

Abbeyfield Hoylake & West Kirby Society Limited

Abbeyfield Lear House

Inspection report

Lear House
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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13 and 14 March 2018 and was unannounced.

Abbeyfield Lear House 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 is registered to provide accommodation with personal care for up to 33 older people. At the time of the inspection there were 22 people living in the home, including five people who were staying for a short period of respite care. The service can accommodate up to nine people in a separate building located next to the main house and this is currently used for people receiving respite care.

At the last inspection in February 2017 we identified breaches of Regulations 12, 14, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection we issued a warning notice regarding Regulation 12 and asked the provider to complete an action plan to tell us what changes they would make and by when, to improve the key questions of safe, effective, responsive and well-led, to at least good. During this inspection, we looked to see if they had made the necessary improvements.

At the last inspection in February 2017, we found that the provider was in breach of regulations in relation to risk management and the recruitment of staff. During this inspection we found that further improvements were required to ensure the provider was compliant with regulations. We found that not all risks had been fully assessed for people, to ensure they could be mitigated. We also found that some personal emergency evacuation plans still did not contain enough information to ensure staff knew what support people would need in the event of an emergency. There was no evacuation equipment available to help support people to evacuate in the event of an emergency. The provider was still in breach of regulations regarding this.

At the last inspection we found that safe staff recruitment procedures were not always followed. During this inspection we saw that all staff files we viewed contained evidence of the necessary checks to ensure staff were suitable to work within the home.

In February 2017 we found that there was no system in place to ensure all staff knew people's dietary needs or how best to meet them. During this inspection we found that staff had access to information regarding people's individual needs and preferences and staff we spoke with were aware of these needs. People's nutritional needs had been assessed and actions taken when necessary.

At the last inspection in February 2017, we found that care plans did not always provide sufficient information to ensure staff were aware of and could meet people's needs. During this inspection we found that improvements had been made and the provider was no longer in breach of regulation regarding this. Care plans we viewed were detailed, reflected people's individual needs and preferences and were reviewed regularly. We also saw that planned care was evidenced as provided.

At the last inspection we found that systems in place to monitor the quality and safety of the service were not effective. During this inspection we looked at the audits completed by the management team and members of the committee and found that these were not always effective. The audits completed had not identified the lack of emergency evacuation equipment or the concerns regarding the management of medicines. We also found that actions from audits were not always addressed.

Staff completed a comprehensive induction when they started in post and received regular supervisions and an annual appraisal to support them in their role. We found however, that not all staff had completed training that would be considered mandatory for their role.

We found that confidential records regarding people's care and treatment were not always stored securely.

We found that safe medicine management procedures were not always followed. Allergies people had were not always clearly recorded on medication administration charts and protocols were not in place for medicines prescribed as and when required. We also saw that one person administered their own medicines, but there was no risk assessment to indicate whether or not they were safe to do this.

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. Feedback regarding the running of the home was positive. During the inspection we found the registered manager to be open and transparent and receptive of the feedback provided throughout the two days.

People told us they felt safe living in Abbeyfield Lear House. Staff were knowledgeable about safeguarding procedures and how to report any concerns and we found that there were sufficient numbers of staff on duty to meet their needs in a timely way.

Systems were in place to monitor the environment and equipment to ensure it remained safe. Window restrictors had been fitted where needed in order to prevent falls from height and wardrobes had been secured to walls to prevent any injury. Accidents and incidents that had occurred had been reviewed to help prevent recurrence.

The home appeared to be clean and well maintained. People living in the home told us they had no concerns about the environment and felt it was always clean and tidy.

Records showed that applications to deprive a people of their liberty had been made appropriately. The registered manager maintained a system to ensure they resubmitted an application before the authorisation expired.

Consent to care and treatment was gained in line with the principles of the Mental Capacity Act 2005, including best interest decision making when people lacked the capacity to provide consent.

People were supported by staff and other healthcare professionals in order to maintain their health and wellbeing. Care files showed that advice was sought from professionals and their advice was incorporated within care plans.

