we found that although some actions had been taken, risk was still not always managed safely and the provider was still in breach of Regulation regarding this.

At the last inspection we found that the systems in place to monitor the quality and safety of the service were not effective. During this inspection we found that some improvements had been made, however they were still not as effective as they needed to be. Although some policies and procedures had been updated, they still did not all reflect current guidance and best practice. Sufficient improvements had not been made and the provider was still in breach of Regulations regarding the governance of the service.

At the last inspection we found that not all staff had completed training necessary to ensure they could support people safely. During this inspection we found that although staff had accessed some training, further training remained outstanding and the provider was still in breach of Regulation regarding this. Not all staff received regular supervisions or an annual appraisal to support them in their role.

In January 2018 we found that care plans did not always contain sufficient detail to inform staff of people's needs and how they should support people. We also found that advice from other professionals regarding people's care, was not incorporated within the plans of care. We looked to see if any improvements had been made and found that they had not and the provider was still in breach of the Regulation regarding this.

We found that consent was not always gained in line with the principles of the Mental Capacity Act 2005 (MCA) in January 2018. During this inspection we found that when able, people provided their consent to their care and treatment. Some improvements had been made to the systems in place to assess people's capacity to make decisions and record agreements made in their best interest. The provider was no longer in breach of regulations regarding this, although further improvements were still required.

We found that medicines were not always managed safely at the last inspection. During this inspection we looked to see if improvements had been made and found that they had. Medicines were stored in locked clinic rooms and were ordered and booked into the home accurately. Records showed that medicines were administered as prescribed and stock balance checks we made were accurate. The provider was no longer in breach of Regulations regarding this.

In January 2018 we found that safe recruitment practices were not always followed prior to new staff commencing in post. During this inspection we saw that appropriate checks had been made to ensure staff were suitable to work with vulnerable people. The provider was no longer in breach of Regulations regarding this.

People told us they felt safe living in Abbey Lawns. There were adequate numbers of staff available to

support people and staff were knowledgeable about safeguarding processes. Accidents and incidents were analysed to identify potential trends and reduce future incidences.

Staff worked with other health care professionals to maintain people's health and wellbeing and people told us they could access a doctor quickly if they needed to.

Staff were aware of people's nutritional needs and people told us they had enough to eat and drink and enjoyed the meals available.

People were supported in ways that protected their privacy and dignity during the inspection and care files containing people's confidential information were stored securely. However, not all bathroom doors had locks on and information regarding one person's needs was posted on their bedroom door.

We heard staff speak to people in a warm and friendly way and it was clear that mutually respectful relationships had been developed and staff knew the people they supported well.

Friends and family could visit the home at any time and told us they were made welcome.

It was evident that when able, people were involved in their care planning and relatives told us they were kept up to date if anything changed with their family member's wellbeing.

There were a range of scheduled activities on offer. Most people told us there were sufficient activities and they enjoyed what was available.

A complaints policy was available and people we spoke with told us they knew how to make a complaint, but had not had to.

The manager had notified the Commission of events and incidents that occurred in the home in accordance with our statutory requirements.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk to people was not always assessed accurately and managed safely.

Medicines were managed safely.

Safe recruitment procedures were followed when new staff were employed and there were sufficient numbers of staff on duty.

Staff were aware of how to raise any safeguarding concerns.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Not all staff had completed training necessary to ensure they could support people safely. Not all staff received regular supervisions or an annual appraisal to support them in their role.

Applications to deprive people of their liberty had been made appropriately.

Improvements had been made to how consent was sought and recorded.

Staff were aware of people's nutritional needs and people told us they had enough to eat and drink and enjoyed the meals available.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Although people were positive about the support they received, the registered provider had not fully addressed all the risks we identified at previous inspections and this does not demonstrate a caring approach.

Not all bathroom doors had locks on and information regarding

one person's needs was posted on their bedroom door, which could impact on people's dignity.

People were supported to be as independent as they could be.

