

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?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

# Summary of findings

## Overall summary

This inspection took place on 4 and 5 July 2017 and was unannounced.

Abbey Lawns Care Home is a privately owned care home providing both nursing and personal care for up to 61 people who have a range of care needs. The home is located in a residential area of Liverpool close to public transport routes and local amenities. During the inspection, there were 60 people living in the home. A registered manager was in post and feedback regarding the management of the service was positive. 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.

At the last inspection in December 2016 the provider was found to be in breach of Regulations in relation to medicine management, risk management, consent, care planning, safe recruitment of staff, the safety of the building and the governance of the service. Following the inspection we issued warning notices in respect of regulations 15 and 17 and the service was rated as inadequate overall and placed in special measures. The purpose of special measures is to:

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

During this inspection we looked to see whether improvements had been made.

At the last inspection in December 2016, we identified breaches of regulation in relation to keeping people safe as we found that risk was not always assessed accurately. During this inspection we found that risk assessments had been completed, however they were not all completed accurately or fully. For example, one person's falls risk assessment did not reflect all of their medical issues so the total score was not correct. Their body mass index (BMI) had also been recorded incorrectly on their nutritional risk assessment which resulted in the wrong level of risk being identified. Sufficient improvements had not been made and the provider was still not meeting legal requirements in this area.

In December 2016 we found that safe staff recruitment procedures were not always followed. During this inspection we saw that some improvements had been made, but further progress was required. For example, the provider had not completed a Disclosure and Barring Service (DBS) check prior to one staff member commencing in post as the DBS certificate was issued nine months prior to the person being employed by the home. Sufficient improvements had not been made and the provider was still not meeting legal requirements in this area.

In December 2016 we found that systems in place to monitor the quality of the service were not effective. During this inspection we found that there were no records to show that the provider maintained any oversight of the quality or safety of the service. New audits had been implemented since the last inspection and were completed by the registered manager and senior staff within the home. We found however, that these audits did not identify all of the issues we highlighted during this inspection.

The audit tools in use were not all fit for purpose and when audits had identified actions for improvement, it was not always clear whether they had been addressed. This meant that the system was difficult for the registered manager to oversee, increasing the risk of issues being missed. This meant that the systems in place to monitor the quality of the service were ineffective.

After the last inspection in December 2016, the provider told us what action they would take to ensure improvements were made, however during this inspection we found that the registered manager did not have knowledge of what had been addressed on the action plan. This showed that there was a lack of oversight with regards to the required improvements of the service.

Prior to the inspection a Provider Information Return (PIR) was sent to the provider for completion. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider did not return this prior to the inspection and when we discussed it with the registered manager, they were unaware it had been sent to them. This showed that systems in place within the service were not effective in ensuring the service was well-led. During this inspection we found that insufficient improvements had been made and the provider was still in breach of regulation regarding the governance of the service.

The registered manager had not notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home in accordance with our statutory notifications.

In December 2016 the provider was in breach of regulations as the care plans did not contain sufficient information to address people's identified needs, were not person centred and planned care was not always evidenced as provided. During this inspection we found that care plans were in place regarding identified needs, however the majority of plans did not provide sufficient detail to ensure that all staff would know how to meet each person's needs. We also found that not all planned care was recorded, such as support provided to people to relieve their pressure areas and prevent skin damage.

Most of the care plans we viewed contained a printed set of general statements, were not specific to the individual or reflect people's preferences. They did not reflect a person centred approach. Sufficient improvements had not been made and the provider was still not meeting legal requirements in this area.

During this inspection we found that although not all people recalled being involved in their care plans, records showed that when able, people had signed to consent to the content of the care plan, showing their involvement. Care plans were reviewed regularly and updated when there was a change in people's needs. We found that improvements had been made and the provider was no longer in breach of this part of the regulation.

In December 2016 we found that consent was not always sought in line with the principles of the Mental Capacity Act 2005 (MCA). During this inspection we found that people signed to evidence their consent to having their photograph taken and to show their agreement with the content of their care plans. When there was a concern as to whether a person was able to provide consent, a mental capacity assessment was completed and decisions made in people's best interest.

