

Abbey Lawns Ltd

# Abbey Lawns Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Abbey Lawns is a care home and can accommodate up to 61 people. At the time of our inspection the service was accommodating 55 people across two separate wings, each of which had separate adapted facilities. The service provided nursing care and support to younger and older adults, some of whom were living with dementia.

### People's experience of using this service and what we found

The environment of the service didn't always support the needs of people living with dementia. Improvements were necessary to provide a more therapeutic and beneficial effect to improve people's experience. We have made a recommendation about the need to develop the environment.

People felt safe and had confidence in the staff who took care of them. People received care from staff who had been supported in their role through regular supervision.

Safe recruitment practices were in place and people were supported by staff that knew them well. Staff had completed an induction programme and undertook regular training to meet the requirements of their role.

People were protected from the risk of harm and staff knew how to raise any concerns. Policies and procedures were also in place to guide staff.

Care plans and risk assessments were person centred and were regularly reviewed. Staff had developed positive relationships with the people they supported. People described staff as being caring, kind and considerate.

People's privacy and dignity was respected, and their independence promoted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People participated in activities of their choice. An activity co-coordinator helped to facilitate activities which were meaningful to people. The service had its own transport and people regularly enjoyed day trips out.

Feedback was sought from people living at the service, their relatives and staff to ensure standards were being maintained and to help drive forward improvements. People and their relatives spoke positively about the service and management team.

Regular checks and audits were carried out to determine the quality and safety of the care and support

being provided.

Since the last inspection, a new manager had registered with CQC. They were described as being hands on, approachable and supportive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection and update:

The last rating for this service was requires improvement (report published August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. Conditions were also imposed and were met in full by the provider.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating. The overall rating for the service has changed from Requires Improvement to Good.

This is based on the findings at this inspection. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

You can also read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey Lawns on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Abbey Lawns Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with twelve people who used the service about their experience of the care provided. We also spoke with four relatives, the registered manager and the provider, six care staff, one registered nurse, the activity co-ordinator and the chef.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people's PEEPs contained enough detail. This meant that staff, and emergency personnel, did not have access to all the information required to ensure the safe evacuation of people in the event of a fire or an emergency. We also found that risk assessments in place for people were not always accurate. This meant that any identified level of risk was also inaccurate. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvement had been made and the provider was no longer in breach of regulation 12.

- Personal emergency evacuation plans (PEEPs) were in place and had been redesigned since the last inspection. They were more detailed and advised what equipment would be required to support people to safely evacuate the building in the event of an emergency.
- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Control measures were in place which provided staff with guidance on how to mitigate any identified risks to people.
- Risk assessments were regularly reviewed and updated to ensure staff had access to the most up-to-date information. This helped to maintain people's safety.

### Learning lessons when things go wrong

- The registered manager discussed any safeguarding incidents with staff to enable lessons to be learnt and to strengthen and improve good practices. For example, following one safeguarding incident which involved a security breach, extra measures were immediately implemented to prevent recurrence and help keep people safe and secure.
- Systems were in place for the recording and monitoring of accidents and incidents.
- Accident and incident records were reviewed by the registered manager to identify any trends and reduce future risk or reoccurrence.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the care provided by staff was safe. People told us, "I feel safe because even if I stay in my room the staff are always popping in to check on me" and "I feel safe here, staff are always about." Comments from relatives included, "I feel [person] is safe here because there are always staff about" and "[Person] was isolated at home but here there are always staff about to check on them."

- Staff received safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse and how to report any safeguarding concerns.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk.

#### Staffing and recruitment

- Recruitment of new staff was safe. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.
- People received care and support by staff who were familiar with their needs and routines. Wherever possible, any sickness or absences were covered by permanent members of staff. This helped to ensure continuity of care.
- There were enough staff on duty to meet people's needs. People told us, "There is always plenty of staff about and they always help me when I ask them" and "When I use my call bell [staff] always come quickly." Relatives commented, "There are always plenty of staff and [person] gets help straight away" and "[Person] only has to press the button in their room, they are cared for 24/7 here so I know [person] is safe."