Friends and family could visit the home at any time and told us they were made welcome.

Is the service responsive?

The service was not always responsive.

Not all care plans contained sufficient detail to inform staff of people's needs and how they should support people. Advice from other professionals regarding people's care, was not incorporated within the plans of care.

There were a range of scheduled activities on offer which most people told us they enjoyed.

A complaints policy was available and people knew how to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There was no registered manager in post. A manager had been appointed and had begun the process to register with CQC.

Systems in place to monitor the quality and safety of the service were not effective.

Not all policies and procedures reflected current guidance and best practice to guide staff in their roles.

Systems were in place to gather feedback regarding the service, such as meetings and surveys.

Requires Improvement ●

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 11 and 12 July 2018 and was unannounced. The inspection team included two adult social care inspectors 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 also contacted the commissioners of the service to gain their view.

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

During the inspection we spoke with the registered provider, manager, six members of the care team, two members of the catering team, eight people who lived in the home and four visiting relatives.

We looked at the care files of five people receiving support from the service, five 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.

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 with us.

Following the inspection we also contacted Liverpool Clinical Commissioning Group who had been working with the service over the past few months.

Is the service safe?

Our findings

At the last inspection in January 2018 we identified breaches of Regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the safe domain was rated as Inadequate. This was because risk to people was not always assessed or managed appropriately, medicines were not always managed safely and staff recruitment processes required improvement. During this inspection we looked to see if improvements had been made.

In January 2018 we found that risk to people was not always assessed accurately to ensure steps could be taken to manage or reduce the risk. During this inspection we found that although some actions had been taken, risk was still not always managed safely. For instance, we saw that one bathroom contained razors and another bathroom had chemicals stored within it, which could pose a risk to vulnerable people.

Personal emergency evacuation plans (PEEPs) were in place and had been redesigned since the last inspection. They were more detailed but not all PEEPs advised what equipment would be required to support people to get down the stairs. Night time evacuation plans informed staff to ensure doors were closed securely and await assistance from the fire service. However it is the registered providers responsibility to ensure that plans are in place so that all people could be safely evacuated from the building if required. This was discussed with the manager and following the inspection they told us all PEEPs had been updated and provided examples which were satisfactory. Staff we spoke with could describe the support people would need to leave the building.

Risk assessments were in place for people but we saw that they were not always accurate. For instance, one person's nutritional and skin integrity risk assessments showed that they were above average weight, however their nutritional risk assessment scored them as being at average weight. This meant that the identified level of risk was inaccurate. Another person had a risk assessment in place which showed that they were unable to use the nurse call bell safely and we saw that they did not have a bell in their room. However, there was no guidance as to how the person's safety would be maintained without the call bell in place or how the person could get staff attention when they needed it. Another person told us they did not have a call bell and we saw this to be the case. The manager confirmed they would be able to use a bell and was unsure why they did not have one. They said they would ensure one was put in their room immediately.

A smoking risk assessment was in place for one person which showed they could safely manage their cigarettes and lighter and complied with the provider's smoking policy. However, the evaluation of the assessment reflected that they had not been compliant with the policy, but the risk assessment had not been reviewed or updated to show this risk. The manager explained what actions had been taken to ensure the safety of the person and other people living in the home.

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

At the last inspection we found that medicines were not always managed safely. During this inspection we

looked to see if improvements had been made and found that they had. Medicines were stored in locked clinic rooms and the temperature of these rooms were monitored. We saw that on some days the temperature of the room was higher than the recommended range and there was no evidence of any action taken. A staff member clearly explained action taken in these circumstances, which was appropriate. If medicines are not stored at the correct temperature it can affect how they work.

Medicines were ordered and booked into the home accurately. We reviewed medicine administration charts (MARs) and saw that medicines were administered as prescribed and stock balance checks we made were accurate. Any allergies were recorded on front sheets but were not always recorded on the MAR charts. When people were prescribed medicines as and when they required them (PRN), we saw that detailed protocols were in place to help ensure people received them consistently and when they required them.