We also found that applications to deprive people of their liberty had been made when necessary. Sufficient improvements had been made and the provider was no longer in breach of regulation regarding this.

Staff completed an induction when they commenced in post and received regular supervision and an annual appraisal. Refresher training was also provided in areas the provider considered mandatory. However, records regarding staff training held by the registered manager did not reflect training staff had completed. We also found that despite recent training, not all staff had a clear understanding of the MCA. We made a recommendation regarding this.

During the last inspection we found that the building was not always maintained safely. During this inspection we saw that improvements had been made and risks previously identified had been addressed. Regular internal checks were completed and external contracts were in place. This helped to ensure the building and its equipment were safely maintained. We found that improvements had been made to the safety and security of the building and the provider was no longer in breach of regulation regarding this.

In December 2016 we found that medicines were not always managed safely. During this inspection we found medicines were managed safely and this part of the regulation was being met.

People we spoke with told us they felt safe living in Abbey Lawns and relatives agreed. We found that there were sufficient numbers of staff on duty to meet people's needs safely and appropriate safeguarding referrals had been made when required. When an accident or incident occurred, it was recorded and reported appropriately.

Feedback regarding meals available was mixed, however we found that there were choices available and people told us they had enough to eat and drink.

People living in Abbey Lawns told us staff were kind to them and treated them with respect. We saw that interactions between staff and people living in the home were warm and staff worked in a way so as to protect people's dignity and privacy. Staff were able to provide clear examples of how they maintained people's dignity and privacy on a daily basis and encouraged their independence.

Care files included a personal statement which contained information regarding people's preferences, such as their preferred name, times they liked to go to bed and get up each day and things that made them happy. This information was detailed and specific to each individual, however it was not reflected through the plans of care.

We observed relatives visiting throughout both days of the inspection. The registered manager told us there were no restrictions in visiting which encouraged relationships to be maintained and people told us their visitors were always made welcome. For people who had no family or friends to represent them, contact details for a local advocacy service were available for people to access.

A programme of activities was available for people to participate in and included one to one and group activities, as well as trips out. People told us there were enough activities organised.

Relative and resident meetings had been implemented and held every few months in order to gather people's views regarding the quality of service provided. Visitor surveys and food surveys were also regularly distributed and we saw that most of the feedback recorded was positive.

People had access to a complaints procedure and this was displayed on notice boards within the home.

People we spoke with knew how to make a complaint should they need to.

At the last inspection we found that some policies and procedures required updating to ensure they reflected current guidance and legislation. During this inspection we saw that a number of policies had been reviewed and rewritten.

Ratings from the last inspection were displayed within the home as required.

During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall, but is inadequate in one domain so will remain in special measures. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections.

## 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 assessed accurately to ensure people's safety and wellbeing.

Safe staff recruitment procedures were not always followed.

The building and its equipment were maintained safely.

Medicines were managed safely.

There were sufficient numbers of staff on duty and people felt safe living in the home.

Staff had a good understanding of safeguarding procedures.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff were supported in their role through induction and regular supervisions and appraisals. Although training records were not up to date and not all staff had a good understanding of the MCA.

Consent was recorded in line with the principles of the Mental Capacity Act 2005 (MCA) and applications to deprive people of their liberty had been made appropriately.

People living at Abbey Lawns were supported by the staff and external health care professionals to maintain their health and wellbeing.

Feedback regarding meals available was mixed.

### Is the service caring?

**Good** ●

The service was caring.

People living in Abbey Lawns told us staff were kind to them and treated them with respect.

Care files included some information regarding people's preferences, however this was not reflected in care plans.

People we spoke with told us they felt their religious needs were met by the service.

People told us their visitors were always made welcome. For people who had no family or friends to represent them, contact details for a local advocacy service were available for people to access.

### Is the service responsive?

The service was not always responsive.

Care plans did not provide sufficient detail to ensure that all staff would know how to meet people's needs and planned care was not always recorded when provided.

Care plans were not specific to the individual and did not reflect people's preferences.

Care plans were reviewed regularly and updated when there was a change in people's needs.

There was a programme of activities available for people to participate in.