#### Using medicines safely

- Medicines were managed safely. Any medication was administered by trained and competent staff.
- Staff had access to policies and procedures, as well as good practice guidance to support them when administering medicines.

#### Preventing and controlling infection

- Staff had received infection control training and had access to personal protective equipment (PPE).
- The service appeared clean. People told us, "The home is spot on for cleanliness and my room is cleaned every day" and "My bedding is changed regularly."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained as Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to support staff to carry out their roles by failing to provide training and regular supervision and appraisals. This meant that not all staff had the knowledge and skills required to support people safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff had the necessary knowledge, skills and experience to perform their roles. The service supported staff through inductions, supervisions and appraisals. One person told us, "Staff look after the tubes in my throat and my peg feed. They have good knowledge."
- Staff were competent, knowledgeable and skilled and felt supported by managers to develop further.
- Some staff had completed additional training to help meet people's specific needs. For example, training in dementia awareness.

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

- At our last inspection, the provider failed to provide an environment which met the needs of people living with dementia. This meant that the service did not fully provide a therapeutic care environment.
- At this inspection, although we found some improvement had been made with the installation of a new bathroom and redecoration of some bedrooms, some areas of the service were tired and required work. The garden area was also overgrown. Several people in the home were living with dementia, and we found that the environment needed to be further adapted to assist them with orientation, independence and safety; such as changes to flooring, lighting and way-finding.

We recommend the provider considers current guidance on adapting the physical environment to better meet the needs of people living with dementia.

- The provider responded during the inspection. They confirmed suitable adaptations and improvements of the environment would be put in place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs for care and support were fully assessed prior to being supported by the service.
- People, relatives and health and social care professionals were fully involved in the assessment and planning of people's care.
- Care plans contained detailed guidance for staff to follow, and reflected people's individual needs, preferences, daily routines and choices.
- Daily notes were recorded by staff which detailed all care and intervention carried out. The service regularly reviewed people's care records so that any changes in care and support needs could be implemented.

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

- Care records contained information on how staff were to support people with any dietary needs and maintain a balanced diet, or what support was required to support the person with eating and drinking.
- All food was prepared, and home cooked on the premises. People told us they enjoyed the food and there was enough choice. Comments included, "The food is very good; I choose in the morning what I want for lunch and dinner. I can always say if I don't like something and the chef would give me something else" and "The food is great, we get plenty of choices and plenty of it."
- People's nutrition requirements were also met for people who were fed via a percutaneous endoscopic gastrostomy tube (PEG). (PEG is a way of introducing food and fluids into the stomach for people who are unable to take food and fluids orally).

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives agreed that their healthcare need were met.
- Staff supported people to attend external healthcare appointments if required.
- People had access to local advocacy services. An advocate helps to ensure the rights and wishes of the person are upheld.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered provider was complying with the principles of the MCA. People's mental capacity had been assessed, in line with the person's best interests.
- Staff had received training in mental capacity and assumed people had the capacity to make decisions, unless assessed otherwise.
- Staff ensured people were involved in decisions about their care and support. Staff asked and explained to people before giving care and support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were motivated and passionate about ensuring people were well treated and supported.
- We observed positive interactions between people and staff throughout the day. Staff were kind, caring and tactile. They addressed people by name and explained before any support was carried out.
- People and their relatives told us the staff knew people's needs and treated them well. People told us, "Staff are kind and caring. I have a lot of banter with them, they know me very well, "I get on really well with the staff, they are kind and caring to everyone. They always have time for a chat and a laugh," "The staff are all fantastic, we have a laugh and a giggle. They always have time to chat with me" and "I would certainly recommend this home to anyone; I love it here."
- Staff had completed equality and diversity training and it was evident they treated people as equals.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. Staff encouraged people to maintain their independence. People told us, "The care staff treat me with great respect" and "[Staff] are always respectful and knock before they enter my room." A relative commented, "The staff are very kind, patient and caring. They are always well looked after and always have [person's] dignity in mind."
- Staff ensured people's confidentiality was maintained.
- Records were stored securely. Information was protected in line with General Data Protection Regulations (GDPR).
- People told us that they were offered choice and were empowered to have control over their lives. One person told us; "I please myself what time I get up and I go to bed when I want to. I go out when I want to."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were regularly given the opportunity to express their views and opinions.
- People told us they were involved in making decisions about their care and support wherever possible. One person told us, "I can have a shower every day if I want to."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure that people's care records contained current guidance for staff to follow. This meant that care records did not always provide clear and consistent information regarding people's current care needs and, had not always been updated to reflect advice provided by other health professionals. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvement had been made and the provider was no longer in breach of regulation 17.