Improvements had been made to the way medicines were managed and the provider was no longer in breach of Regulation regarding this.

In January 2018 we found that safe recruitment practices were not always followed prior to new staff commencing in post. During this inspection we saw that appropriate references had been sought, photographic identification was available and Disclosure Barring Service (DBS) checks had been made. 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. All but one file contained staff's full employment history and the manager agreed to amend the audit tool being used to check files, to reflect the need for a full employment history. A matrix had also been developed to monitor nurse's professional registration status.

We found that improvements had been made and the provider was no longer in breach of Regulations regarding the recruitment of staff.

People spoken with told us they felt safe living in Abbey Lawns. Their comments included, "Yes, I have a big room and lock it when I'm out", "Yes it's all good. I've never had a problem", "When I lived in my house I sometimes felt threatened but it's very safe here" and "Yes everything is done for me." Most relatives agreed that people living in the home were safe and told us, "Yes absolutely. The way its run and how staff care for them" and "Yes now they've tightened up on the front door security is good now and the staff are excellent." However, one relative told us they felt security could be further improved to ensure staff knew when all visitors entered the home.

We spoke with staff about adult safeguarding, what constitutes abuse and how to report concerns. All staff we spoke with were knowledgeable regarding safeguarding procedures and how to report their concerns. Safeguarding policies were available to guide staff, however we found them to be confusing as there were several different policies providing conflicting information. The manager agreed to review the policies and ensure staff had access to one clear policy. We saw that safeguarding concerns had been referred to the local authority appropriately for investigation. Staff also understood the concept of whistle blowing. Whistleblowing is where staff can raise concerns either inside or outside the organisation without fear of reprisals.

People were protected from discrimination as an equality and diversity policy was in place and staff had begun signing to confirm they had read the policies. This helped to raise staff awareness and ensure that people were not discriminated against regardless of their age, sex, disability, gender reassignment, marital status, race, religion or belief or pregnancy, as required under the Equality Act 2010.

People told us there were always enough staff on duty to meet their needs in a timely way and staff and relatives we spoke with agreed. Nobody raised any concerns regarding staffing levels and one person told us, "There is always someone around in the lounge if I need anything."

Systems were in place to help ensure the building and equipment remained safe. For instance, external contracts were in place to check the gas, electric, fire alarms and lifting equipment and we saw that these certificates were in date. Internal checks were also completed on water temperatures, fire alarms, portable appliance testing and shower head cleaning in line with legionella prevention requirements.

Regular cleaning schedules were in place to help the home to remain clean. Gloves and aprons were available to staff and we saw that these were used appropriately during the inspection. Bathrooms contained paper towels and liquid hand soap. This helped to prevent the spread of infection. People told us they thought the home was clean and well maintained. One person told us, "Yes, it is spotless" and another person said, "Things have improved lately especially outside on the patio and garden, which are much tidier."

The manager had a system in place to oversee any accidents and incidents that occurred in the home. We found this to be quite confusing, however we found that accidents and incidents were reviewed to look for any themes or trends and appropriate actions had been taken following any incidents. This helped to learn from any incidents and reduce the risk of recurrence.

Is the service effective?

Our findings

At the last inspection in January 2018, we found that the provider was in breach of Regulations and the effective domain was rated as Requires Improvement. This was because consent was not always sought appropriately and not all staff had completed training which would be necessary to enable them to perform their role safely.

This included moving and handling training, fire safety training or completed fire drills. We looked to see if improvements had been made and found that although staff had accessed some training, further training remained outstanding and the provider was still in breach of the Regulation regarding this.