Systems were in place to gather feedback from people regarding the service, including surveys, meetings and a complaint process.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

There was no evidence that the provider maintained any oversight of the quality or safety of the service. Audits completed did not identify all of the issues we highlighted during this inspection.

Systems in place within the service were not effective in ensuring the service was well-led as the registered manager was not aware of the on-going action plan, or that a PIR had been requested and not provided, prior to the inspection. The registered manager had not notified the CQC of all events and incidents that occurred in the home as required.

At the last inspection we found that some policies and procedures required updating to ensure they reflected current

**Inadequate** ●

guidance and legislation. During this inspection we saw that a number of policies had been reviewed and rewritten.

Ratings from the last inspection were displayed within the home as required.

A registered manager was in post and feedback regarding the management of the service was positive.



# 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 4 and 5 July 2017 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 views.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return the PIR and we took this into account when making the judgements in this report.

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

During the inspection we spoke with the provider, the registered manager, assistant manager, six members of the staff team, including the chef and maintenance person, eight people living in the home and two people's relatives.

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

# Is the service safe?

## Our findings

At the last inspection in December 2016, we identified breaches of regulation in relation to keeping people safe. The 'safe' domain was judged to be 'inadequate'. The breaches were in relation to safety of the building, medicine management, recruitment of staff and risk management. This inspection checked the action that had been taken to address the breaches of regulation.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, moving and handling, nutrition, smoking, use of the call bell and pressure relief. We found however, that not all risk assessments were completed accurately or fully. For example, personal emergency evacuation plans (PEEPs) were in place for people, however one person's advised staff to ensure their door was secure and wait for assistance from the fire authority. It is the provider's responsibility to have an evacuation plan for all people living in the home. Another person's PEEP did not advise staff how to support the person down the stairs in the event of a full evacuation, despite emergency equipment being available within the home.

One moving and handling assessment we viewed was only partially completed and did not provide any information on the type of equipment the person required to safely transfer. Another person's falls risk assessment did not reflect all of their medical issues so the total score was not correct. Their body mass index (BMI) had also been recorded incorrectly on their nutritional risk assessment which resulted in the wrong level of risk being identified. If levels of risk are not identified accurately, there is a chance that risks may not be managed appropriately for people.

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

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

In December 2016 we found that safe staff recruitment procedures were not always followed and risk assessments were not always completed when potential risks were identified during the recruitment process. During this inspection we checked to see whether safe recruitment practices were followed and saw that some improvements had been made, but further progress was required. We saw that when convictions were recorded on a staff members DBS check, risk assessments had been completed to assess the risk and help ensure staff were suitable to work with vulnerable people.

We viewed four staff recruitment files, two of which did not contain the required photographic identification. We discussed this with the assistant manager who told us those staff did not have any photographic identification and they would make this clear within their files. One file did not contain an application form and another file showed that the provider had not completed a Disclosure and Barring Service (DBS) check prior to the person commencing in post as the DBS certificate was issued nine months prior to the person being employed by the home. 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. This person's file also contained gaps in their employment history which had not been explored with the applicant before commencing employment. The registered manager told us they would establish why there were gaps in the employment history and record the reasons as this is legally required for all staff working in a health and social care setting.

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

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

Prior to this inspection we were aware of an incident regarding an ex staff member that has since resulted in a prosecution. The provider had taken appropriate actions regarding this and we will continue to work with the provider in relation to the issues raised.

During the last inspection we found that the building was not always maintained safely. This was because window restrictors were not adequate, checks on fire doors were not completed regularly, some did not close and we found some fire doors to be wedged open. We also found that there was direct access to hazardous areas of the home, such as the basement and chemicals were not stored securely. Smoking legislation was not adhered to and members of the public were able to access the home without staff knowledge. This risk was increased as part of the land was rented out as a car park on some days. During this inspection we found that improvements had been made in these areas.

We looked at the safety of the building and saw that windows were restricted where necessary, to prevent any fall from height and chemicals were stored safely within the home. Access to the basement had been secured as a key code lock had been fitted to the door and was observed to be closed at all times during the inspection. The lift had also been adapted so that people could not use it to access the basement. Areas within the basement that had previously posed fire safety risks had been de-cluttered.