Adaptations had been made to the environment to support people living with dementia, to maintain their safety and assist with orientation. There was a sensory garden, a 1950's lounge area and pictorial signs to

help people identify bathrooms.

People living in Abbeyfield Lear House told us that staff were kind and caring. Interactions we observed between staff and people living in the home were warm and familiar and it was clear that staff knew the people they were caring for well.

Records showed that people were encouraged to be as independent as possible, whilst remaining safe. Staff told us they always encouraged people's independence and saw it as a big part of their role.

Friends and relatives were able to visit whenever they chose to and told us they were always made welcome. For people that did not have any friends or family to represent them, details of local advocacy services were available.

Staff had completed 'Six Steps' training to enable them to provide effective care to people at the end of their lives.

A complaints procedure was in place that provided clear information on how to raise concerns and included contact details for the local authority and the ombudsman. People told us they knew how to raise any concerns they had and felt that they would be listened to. A complaints log was in place; however we saw that it had not been kept up to date.

People told us they enjoyed the activities available and were able to choose whether or not they wanted to join in. There was a monthly schedule of activities advertised around the home.

Following the last inspection the provider created an action plan to address the areas of concern raised. We saw that the registered manager had worked through the action plan and most actions had been fully completed.

Systems were in place to gather feedback regarding the service provided. These included staff, resident and relative meetings, as well as the distribution of quality assurance surveys. We saw that action had been taken based on feedback received.

The registered manager had notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home in accordance with our statutory requirements.

Ratings from the last inspection were displayed within the home and on the provider's website 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?

Requires Improvement ●

The service was not always safe.

Risk was not always managed safely and personal emergency evacuation plans lacked detail.

Medicines were not always managed safely.

People felt safe living in the home. Staff were recruited following safe recruitment procedures and there were sufficient staff on duty to meet people's needs.

We found that confidential records regarding people's care and treatment were not always stored securely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Not all staff had completed training that would be considered mandatory for their role.

People's nutritional needs had been assessed and staff were aware people's dietary needs and preferences.

Staff completed a comprehensive induction and received regular supervisions and an annual appraisal to support them in their role.

Applications to deprive a people of their liberty had been made appropriately. Consent to care and treatment was gained in line with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring. Interactions we observed between staff and people living in the home were warm and familiar.

Records showed that people were encouraged to be as

independent as possible, whilst remaining safe.

Information regarding the service was provided to people when they moved into the home.

Friends and relatives were able to visit at any time and were made welcome. For people that did not have any friends or family to represent them, details of local advocacy services were available.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed, reflected people's individual needs and preferences and were reviewed regularly. We also saw that planned care was evidenced as provided.

Staff had completed 'Six Steps' training to enable them to provide effective care to people at the end of their lives.

People knew how to raise any concerns they had. A complaints log was in place; however it was not always updated in a timely way.

People enjoyed the activities available and were able to choose whether or not they wanted to join in.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

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

Feedback regarding the management of the service was positive. Actions had been taken to improve areas of concern identified at the last inspection.

Systems were in place to gather feedback regarding the service provided.

The registered manager had notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home.

Ratings from the last inspection were displayed within the home and on the registered provider's website as required.

Abbeyfield Lear House

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 13 and 14 March 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.

Prior to the 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 Local Authority and the local Clinical Commissioning Group to get their opinions of the service.

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

During the inspection we spoke with the registered manager and six members of the care team, as well as an activity coordinator, two members of the kitchen team, six people who lived in the home and three relatives.

We looked at the care files of six 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

At the last inspection in February 2017, we found that the registered provider was in breach of regulations and the safe domain was rated as inadequate. The breaches were in relation to risk management and the recruitment of staff. During this inspection we looked to see if improvements had been made and found that although some improvements had been made, further actions were required to ensure the provider was compliant with regulations.

At the last inspection we found that risk was not always managed safely as risk assessments provided conflicting information and personal emergency evacuation plans (PEEPs) did not provide sufficient detail to ensure staff could support people to evacuate the home safely.