We viewed the training matrix provided and were told this was an up to date record of training completed by all staff. This showed that 35% of staff had not completed safeguarding training and it reflected that domestic, laundry and kitchen staff did not require this training. We discussed this with the manager who agreed that all staff required safeguarding training. Two nurses and nine carers had not completed moving and handling training, although many staff had recently completed this practical training. Three staff had not completed any training despite being in post many years. The manager told us they were aware training was not up to date and planned to purchase additional training courses and liaise with the local authority to establish what training they could offer. A small number of training courses had already been booked in for the coming months. Since the inspection the manager has confirmed additional training has been arranged. This meant that not all staff may have the knowledge and skills required to support people safely.

We also found that systems in place to support staff were not completed regularly. For instance, only 34% of staff had received an annual appraisal in the last 12 months and only half of staff had received a formal supervision in 2018. The manager told us they were going to adapt the system and allocate senior staff to undertake supervisions for other staff to ensure that all staff were supported effectively in their role.

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).

At the last inspection we found that consent was not always gained in line with the principles of the MCA. During this inspection we found that some improvements had been made and the provider was no longer in breach of regulations regarding this, although further improvements were still required.

Applications to deprive people of their liberty had been made appropriately. The manager maintained a log and we saw that nine applications had been submitted and there were no authorisations in place at the time of the inspection.

We found that when able to, people had provided their consent to live at the home and receive the care and treatment recorded in their care plans; agreed to photographs being taken and to the use of equipment to meet their needs. This was evidenced through signed consent forms.

We saw that one person's file indicated that the person was unable to provide consent for their care and their next of kin had signed their consent. The file indicated that the next of kin had power of attorney to enable them to provide consent for the person, however there was no evidence of this. We discussed this with the manager who told us they had recently been made aware of this issue and was in the process of contacting all people who were recorded as having power of attorney for people living in the home, to obtain evidence of this.

New consent forms had been developed since the last inspection and these guided staff through the process of assessing a person's capacity and then recording decisions made in their best interest if they lacked capacity to make the decision. This showed that staff were working in line with the principles of the MCA and the provider was no longer in breach of Regulation regarding this.

Staff worked with other health care professionals in order to maintain people's health and wellbeing. Care files showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, dietician, speech and language therapist, optician and social workers. We saw that people had their weight monitored regularly, as well as their blood pressure and temperature. When people required their blood sugar levels to be monitored, we saw that this was completed regularly and recorded. People living in the home told us staff arranged for a GP to visit them quickly if they were unwell.

We joined people for lunch on the first day of the inspection and the meal was tasty and hot. We saw that tables were set with paper cloths, napkins, condiments and cutlery and drinks were available throughout the meal. The days menu was advertised on a board outside the dining room and there was a choice of desserts available. We saw that cold drinks were available throughout the day in lounges and staff provided hot drinks at regular intervals. On the day of the inspection the weather was very warm and we saw staff encourage people to drink plenty.

People told us they enjoyed the meals available. One person told us, "They are lovely. I've no complaints" and another person said, "I like it all but the best is the roast on a Sunday."

Staff we spoke with were aware of people's nutritional needs and this information was also recorded in the kitchen. This helped to ensure that all people preparing and serving food were aware of people's needs. When there were concerns about a person's nutritional intake, we saw that diet intake charts were completed so it could be monitored. We spoke with the chef who told us they catered to people's individual needs and preferences and alternatives were always available. Although there was nobody who had any cultural dietary requirements at the time of the inspection, staff had awareness in this area and one staff member told us they used to support a person who had specific dietary needs based on their religion and they were always met.

We looked to see if the environment was suitable to meet people's needs. We saw that some recent redecoration had taken place in the entrance hall and new flooring in the dining room, but other areas of the home were quite tired and required some work. Corridors were wide and well-lit and a passenger lift was

available to assist people who were unable to use the stairs. There was a seating area outside and a large garden area that was mostly overgrown but we were told a gardener had been contracted to commence work on the garden. There were also different spaces available in the home for people to spend their time, such as two main lounges, an activity lounge and a dining room.