Records we viewed showed that regular checks were made within the home, including fire safety checks. A fire risk assessment had been completed in December 2016 and actions identified had been addressed. The fire alarm was tested weekly to ensure it remained in working order, regular checks were made on the fire-fighting equipment within the home and fire doors were checked as part of a regular maintenance system to ensure they closed properly and would provide protection in the event of a fire. We found that fire doors were either closed or held open with automatic closures that would release if the fire alarm sounded.

Regular internal checks were also completed in areas such as water temperatures, call bells, bed rails and the general environment. External contracts were in place to check the safety of electrical systems, gas, fire safety equipment and lifting equipment. We viewed a sample of the certificates relating to these checks and saw that they were all in date. This helped to ensure the building and its equipment was safely maintained.

A designated smoking area was in place outside of the home and the door to this area had been fitted with a key code lock. This meant that members of the public no longer had access to the home without staff knowledge. There was still no barrier from the garden used by people who lived in the home and the area at the back of the home that is rented out as a car park on football match days. We discussed this with people living in the home and their relatives during the inspection but no concerns were raised regarding this. We did see however, that records from a relatives' meeting showed that some relatives had difficulty parking in

the car park during these days. The registered manager however, told us the front of the car park was always kept free for relatives.

We found that improvements had been made to the safety and security of the building and the provider was no longer in breach of regulation regarding this.

In December 2016 we found that medicines were not always managed safely as there were errors in the recording of administered medicines, prescribed creams were not signed for when administered and there were no PRN (as required) protocols in place. During this inspection we looked to see if improvements had been made and found medicines were managed safely and this part of the regulation was being met.

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for people living in the home. Staff told us and records we viewed confirmed, that staff had completed training in relation to safe medicine administration. We found however that staff had not had their competency assessed to ensure they were competent to administer medicines. The registered manager told us staff had their competency assessed when they first started in post but there were no records to support this. The registered manager agreed to ensure all staff who administered medicine had their competency assessed on a regular basis and we saw a new assessment tool the registered manager planned to use to record this.

We looked at people's MAR charts and found that they had been completed fully and included information regarding people's allergies to help prevent people being administered medicines they were allergic to. Any hand written directions were signed by two people in line with good practice and we saw that PRN protocols were in place. This helped to ensure people received their medicine in a consistent way, when they needed it.

Regular medicine audits had been implemented and the contacted chemist had also visited to complete an audit of medicines. We found that improvements had been made in the management of medicines and the provider was no longer in breach of regulation regarding this.

All people we spoke with told us they felt safe living in Abbey Lawns and relatives agreed. One relative told us, "Yes [name] is safe, they are looking after [name]" and another relative said, "I have no concerns."

We spoke with staff about safeguarding vulnerable adults, what constitutes abuse and how to report any concerns. All staff we spoke with were able to explain how they would report any concerns and told us that they had completed training in safeguarding. A policy was in place to guide staff and details of the local safeguarding team were available within the home. This enabled referrals to be made to the relevant organisations. We found that appropriate safeguarding referrals had been made.

We looked at how the home was staffed. On the first day of inspection there were two nurses and 10 carers on duty, as well as the registered manager and assistant manager, domestic, catering, administration and maintenance staff. Most people we spoke with told us there were usually enough staff on duty to meet their needs. One person said, "You just press the bell and they are there" and another person told us, "Yes there is enough staff." Relatives also told us that there were sufficient staffing levels and staff we spoke with agreed that there was enough staff to keep people safe and meet their needs.

We looked at accident and incident reporting within the home and found that they were recorded and reported appropriately. A monthly audit of accidents was completed and all falls were reported to the Local

Authority on a monthly basis. Audits looked for any potential themes or trends to help prevent future recurrences and any action taken was recorded, such as referrals to the falls team.

## Is the service effective?

### Our findings

In December 2016 we found that consent was not always sought in line with the principles of the Mental Capacity Act 2005 (MCA). This was because when people were assessed as lacking capacity, there was no evidence that best interest decisions had been made on their behalf, involving relevant people. We also found that on occasion relatives had signed consent documents on people's behalf, but there was no evidence that the person lacked capacity to make the decision themselves.