During this inspection we reviewed risk assessments within people's care files and saw that risk to most people had been assessed in areas such as falls, mental health, nutrition, moving and handling, mobility fire safety and skin integrity. Most of these assessments were detailed and provided staff with guidance on how risks should be managed and they had been reviewed regularly. We found however, that risk assessments for one person who was staying at the home for a short period of respite, had not been fully completed. For example, nutritional and risk assessments were in the file but had not been completed despite the skin integrity care plan reflecting the person was at risk of their skin breaking down. This meant that risk had not been accurately assessed and staff did not have guidance on how best to support that person to maintain their safety and wellbeing.

We also found that some PEEPs still did not contain enough information to ensure staff knew what support people needed in the event of an emergency. Three PEEPs we looked at reflected that people lived on the first floor of the home, required support from two staff to transfer and the registered manager confirmed they would not be able to use the stairs. The PEEPs did not inform how they would be supported to get to the ground floor in order to evacuate the home.

We also found that there was no evacuation equipment available within the home. We discussed this with the registered manager who informed us this had recently been identified by a new health and safety company they had contracted. The registered manager showed us evidence that equipment had been ordered before the end of the inspection and following the inspection they sent us evidence that the equipment was available within the home.

We looked at how medicines were managed within the home and found that safe medicine management procedures were not always followed. For example, records showed that not all medicines had been booked in accurately each month with the actual stock balance amount, so we were unable to audit these medicines to ensure they had been administered as prescribed. Allergies people had were not always clearly recorded on medication administration charts, which meant there was an increased risk they could be given a medicine they were allergic to.

We also looked at how medicines that were prescribed as and when needed, also known as 'PRN', were

managed. There were no PRN protocols in place to inform staff when to administer these medicines if people were unable to tell staff that they needed them. For instance, one person was prescribed a medicine to be given if they became unsettled or agitated. They would not be able to tell staff that they required this medicine and there was no guidance for staff. This meant that there was a risk the person would not receive the medicine in a consistent way and at the times they required it.

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

There was a medicine policy available which included information on how medicines were ordered, stored, administered and disposed of. It also included information on medicines to be administered covertly (hidden in food or drink), although this type of administration was not in use at the time of the inspection. Medicines were stored securely in locked trolleys and the temperature of these areas were monitored and recorded. If medicines are not stored at the right temperature, it can affect how they work. Records showed and staff confirmed, that they had completed medicine training and had their competency assessed in this area.

We looked at how the home was staffed and people told us there were sufficient numbers of staff on duty to meet their needs in a timely way. For example, one person told us as soon as the staff heard them move in their room they would come straight in to check they were ok. During the inspection we observed staff provide support in a calm manner and people were not rushed. Staff we spoke with told us there were usually enough staff on duty and that the registered manager would increase the staffing levels if somebody was unwell and required staff to spend more time with them.

At the last inspection we found that safe staff recruitment procedures were not always followed. During this inspection we looked at the recruitment files for staff who had recently been employed. All of these files contained two references, photographic identification, a full employment history and evidence of Disclosure and Barring Service (DBS) checks. 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. When any risks were identified in the recruitment process, we saw that risk assessments had been completed to ensure potential staff were suitable to work in the home. This assists employers to make safer decisions about the recruitment of staff. Safe recruitment procedures had been followed and the registered provider was no longer in breach of regulation regarding this.

We found that most records relating to people's care and treatment were detailed, legible and up to date. They reflected the care and support people required. Care files were accessible to all staff to ensure they had access to relevant information they required to enable them to support people safely. We found however, that these records were not always stored securely. For example, care files in the respite unit Elliot House, were stored on a desk within an open office, which meant they were accessible to people who did not require access to these confidential records. We discussed this with the registered manager who told us there was a locked cabinet available in that office and they would ensure it was used at all times. Records within the main home were stored securely.