Most bedroom doors contained people's names and a number to assist people in finding their rooms. There were a number of people in the home who were living with dementia and we found that the environment could be further adapted to assist them with orientation, independence and safety. The manager told us they planned to create a sensory garden in the near future.

Is the service caring?

Our findings

People living at the home told us staff were kind and caring and treated them with respect. Their comments included, "Yes staff are great and kind and I reckon they think I'm alright too", "Yes, they are very good. They look after me well" and "They do things for me and are very helpful and kind." Relatives we spoke with agreed and told us, "We are made-up and delighted with staff and the care", "Yes they are very kind. [Relative] knows staff and chats to them, they have a laugh with [relative]", "The staff are very good and their approach is nice and they seem kind" and "[Relative] is looked after really well here."

Although people were positive about the support they received and told us staff were kind and caring, we found that the registered provider had not fully addressed all the risks we had identified at previous inspections. This does not demonstrate a caring approach.

During the inspection we observed staff supporting people in such a way that protected their privacy and dignity. For example, we heard staff knock on doors before entering people's rooms and personal care was provided in private areas. Staff were available to support people in a timely way so people did not have to wait for long periods. We saw that care files were stored securely. This meant that people's confidential information was only accessible to those people who needed to see it.

People told us they felt their dignity was protected and one person told us staff supported them in such a way as to ensure they did not feel embarrassed whilst being supported with personal care. We did see however, that not all bathroom doors contained locks which could impact on people's dignity and privacy. One person's bedroom door contained a notice advising staff to ensure their alarm mat was turned on as they were at risk of falls. This information was accessible to anybody who walked past the room and staff could have been informed of this in a more discreet and appropriate way.

We heard staff speak to people in a warm and friendly way and it was clear that mutually respectful relationships had been developed. Staff supported people to communicate to ensure their needs were known and could be met. There was a system in place to support a person who was unable to communicate verbally. Staff supported them to communicate using a letter board and picture cards.

We asked people if their beliefs were respected by staff and everybody responded positively to this. One person told us they received communion every month and other people told us they went to a church service every Sunday.

It was clear that staff knew the people they were supporting well. Many staff had worked at Abbey Lawns for many years and some people had lived there for a long time. Staff knew people's needs as well as their preferences. For example, one staff member told us how one person only liked a specific type of meat and this was always purchased for them. Care plans we viewed contained some information on people's preferences, such as their preferred name, when they liked to get up and go to bed, their preferred meals and drinks and what activities they liked to participate in.

Staff told us they encouraged people to remain as independent as they could be and people we spoke with agreed. One person told us, "I get around well in the chair and staff help me if I need it" and another person told us how their mobility had improved following an illness, with the help of the staff. Some care plans prompted staff to encourage people to do as much for themselves as they were able. For instance, one person's nutrition plan said they required support with meals and could be reluctant, but if provided with finger foods, could manage independently.

When people moved into Abbey Lawns they were provided with a service user guide that contained information about the service and what could be expected when living there. There were notice boards around the home that gave information about activities available, how to stay safe in the hot weather, meals and a copy of the dignity charter. This showed that people were given information and explanations regarding the service to enable them to be involved and make decisions.

We saw friends and relatives visiting the home throughout the two days of the inspection. People told us their family members could visit at any time and relatives told us they were always made welcome and we observed this during the inspection. The manager told us there were no restrictions as to when people could visit and this supported people to maintain relationships that were important to them and prevent isolation. For people who did not have people to support them, details of advocacy services were available in the home. An advocate is a person that helps an individual to express their views and wishes, and help them stand up for their rights.

Is the service responsive?

Our findings

At the last inspection in January 2018, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to care planning. The responsive domain was rated as Requires Improvement.

In July 2017 we found that not all care plans contained sufficient detail to inform staff of people's needs and how they should be supported. We also found that advice from other professionals regarding people's care, was not incorporated within the plans of care. We looked to see if any improvements had been made and found that they had not and the provider was still in breach of this Regulation.