During this inspection we looked to see if the service was working within the legal framework of the MCA, which 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).

The registered manager maintained a record of all DoLS applications that had been made, including dates when they were authorised. We saw that nine applications had been submitted and one authorisation was in place. We looked at the care file for this person and found that the DoLS authorisation was reflected within their care plan.

Staff we spoke with told us they always asked for people's consent before providing care and we observed this during the visit. For instance, we heard staff asking one person if it was ok to help them to transfer and we saw staff knocking on people's door and waiting for a response before entering. Care files we viewed showed that people signed to evidence their consent to having their photograph taken and to show their agreement with the content of their care plans.

Care files we viewed showed that when there was a concern as to whether a person was able to provide consent, a mental capacity assessment was completed. For example, one person had a diagnosis of dementia and a mental capacity assessment had been completed to determine whether they were able to decide to live in Abbey Lawns. The assessment showed they lacked capacity to make this decision and a DoLS application had been made in their best interest.

We found that sufficient improvements had been made and the principles of the MCA were adhered to. The provider was no longer in breach regarding this.

We looked at the training and support provided to staff when they commenced in post. Staff told us they received an induction that included mandatory training and they felt fully prepared to fulfil their role. Records showed that the induction was in line with the requirements of the Care Certificate. The Care Certificate is an identified set of standards that care workers have to achieve and be assessed as competent

by a senior member of staff.

We asked the registered manager about on-going training for staff and they provided a training matrix. We found however that this contained large gaps in the completion of some training, such as fire safety, medicines management and first aid. We spoke with the contracted trainer for the service who maintained their own records and was able to show us that this training had been completed. As the registered manager did not have access to information as to which staff had completed training considered mandatory, it would be difficult for them to ensure all staff had received sufficient training to support them in their role.

We saw that DoLS training had been provided to staff in April 2017, however not all staff we spoke with had a clear understanding of DoLS and who this applied to in the home, or the Mental Capacity Act. We discussed this with the registered manager and they agreed to arrange further training.

We recommend that the provider reviews and updates the systems in place to provide and monitor training for staff and ensure that staff have the necessary knowledge and skills to fulfil their role effectively.

Staff we spoke with told us they felt well supported and were able to raise any issues with the registered manager at any time and that they received regular supervisions and an annual appraisal. We saw that this support was recorded within staff files.

People living at Abbey Lawns were supported by the staff and external health care professionals to maintain their health and wellbeing. The care files we viewed showed that people received advice, care and treatment from relevant health and social care professionals, such as the GP, dentist, dietician, diabetic nurse, optician, social worker and community psychiatric team. We saw that advice was sought in a timely way. For instance, one person's file reflected that they were diabetic and staff supported them to ensure they received a review from the optician each year as recommended for people with diabetes. Another person's file showed that they were at high risk of malnutrition. We saw that relevant referrals were made to the dietician and speech and language therapist and the care plan reflected the outcome of the advice received.

A relative we spoke with told us their family member's blood pressure was checked regularly by staff. They said that on one occasion the reading was out of their usual range, so the staff called for the GP to review their relative the same day to ensure their wellbeing. All relatives we spoke with told us they were kept informed of any changes to their family member's health and wellbeing.

We asked people for their views regarding the food available within the home and feedback was mixed. One person told us, "It's okay", another person said, "More variety is needed" and a third person told us, "Food is awful but I can get an alternative." Other people we spoke with told us they enjoyed the food and their comments included, "The food is good, there is always variety and a choice" and "The food is very good here."

One person we spoke with told us they did not always enjoy the food and that they had raised this with the registered manager who had purchased alternatives specifically for them. We saw that surveys regarding the food were issued to people regularly and those we viewed showed that feedback had improved in recent months. Changes to the menu had also taken place based on this feedback, such as adding meals requested by people and offering a variety of alternative options if people did not want the main meal. These alternatives included baked potatoes, salad, sandwiches and omelettes.

We spoke to the chef who was aware of people's dietary needs and told us they provided diabetic and vegetarian meals at the time of the inspection. We found that people had their specific dietary needs met by

staff, such as those people who required meals through a percutaneous endoscopic gastrostomy tube (PEG), which is a tube that is inserted through the abdomen straight into the stomach.