People we spoke with told us they felt safe living in Abbeyfield Lear House. Their comments included, "Oh yes we're all safe here", "Yes, the girls look after us" and "Yes, of course I am safe." Relatives we spoke with all agreed that their family members were safe and that they had peace of mind when they left the home. One relative told us, "I am confident [family member] is safe here" and another relative said, "It's a relief that we know [family member] is being well looked after."

Staff we spoke with were knowledgeable about safeguarding procedures and were able to clearly explain how they would report any concerns they had and who they would report them to. A safeguarding policy was available to guide staff in their practice and contact details for local safeguarding teams were available. There had not been any safeguarding incidents since the last inspection. The registered provider also had a whistleblowing policy in place which encouraged staff to raise any concerns without fear of repercussions and staff we spoke with were aware of this policy.

A range of other policies and procedures were also in place, including an equal opportunities policy. 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. The registered manager told us there was nobody living in the home at the time of the inspection that required personalised support in relation to any of the protected characteristics.

Systems were in place to monitor the environment and equipment to ensure it remained safe. For example, external contracts were in place to make regular checks on the gas, electricity, the passenger lift, water safety, lifting equipment and fire safety equipment. Records showed that regular internal checks were also completed in areas such as water temperatures, fire alarms, emergency lighting, air mattresses, nurse call bells, portable appliance tests, shower head cleaning and hoist checks. Window restrictors had been fitted to windows where required, in order to prevent falls from height.

Accidents and incidents that had occurred within the home had been recorded and reported appropriately. All incidents were reviewed by the registered manager each month to look for potential themes or trends. Actions had been taken to reduce the risk of falls for people, such as a referral to the falls team or the use of falls sensors. These sensors alerted staff when people at risk were mobilising so they could offer support in a timely way.

The home appeared to be clean and well maintained and was free from odours during the inspection. Bathrooms contained paper towels and liquid hand soap in dispensers, in line with infection control guidance. Hand gel was available in canisters around the home, to help prevent the spread of infection. Personal protective equipment such as gloves and aprons were also readily available for staff and we saw that they used them appropriately, such as when providing personal care. People living in the home told us they had no concerns about the environment and felt it was always clean and tidy.

Is the service effective?

Our findings

At the last inspection in February 2017, we found the registered provider to be in breach of regulations and the effective domain was rated as requires improvement. The breach was in relation to meeting people's nutritional needs.

In February 2017 we found that there was no system in place to ensure all staff knew people's dietary needs or how best to meet them. During this inspection we found that improvements had been made and the registered provider was no longer in breach of regulation regarding this. Kitchen staff had access to information regarding people's individual needs and preferences and staff we spoke with were aware of these needs. The chef told us they provided diabetic and fortified diets and that nobody currently living in Abbeyfield Lear House had any food allergies.

We saw that people's nutritional needs had been assessed and actions taken based on these, such as referrals to the dietician or speech and language therapist when required. Advice from these professionals had been included within care plans to ensure staff were aware of the advice. Diet and fluid intake charts were completed when there was concern regarding people's intake, to monitor how much they were eating and drinking.

When asked about the food, people told us, "There is always plenty", "It is as good as I had at home" and "I don't always like it." All people told us they had choices and alternatives were available if they did not like what was on the menu that day. We saw that people were offered drinks and snacks regularly during the day and a pot of fresh coffee was available in the dining room throughout the day.

We looked at how staff were inducted into their roles and found that they received a comprehensive induction when they started in post. This included the organisations eight values training, e-learning training, completion of an induction checklist and the opportunity to shadow more experienced staff for a few days. Staff told us they felt the induction was sufficient and prepared them for their role.

Records showed that staff were supported through regular supervision and an annual appraisal and staff we spoke with told us they felt well supported and were able to raise any concerns they had. Staff told us they were encouraged with their own personal development.