Care files viewed did not always provide clear and consistent information regarding people's current care needs. For example, one person's care file included records that provided different information about the support they required to mobilise. One record stated the person required a stand aid hoist, however a second record informed that a stand aid hoist was not recommended. A further record stated that the person used an aid to mobilise but the review stated they walked with staff and an additional record reflected that they required a hoist to transfer. The information provided was confusing and inconsistent. We discussed this with a staff member who told us the person's mobility had improved over time and that they were now mobile. Staff were aware of the person's current needs.

We also found that care files had not been updated to reflect advice provided by other health professionals. For instance, one person's care file contained a letter from the dietician that gave specific advice regarding the person's dietary needs. This had not been incorporated into the nutritional care plan. A second person's file contained a letter from a speech and language therapist with recommendations regarding the person's position when eating and how to adapt meals to ensure they met the person's nutritional requirements. Again, this advice had not been incorporated within the plan of care. Staff we spoke with were aware of the advice and when they described the care provided, it reflected the advice from the professionals.

Some of the care plans lacked detail. For example, one diabetes care plan advised staff to look for signs of hypo and hyper glycaemia, but there were no details about what staff should look for. Another person's communication care plan advised staff to monitor and report if there was any change to the person's communication, but did not advise how or if the person was able to communicate.

Care plans reflected the technology in place within the home to help support people, such as nurse call bells and fall sensor equipment. They also informed staff if people required the use of equipment. We found however, that these plans were not all detailed as one person's mobility plan indicated they required a hoist to transfer, but there was no information to state what type of hoist or size of sling was required.

We discussed this with the manager as we found that care plans had not improved since the last inspection. The manager told us they had recently created new roles to enable nursing staff additional time to review and update care plans to ensure they contained up to date and person-centred information.

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

Only one of the care files viewed included an anticipatory care plan that had been signed by the person's GP, but other files did not contain any information regarding people's end of life care wishes. The training matrix showed that some staff had completed training in this area to enable them to provide effective support to people at this time.

It was evident that when able, people were involved in their care planning. Relatives we spoke with told us they had either been involved in the creation of their family members care plan, or were aware that another relative had been. All relatives told us that they were kept up to date if there were any changes to the plan of care. Staff also told us they were informed of any changes in people's needs through daily handovers.

People told us they had a choice in how and when they received care. One person told us, "I get up fairly early and have coffee. I decide what to wear myself" and another person said, "Yes, I decide what clothes to wear and what jewellery." People also told us they could choose where to spend their day, where to eat meals and whether or not they wanted to participate in activities.

An activity coordinator was employed in the home and we saw that there were a range of scheduled activities on offer. A monthly programme was advertised in the home and this included four activities per week, such as going to Southport for ice cream, visiting the hairdresser, bingo, play your cards right, movie afternoons, knitting, indoor bowling, fun club, reminiscence and nail painting and facials.

Most people were satisfied with the type and frequency of activities available. Their comments included, "I go on outings in the minibus to Southport and Blackpool", "I sometimes play Bingo and have planted some flowers in pots", "We went to Chester Zoo once which was great" and "I go to the entertainment and the monthly parties." There was a party each month which everyone could attend, and was to celebrate people's birthdays that had taken place that month. People we spoke with told us they really enjoyed these parties. However, not all relatives felt there were enough activities available, especially for people who stayed in their rooms most of the time due to their care needs.

A complaints policy was available which provided the contact details of the local authority so people could contact them if they were not satisfied with the outcome of any complaints made. People we spoke with told us they knew how to make a complaint but had not had to and their relatives agreed. The manager maintained a log of complaints which showed they had been investigated and responded to appropriately.

Is the service well-led?

Our findings

At the last inspection in January 2018 we found the provider to be in breach of Regulations because the systems in place to monitor the quality and safety of the service were not effective. The well-led domain was rated as Inadequate.

In January 2018 we found that although audits had been completed to check the quality of the service, they had not identified the issues we highlighted during the inspection. It was also not clear when actions had been taken to address any areas of improvement that they did identify. During this inspection we looked to see if these systems had been improved.