We joined people for lunch on the first day of the inspection and saw that people were able to choose where they had their lunch, such as the dining room, bedroom or lounge. We found that staff were available to support people with their meals during lunch and people were given plenty of time to enjoy their meal.

We observed one person receiving support to eat a meal that had been blended due to their swallowing difficulties. We saw that the meal had been blended all together, rather than each item of food being blended separately to help people identify the food they were eating. The staff member supporting this person spoke kindly whilst offering support; however they stood up whilst assisting with the meal, which did not help to create a relaxed and unrushed experience.



# Is the service caring?

## Our findings

At the last inspection in December 2016, the 'caring' domain was rated as requires improvement. This was because risks identified at previous inspections had not been addressed. During this inspection we found that identified risks had been acted upon and improvements had been made within the service.

People living in Abbey Lawns told us staff were kind to them and treated them with respect. One person told us, "[Staff] treat me well, we have good banter", another person said, "Oh yes [Staff] are kind" and a third person told us, "The staff are friendly and really good." Relatives we spoke with agreed that staff were caring and one relative described staff as, "Approachable."

We saw that interactions between staff and people living in the home were warm and caring and people appeared to be relaxed when interacting with staff.

We observed people's dignity and privacy being respected by staff in a number of ways during the inspection, such as staff knocking on people's door before entering their rooms. People we spoke with confirmed that staff always knocked before they entered their room. Personal care activities were carried out in private and people did not have to wait long if they needed support as we heard call bells were answered quickly. Staff we spoke with told us how they helped to protect people's dignity and privacy when providing support on a daily basis. Their examples included ensuring that doors and curtains were closed when providing personal care, talking to people about their support and asking for consent.

Staff we spoke with told us they encouraged people to be as independent as possible and people we spoke with agreed, although this way of working was not always reflected through the care plans we viewed.

Care files included a personal statement which contained information regarding people's preferences, such as their preferred name, times they liked to go to bed and get up each day and things that made them happy. Care files also included a lifestyle questionnaire which provided information on what activities people liked to participate in. Although this information was detailed and specific to each individual, it was not reflected in people's care plans.

People told us they had choice as to how they spent their day and the care that they received. For example, one person told us they could request a specific gender of carer to support them with their personal care if they chose to. Another person told us they could go out to the shops whenever they wanted.

We found on discussion, that staff knew the people they were caring for well, including their needs and preferences and people living in the home agreed that staff knew them well.

Care files were stored securely in order to maintain people's confidentiality.

We looked to see whether people's cultural and religious needs were met. The registered manager told us there was nobody living in the home currently that had any specific cultural needs. People we spoke with

told us they felt their religious needs were met by the service. One person told us they were supported to visit the local church and another person said, "Staff respect my Christian beliefs."

We observed relatives visiting throughout both days of the inspection. The registered manager told us there were no restrictions in visiting which encouraged relationships to be maintained. People we spoke with told us their visitors were made welcome whenever that arrived. One person told us, "They are always welcomed and given a cup of tea."

For people who had no family or friends to represent them, contact details for a local advocacy service were available for people to access. The registered manager told us there was nobody receiving support from these services at the time of the inspection; however they would assist people to access them when required and had done so previously.

## Is the service responsive?

### Our findings

When we carried out an inspection in December 2016, we identified a breach of regulation in relation to care planning and the 'responsive' domain was rated as 'requires improvement.' This inspection checked whether improvements had been made to address the breach of regulation.

In December 2016 we found that care plans did not contain sufficient information to address people's identified needs, were not person centred and when care was planned, it was not always evidenced as provided.

During this inspection we found that care plans had been implemented regarding identified needs, such as health conditions. For instance, one person's care file reflected that they had diabetes. There was information regarding diabetes, signs and symptoms and a plan of care to guide staff on the support the person required to manage their diabetes. Another person's care file contained a care plan to inform staff how to manage the person's needs should they suffer from a seizure due to a health condition.