We looked at training that was available to staff and found that although there were a variety of courses available, not all staff had completed training that would be considered mandatory for their role. For example, not all staff had completed safeguarding training since commencing in post and records we viewed for two carers showed that they had not completed fire safety, first aid, safeguarding or moving and handling training. We discussed this with the registered manager who agreed to ensure all staff completed training considered mandatory as soon as possible. Following the inspection the registered manager confirmed that dates had been booked for these training courses to be completed within a couple of weeks.

During this inspection we looked to see if the service was working within the legal framework of the Mental

Capacity Act 2005 (MCA). The 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).

Records showed that one DoLS authorisation was in place at the time of the inspection. This was clearly recorded within the person's plan of care and staff we spoke with were aware this was in place. The registered manager maintained a system to ensure they resubmitted an application before the authorisation expired.

People told us that staff always asked them for their consent before providing support and we observed this during the inspection. Care files contained records of people's consent in relation to photographs, care and treatment and medicine administration. When people were unable to provide consent, decisions were made in people's best interest in line with the principles of the MCA.

We found that care files included care plans in relation to people's mental, physical and social health needs. This showed that people's needs were assessed holistically. Detailed pre admission assessments had been completed prior to people moving into the home. This helped to ensure that their needs were known by staff and could be met effectively from the day they moved in. Staff in the home had access to relevant legislation and best practice guidance, in order to enable them to provide the most effective care.

People living in the home were supported by staff and other healthcare professionals in order to maintain their health and wellbeing. Care files showed that advice was sought from professionals such as the GP, dietician, speech and language therapist, social worker, district nurse and the optician. Advice provided from these professionals was incorporated within the care plans. People living in the home told us that staff arranged for them to see a doctor if they were unwell and this was done in a timely way. Relatives we spoke with agreed and one relative said, "When [family member] had a fall the staff were fantastic with her and me."

We looked to see if the environment had been adapted to support people living with dementia, to maintain their safety and assist with orientation and found that some adaptations had been made. There was a sensory garden available for people to spend time in, as well as a 1950's lounge area. This had been decorated to look like a living room from that era, with a record player and old telephone. Memory boxes had been fitted outside people's bedrooms, although a number of these remained empty and their doors contained names and a photograph that was significant to the person. Memory boxes can help people with memory difficulties identify their room and serve as conversation prompts.

There were pictorial signs around the home, providing direction to main rooms such as the bathroom. Red toilet seats had been installed to help people living with dementia identify the toilet and promote their independence. The registered manager also told us that the bedroom furniture that had recently been purchased was dementia friendly.

Is the service caring?

Our findings

People living in Abbeyfield Lear House told us that staff were kind and caring and that they were treated with respect by staff. Their comments included, "[Staff] are all lovely, they can't do enough for you", "All the staff here are very attentive" and "They are very approachable here."

Interactions we observed between staff and people living in the home were warm and familiar. We heard staff speak to people in a friendly and respectful way. We saw that staff treated people with dignity and respect, such as knocking on bedroom doors before they entered, providing personal care in private and asking people for consent before providing support. Support was provided in an unrushed manner and staff reassured people and explained the support they were going to provide.

It was also clear that staff knew the people they were caring for well, including their needs and preferences. For instance, all staff we spoke with knew the dietary and mobility needs of the people we discussed. The chef also told us about a person who did not like a specific meal that was on the menu each week, so they always prepared a separate meal for them. Care plans we viewed also reflected people's preferences with regards to meals, activities, times they liked to get up or go to bed and how they liked to spend their day. This enabled people to be supported by staff that knew them well and provide care based on their individual needs and preferences.

Care files also showed that people were encouraged to be as independent as possible, whilst remaining safe. For example, one person's mobility plan showed that a sensor mat was being used to alert staff when they mobilised during the night, as they were at high risk of falling. This enabled the person to continue mobilising when they wanted to, but for staff to support them to remain safe. Another person's personal care plan reminded staff to encourage the person to do as much for themselves as possible. A third person had been provided with a riser chair to enable them to stand up independently as possible. Staff told us they always encouraged people's independence and saw it as a big part of their role.