- Care records were person centred and contained detailed information about people's current requirements for care and support. People's preferences in relation to their support and treatment was recorded and staff used this knowledge to care for people in the way they preferred. A relative told us, "[Person's] health has improved tremendously since they been in this home."
- A re-assessment of people's needs was regularly undertaken to ensure that any changes in their care and support were identified and planned for.
- Some care staff had worked at the home for over twenty years. This helped to ensure consistency and continuity of care staff wherever possible. It was evident staff had formed strong relationships with the people they supported.

Supporting people to develop and maintain relationships to avoid social isolation

- People accessed the community to participate in activities which were meaningful to them. The service had its own mini bus, people chose and helped to organise their own days out.
- The service employed a full-time activities co-ordinator who helped facilitate and deliver activities to people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how people communicated and used appropriate methods when communicating with

them.

- Not everyone who was supported by the service could communicate verbally. Staff communicated in non-verbal ways, such as by using body language and with pictures and symbols.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. People and their relatives told us they knew how to raise a complaint and felt confident any concerns would be acted upon.
- People and their relatives were encouraged to share their views through regular contact with the management team. One relative told us, "If I mention anything to [Manager], I know it will be followed up."

End of life care and support

- At the time of our inspection there was nobody being supported with end of life care.
- People's records contained details of their future wishes.
- Staff had received training in end of life care and were able to describe how they would support people at the end of their life to be comfortable and have a dignified and pain free death.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection, 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. When areas for improvement were identified, it was not always clear whether actions had been taken to address the issues. This meant that there was no evidence that the provider had oversight of the quality and safety of the service. We also found that not all policies and procedures in place to guide staff in their role were up to date. This meant that staff did not have access to clear information to support them to undertake their jobs effectively.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvement had been made and the provider was no longer in breach of regulation 17.

- Regular meetings between the provider, registered manager and senior members of staff were recorded and included updates on key areas of the service. The provider was also present in the home most days.
- The service had an effective system to monitor the quality and safety of the service, and to ensure that governance systems were running effectively. Audits identified actions required to ensure full compliance with the provider's objectives and regulations.
- Policies and procedures were in place to help guide staff in their roles; they were up to date and referenced nationally recognised best practices. This helped to promote safe, effective care to people.
- The registered manager and staff team had received training and undertook regular updates to ensure their practice remained current.
- The registered manager was part of an external care home managers forum, this encouraged the sharing of best practice and helped to further improve the quality of care and support people received.
- A long-term strategy was in place to adapt and improve the service based on feedback received by people, relatives and visiting professionals.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Genuine and positive relationships had been developed by the management team, staff and the people they supported.

- People, relatives and staff spoke positively about the management team. People told us, "[Manager] is brilliant, they come around and chat to us" and "[Manager] is doing a good job." One relative said, "[Manager] is very good and seems to have the staff working like a good team." Staff commented, "I have noticed improvements since [manager] came on-board" and "I have recommended and always will recommend this home."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people, their relatives, staff and other stakeholders to further improve the deliverance of high-quality care.
- Staff attended regular team meetings and told us their views were listened to and acted upon by the management team. One told us, "[Manager] is a good leader and we can put our ideas forward to them." In addition, weekly meetings were held for senior members of staff.

Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams and health and social care professionals. This helped to ensure positive outcomes for people. Written feedback from healthcare professionals included, 'Staff are doing an excellent job caring for the residents. Staff have executed every single request I made' and 'I am impressed with the staff values, promoting choice, dignity and respect. Support is person focused.'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team understood their responsibilities for ensuring that risks were identified and mitigated. Risks to people's health, safety and well-being were effectively managed through ongoing monitoring of the service.
- The registered manager knew their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.