We found however that the majority of plans we viewed did not provide sufficient detail to ensure that all staff would know how to meet each person's needs. For instance, one person's file contained a pressure area care plan that advised the person was at high risk, required support to reposition at frequent intervals and that staff should ensure all recommended equipment was in place. There was however, no information as to what that equipment was, or how often the person required support to reposition. A diabetes care plan we viewed advised staff to inform medical staff if the person's blood sugars were abnormally high or low, but there was no guidance on what was high or low.

Another person's personal care plan stated they required the assistance of two staff to give them a bed bath or shower as needed. There was no information to guide staff what support was required, what the person was able to do for themselves, or what their preferences were. This meant that staff may not have adequate information to ensure they could meet people's needs effectively. This person also had a mobility care plan within their care file. This advised the person required a hoist to transfer, but did not guide staff as to what hoist or sling to use and this information was also not recorded within the moving and handling risk assessment. Although this information was not recorded, staff we spoke with were aware of how to meet the person's needs.

We looked at whether planned care was recorded as provided. One person's file reflected that they required their blood sugar to be monitored each day and we saw that this had been monitored and recorded. We found however, that not all planned care was recorded. For example, one person's care plan advised they required support to reposition every two hours. We asked to see the records relating to this support but there were none available. We discussed this with the assistant manager who agreed they should be in place. On the second day of the inspection we looked to see if they had been completed and found that support had been recorded the previous day, after the discussion with the registered manager, but had not been continued overnight and there was no record of the support provided on the second day of the inspection. We discussed this with the registered manager who told us they had ensured they were

implemented the day before and did not know why they had not been continued, but that they would address it with all staff and ensure the support provided was recorded.

We found that some improvement had been made to the level of person centred information within care files. For instance, all files we viewed contained a lifestyle questionnaire and a personal statement which included people's preferences in relation to some aspects of their care and information regarding the person's life history. This information had not been included within people's plans of care, as many of the plans we viewed continued to be a printed set of general statements and did not reflect a person centred approach.

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

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

At the last inspection we found that there was no evidence that people had been involved in the creation or review of their plans of care. During this inspection we found that although not all people we spoke with recalled being involved in their care plans, records showed that when able, people had signed to consent to the content of the care plan, showing their involvement. Relatives we spoke with agreed they were involved and kept up to date. We found that improvements had been made and the provider was no longer in breach of this part of the regulation.

All care plans we viewed had been reviewed regularly and changes in people's needs had been incorporated within the reviews and care plans. This meant that staff had access to up to date guidance as to how best to support people. Staff we spoke with told us they were informed of any changes within the home, including changes in people's care needs through daily handovers between staff, use of the diary and through viewing people's care files.

We asked people to tell us about the social aspects of the home. An activity coordinator was in post who organised activities such as bingo, cards, board games, arts and crafts, pamper sessions, barbeques, day trips, walks to the shop, trips to the pub and visits to the local church. A monthly activity programme was available for people to view around the home so people knew what activities were scheduled. The programme showed that activities were planned four days per week.

People we spoke with told us there were enough activities organised and people told us they particularly enjoyed the end of month party. This was organised to celebrate any birthdays that had taken place during the month and usually involved an external entertainer performing.

We looked at processes in place to gather feedback from people and listen to their views. Relative and resident meetings had been held every few months and records showed that discussions were held in areas such as meals, activities, staffing levels and parking. Records showed that visitor surveys were also distributed and completed at the end of resident and relative meetings. We saw that most of the feedback recorded was positive, though issues had been raised regarding car parking. Food surveys were also completed regularly by people living in the home as a means of gathering people's feedback regarding meals. Most people told us they felt they were listened to and that action was taken based on their feedback.

People had access to a complaints procedure and this was displayed on notice boards within the home.

There were also complaint forms available for people to complete should they wish to. The registered manager maintained a complaints log and we saw that any complaints recorded were dealt with in line with the provider's policy. There had not been any recent complaints made.

People living in the home told us they knew how to make a complaint should they need to and that they felt comfortable doing this. When asked if they knew how to make a complaint, one person told us, "Yes, but I have no concerns" and another person said, "Yes but I have never had to." All people told us they could speak to the registered manager if they were concerned about anything.

# Is the service well-led?

## Our findings

At the last inspection in December 2016, we identified a breach of regulation and the 'well-led' domain was judged to be 'inadequate'. The breach was in relation how the service was managed. This inspection checked the action that had been taken to address the breach of regulation.