We looked at the service user guide and statement of purpose which were available within the home. These contained information about the service and what could be expected when a person moved in. It also reflected that the service would maximise people's independence and encourage them to take reasonable informed risks and a risk management policy was also available.

The statement of purpose included information regarding the complaints and safeguarding processes, rights of each person who lived in the home and information on how people could be involved in planning their care. This showed that people were given information and explanations regarding the service.

It was clear from the records we viewed that people and their relatives were involved in the creation and review of their care plans. This was evident through signed consent forms, recorded best interest decisions that families had been involved with and from the detail and personalised information available in people's files.

We saw friends and relatives visiting throughout the inspection and all those we spoke with told us they could visit at any time and were always made welcome. The registered manager told us that there were no restrictions as to when people could visit and this encouraged people to maintain relationships they had built in the community before moving into the home.

For people that did not have any friends or family to represent them, details of local advocacy services were displayed within the home and further details were available within the statement of purpose. An advocate is a person that helps an individual to express their views and wishes, and help them stand up for their rights. The registered manager told us they would support people to access these services should it be required, although there was nobody that required it at the time of the inspection.

Is the service responsive?

Our findings

At the last inspection in February 2017, we found that care plans did not always provide sufficient information to ensure staff were aware of and could meet people's needs. The registered provider was found to be in breach of regulation regarding this and the responsive domain was rated as requires improvement.

During this inspection we looked to see if any improvements had been made and found that they had and the registered provider was no longer in breach of regulation regarding this. Care plans we viewed were detailed, reflected people's individual needs and preferences and were reviewed regularly. We saw that when people's needs changed, care plans were updated to reflect these changes. For instance, one person's nutrition plan showed that they had lost weight recently and been reviewed by the dietician. The dietician recommended a fortified diet and the care plan had been updated to reflect this change. Another person's file showed that they had a number of falls. The staff had made a referral to the falls prevention team who had recommended the use of a walking frame and this was recorded within the updated care plan.

Care plans were also in place to ensure people's health needs could be met safely by staff. For instance, one person's file showed that they used a catheter and there was a detailed care plan to guide staff how to care for this properly to avoid any infections or blockages. Another person's file reflected that they had a specific health condition and there was a plan in place to inform staff how this should be managed and signs and symptoms to look out for that may indicate the person was unwell.

Care plans were specific to the individual and reflected each person's needs and preferences. A life history was available in most care files and this included personalised information regarding people's life, family members, jobs, holidays, significant dates and other details to enable staff to get to know people as individuals. People living in the home told us they were treated as individuals and relatives we spoke with agreed. One relative told us their family member was always given choices and staff tried to ensure these choices were always met. They said, "When [family member] first came here they repainted [family members] room because they didn't like it."

We also found that planned care was evidenced as provided. For example, one person's file indicated that they required their weight to be monitored each week and records showed that this had been done in order to monitor and maintain the person's wellbeing.

Technology was also used within the home to help maintain people's safety and wellbeing, such as call bells and fall sensors.

We looked at systems in place to help support people at the end of their life. We found that staff had completed 'Six Steps' training to enable them to provide effective care to people at this time. This is a locally recognised training course that aims to provide staff with the tools and knowledge to plan and provide the best possible person centred care to people at the end of their lives. Care plans showed that staff had discussed end of life care with people and their wishes were recorded.

A complaints procedure had been developed which provided clear information on how to raise concerns and included contact details for the local authority and the ombudsman. The complaints procedure was on display within the home. People we spoke with told us they knew how to raise any concerns they had and felt that they would be listened to. One relative told us, "When I have had concerns they have been addressed straight away" and another relative said, "We've got no complaints at all."

The registered manager maintained a complaints log; however we saw that it had not been kept up to date. A complaint received in 2017 had been recorded and acknowledged, however there was no evidence that this had been resolved. We discussed this with the registered manager who was able to explain what actions had been taken and it was clear it had been resolved. The registered manager agreed to ensure records regarding complaints were kept up to date.