We saw that audits had been created and were completed in areas such as the kitchen, cleaning and maintenance, care plans, staff files, equipment, medicines and health and safety. However, they did not identify all the concerns that we raised during the inspection, such as those relating to risk management, staff training and support systems and safety of the environment. This led us to question the effectiveness of the audits.

When areas for improvement were identified, it was not always clear whether actions had been taken to address the issues. For instance, a kitchen audit we viewed showed that shelves in the store room required repair and some piping required cleaning and sealing. There was no evidence to show whether these actions had been completed. This meant that it would be difficult for the manager and registered provider to maintain effective oversight of the quality of the service.

We saw that some of the audit tools in use, such as those used for cleaning and medicines, did not provide space for staff to record that identified actions had been addressed. Staff file audits had been completed, however the tool used to check the information did not cover all of the necessary safe recruitment practices. For example, it did not prompt the staff member to check whether the staff member had provided a full employment history.

Most audits had been completed by a staff member who had been allocated a quality role, or by individual staff members. We saw that the manager had signed off some care file audits to evidence they were aware of the findings. We asked how the manager was informed of the results of all other audits and were told they were informed verbally. This meant that there was no recorded evidence that the manager maintained effective oversight of areas that required improvement within the service.

At the last inspection we found that there was no evidence that the provider had oversight of the quality and safety of the service. During this inspection we found that regular meetings between the provider and manager were recorded and included updates on key areas of the service. The provider was also present in the home most days. Although this oversight had improved, it could be further developed as the provider did not undertake any of their own quality audits to ensure the governance systems were running effectively.

In January 2018 we found that not all policies and procedures in place to guide staff in their role, were up to

date or accurate. During this inspection we reviewed the policies and found that although some had been updated, they still did not all reflect current guidance and best practice. For instance, the recruitment policy did not include all safe recruitment practices, such as ensuring staff have a Disclosure Barring Service check, photographic identification or references from their last employer. The safeguarding policy was confusing as there were five different policies in place. There were four complaints policies in the file; one was relevant but the others were out of date and referred to organisations no longer in existence and previous managers of the service. This meant that staff did not have access to clear information to support them to undertake their jobs effectively.

Sufficient improvements had not been made and the provider was still in breach of Regulations regarding the governance of the service.

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

A manager was in post and they had begun the process to start registering with CQC. Most people we spoke with who lived in the home knew who the manager was and told us they could raise any concerns with them, or the nurses on duty. People told us they were happy living in Abbey Lawns. Their comments included, "I like it all; I'm quite happy here", "It's nice, we get on very well together", "It's great, a nice place to live and I'm very happy here" and "It's very good, they get my sense of humour." Staff we spoke with also told us they enjoyed working there. One staff member described the manager as, "Brilliant, very supportive and approachable."

Some systems were in place to gather feedback regarding the service. We saw that people living in the home had completed a questionnaire, but this only related to their satisfaction with the service and their views about food. Records showed that resident and relative meetings took place most months and these were used as an opportunity to keep people up-to-date about changes within the service, as well as to gain people's views. Records showed that the last full staff meeting was held in February 2018, although more regular heads of department meetings took place. Staff told us they felt able to share their views of the service and that they would be listened to.

Since the last inspection the manager had worked with other agencies to begin to improve the service. This included the local authority and the clinical commissioning group. The manager took advice from other professionals and actioned it. For instance, there had been a concern raised that it was not always clear whether referrals had been made to other health professionals for advice regarding people's care needs. The manager had created a new referral file where all referrals were logged and updated once the person had been reviewed by the health professional. From speaking with the manager and most other staff, it was clear that staff were committed to making changes to further develop the service.

The manager had notified The Commission of events and incidents that occurred in the home in accordance with our statutory requirements. This meant that CQC could monitor information and risks regarding the service.

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.