In December 2016 we found that there were a lack of audits completed to monitor the quality and safety of the service and these audits did not identify the concerns we raised during the inspection. We also found that concerns identified at previous inspections had not been addressed; policies and procedures required updating and confidential records were not always stored securely. During this inspection we found that insufficient improvements had been made and the provider was still in breach of regulation regarding this.

We looked to see how the provider and registered manager ensured the quality and safety of the service and kept this under review in order to drive forward improvements. The provider was at the home during the inspection; however there were no records to show that they maintained any oversight of the quality or safety of the service.

We found that new audits had been implemented since the last inspection and were completed by the registered manager and senior staff within the home. These audits had been developed to cover areas such as care planning, medicines, staff recruitment, cleaning, accidents and injuries and the safety of the environment. We found however, that these audits did not identify all of the issues we highlighted during this inspection, such as those relating to staff recruitment, care plans and consent. This meant that systems in place to monitor the quality and safety of the service were ineffective.

We also found that the audit tools in use were not all fit for purpose. For instance, the staff recruitment audit did not reflect the need for a full employment history to be recorded. We spoke with the registered manager regarding this and they agreed to review the tool. The dependency assessment tool in use was not accurate as it contained incorrect wording. One person's assessment identified them as 'Totally independent' when it should have read 'Totally dependent.' This could lead to people's level of dependency being assessed incorrectly. The registered manager was aware of the error on the tool and advised us they had crossed it out on some forms, but those we viewed were not accurate.

When completed audits did identify actions for improvement, it was not always clear whether they had been addressed. For instance, care plan audits identified a number of required actions, but there was no evidence that these had been completed. When we checked the individual care plans, we saw that the improvements had been made. A medicine audit completed by the home's contracted pharmacist identified a number of actions, such as missing signatures, incorrect stock balances and fridge temperature not recorded daily. There was no evidence this had been addressed. The registered manager told us they had spoken to staff about the improvements required, but there was no evidence recorded to support this. This meant that the system was not clear or easy for the registered manager to oversee.

After the last inspection in December 2016, the provider told us what action they would take to ensure

improvements were made. During this inspection the registered manager told us they did not have an up to date action plan and that they had not been working through an action plan as they had employed the services of a consultancy to support them with the required improvements and believed the consultancy had been addressing the action plan. This showed that there was a lack of oversight with regards to the required improvements of the service.

Prior to the inspection a Provider Information Return (PIR) was sent to the provider for completion. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider did not return this prior to the inspection and when we discussed it with the registered manager, they were unaware it had been sent to them; however later in the inspection confirmed it had been received. This showed that systems in place within the service were not effective in ensuring the service was well-led.

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

The registered manager had not notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were not able to monitor information and risks regarding Abbey Lawns. We discussed this with the assistant manager who we were told was responsible for submitting notifications. They were unaware that notifications were required when any allegation of abuse was made, not just if the allegation was substantiated. The assistant manager told us they would ensure all relevant notifications were submitted in future.

We looked at processes in place to gather feedback from people and listen to their views. As well as resident and relative meetings and regular surveys, there were also staff meetings held to ensure views were gathered from staff. Records we viewed showed that staff meetings took place every few months; however detailed or accurate minutes had not been maintained to reflect discussions held or their outcomes. This meant this information was not available for staff who were unable to attend the meeting and were not available for future reference.

At the last inspection we found that some policies and procedures required updating to ensure they reflected current guidance and legislation. During this inspection we saw that a number of policies had been reviewed and rewritten, such as whistleblowing, staff recruitment, health and safety and mental capacity. This meant that staff had access to up to date guidance to support them in their roles.

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

The home had a registered manager in post. We asked people their views of how the home was managed and feedback was positive. People living in the home told us they could raise any concerns with the registered manager and staff we spoke to described the registered manager as, "Supportive", "Very caring", "Nothing is too much trouble" and "[Registered manager] makes sure staff are alright." People told us there was a nice atmosphere in the home and that it was friendly. Staff told us they enjoyed working at Abbey Lawns and that communication and support was very good.

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.