We looked at the social aspects of the home and what activities were available to people. We saw that there was a monthly activity planner displayed so people knew what was available each month. Activities included visits from a pet therapy dog, chair exercises, nails, dominoes, quiz, music, crosswords, bingo and hoopla. The registered manager told us about a recent visit from meerkats and goats and a person we spoke with told us how much they had enjoyed that visit. On the day of the inspection children from a local nursery came to the home and sang with people. Most people living in the home were involved and spent the time smiling and singing.

People told us they enjoyed the activities available and were able to choose whether or not they wanted to join in. Relatives we spoke with agreed that there were enough activities and one relative said, "There's plenty of activities to keep [family member] occupied."

Is the service well-led?

Our findings

At the inspection in February 2017, we found that the registered provider was in breach of regulation as systems in place to monitor the quality and safety of the service were not effective. The well-led domain was rated as requires improvement.

During this inspection we looked at the audits completed by the management team and members of the committee. Checks had been made in areas such as medicines, health and safety, care planning and falls. We found however, that these were not always effective. For example, the medicine audits were a record of current stock balances, but there was no evidence that these had been checked against the amount received to ensure the balance was accurate. The audits completed by the service had not identified the lack of emergency evacuation equipment; however, a newly contracted health and safety company had completed an audit prior to the inspection and had identified the need for this equipment.

We also found that actions from audits were not always addressed. For example, an audit had been completed by a pharmacist and a nurse from the Local Authority quality improvement team. It identified that protocols were required to ensure staff knew when to administer medicines prescribed as and when needed and that the amount of stock carried forward each month should be recorded. We found that these recommendations had not been actioned. This showed that the systems in place to monitor the quality and safety of the service were still not always effective.

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

We looked to see how the registered provider maintained oversight of the quality of care provided. Records showed that regular meetings took place with the registered manager, general manager and the rest of the committee. Minutes showed that falls, health and safety, complaints, people's changing needs, survey results and activities had all been discussed at the last meeting in December 2017. The registered manager told us that members of the committee visited the home regularly and completed audits and they were always notified of any incidents within the home. This helped to ensure that the registered provider maintained effective oversight of the service.

People told us they felt the home was well managed and feedback regarding the registered manager was positive. Staff described the registered manager as, "Approachable", "Supportive" and "Fair." We saw the registered manager interact with staff, people living in the home and their visitors in a professional, respectful and warm manner. It was clear that the registered manager knew the people living in the home well and always stopped to speak to people as they walked past, about topics that were relevant to the individual. During the inspection we found the registered manager to be open and transparent and receptive of the feedback provided throughout the two days.

Following the last inspection the registered provider created an action plan to address the areas of concern raised. During this inspection we saw that the registered manager had worked through the action plan and

had clearly recorded what actions had been taken to ensure improvements had been made in these areas. We found that necessary actions had been taken and most actions had been fully completed.

Systems were in place to gather feedback regarding the service provided. These included staff, resident and relative meetings, as well as the distribution of quality assurance surveys. The responses from the last survey had been analysed and summarised and it was clear that actions had been taken based on the feedback received. For example, one relative had commented that they did not know staff members names. Uniforms have been updated and have staff members names embroidered on them.

Minutes from meetings showed that people were encouraged to share their views during meetings and staff told us they felt listened to. One staff member told us about changes that had been implemented following a suggestion they had made.

Policies and procedures were available to guide staff in their role. Staff we spoke with were aware of these policies and told us that they were accessible to them at all times. We saw that staff worked well together as a team during the inspection and supported each other in their roles. Staff told us they enjoyed working in the home and would be happy for their family members to receive care there.

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

Ratings from the last inspection were displayed within the home and on the registered provider's website as required. 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.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk to people was not always assessed and managed well. Personal emergency evacuation plans lacked detail and there was no emergency equipment to assist people in the event of an evacuation.</p> <p>Medicines were not always safely managed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place to monitor the quality and safety of the service were not always effective.</p>