

Mrs Susan Newman

Abbots Lawn

Inspection report

Sylvan Way
Bognor Regis
West Sussex
PO21 2RS

Tel: 01243823288

Date of inspection visit:
16 August 2018

Date of publication:
16 October 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 16 August 2018 and was unannounced.

Abbots Lawn 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.

Abbots Lawn accommodates up to 37 people in one adapted building for older people, people living with a physical disability, sensory impairment and some people living with dementia. At the time of inspection, there were 34 people living at the service.

The home is situated in Bognor Regis, West Sussex and accommodation was provided over two floors. There were assisted bathrooms on each floor, a dining room and two lounge areas on the ground floor.

At our last inspection on 26 July 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The manager registered with the Care Quality Commission in November 2011. 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.

The service continued to have robust safeguarding systems, policies and procedures to protect people from abuse. Local safeguarding procedures were followed to respond to safeguarding concerns promptly.

Risks to people continued to be assessed to keep people safe. There were sufficient numbers of staff to support people and meet their needs safely. A relative told us, "I feel they have the ability to care for him as I want 24/7."

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

People's care, treatment and support continued to be delivered to a high standard and in line with current legislation. People were supported to maintain a balanced diet and had access to healthcare services when needed. One person told us, "the food is good and if you don't feel well they will get the doctor to look at you."

People continued to be treated with kindness, respect and compassion. We observed people being actively involved in making decisions about their care, as far as possible, such as; choice over food and drinks, participating in activities and personal care.

People continued to receive excellent person-centred care and were involved in developing their care plans. People felt confident to raise a complaint and speak to the registered manager if needed. One person told us, "The manager is approachable and would sort it out."

Abbots Lawn continued to promote a positive culture that was person-centred, open, inclusive and empowered people to live healthy active lives.

The registered manager and provider actively involved staff in opportunities to continuously learn and improve the quality of the service, taking on board feedback from people and relatives. Innovative ideas were being developed such as a sensory garden and a shop in the garden where people and family members can volunteer.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Abbots Lawn

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 16 August 2018 and was unannounced. The inspection team consisted of one 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. The expert-by experience at this inspection had experience of dementia and elderly care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and any improvements they plan to make. We reviewed the PIR and other information we held about the service including previous inspection reports. This included statutory notifications sent to us by the registered manager 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 used all this information to decide which areas to focus on during our inspection.

We spoke with people generally during the inspection and six people individually. We also spoke to two visiting family members. Not everyone was able to tell us their experiences of the care and support provided. We spent time observing how people were cared for and their interactions with staff to understand their experience of living in the service. We spoke with three care staff, the registered manager, area manager and a visiting health professional.

We spent time looking at electronic records, including six people's care and support records, three staff recruitment files and staff training records. We also looked at records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We reviewed other records, including the registered manager's internal checks and audits, medication administration records (MAR), health and safety maintenance checks, accident and incidents, compliments and complaints, staff training records and staff rotas. Records for three staff were reviewed, which included

checks on newly appointed staff and staff supervision records.

The service was last inspected on 26 July 2016 and was awarded the rating of Good.

Is the service safe?

Our findings

Systems continued to protect people from abuse. Staff understood their responsibilities to recognise potential abuse and raise safeguarding concerns appropriately. A staff member had been appointed as a 'safeguarding champion' to share information with staff and keep the team updated, providing advice and support where needed. The service had a whistleblowing policy to ensure staff understood how to raise concerns and staff confirmed they were aware of the policy.

People told us they felt safe living at Abbots Lawn. One person said, "I feel very safe here, it feels very homely. A home from home."

Systems continued to identify and assess the risks to people appropriately to ensure they were protected. Risk assessments were reviewed monthly and kept in people's care plans. They gave staff the guidance they needed to keep people safe and reduce the risk of harm to people. For example, we saw moving and handling risk assessments to prevent people from being incorrectly handled and we observed people being moved correctly.

The maintenance person carried scheduled checks of the premises and equipment. Ongoing maintenance issues were logged into a general message book and actioned promptly. Environmental risk assessments had been undertaken to ensure the premises were safe and met the legal requirements, such as; electrical wiring, appliances, gas safety, fire and legionella.

People had personal evacuation plans (PEEP's) to guide staff in safe evacuation. Fire alarms, emergency lighting and call bell checks took place regularly. A member of staff had been appointed as a 'fire champion' to share information and provide advice and support where needed.

The provider information return explained how the registered manager audited accidents and incidents monthly to identify any patterns or trends and how lessons learnt are implemented to further reduce risks to people. The registered manager gave an example of how the service became involved with the 'hydrate project' following an audit. Hydrate in Care Homes is a project which aims to improve hydration among older people living in residential and nursing homes. The registered manager appointed a 'hydration champion' to promote and monitor people's daily fluid intake to reduce the risk of people becoming dehydrated.

We observed staff supporting people throughout the day who displayed behaviours that could challenge. Staff gave people reassurance, spoke calmly and used diversion techniques to manage people's behaviours and keep others safe. One relative told us, "He can get very agitated and upset if he has to leave the home for a hospital appointment but the home always makes sure they send a couple of staff with us so that they can help manage it."

Some people stayed in their rooms through choice and we observed staff responding to people's call bells promptly, people were not left waiting for long periods of time.

People continued to be protected by the infection control procedures and had appointed an 'infection control' champion to carry out regular audits and identify areas for improvement.

We observed sufficient numbers of staff to keep people safe and rotas confirmed this. The registered manager used a dependency tool to determine levels of support for each person and used agency staff to cover one to one care. The area manager told us, "across the three homes we have floating members of staff to cover staff shortages or sickness." Records confirmed that staff continued to be recruited safely.

People continued to receive their medicines safely. Robust policies and procedures remained in place for the safe, storage, administration and disposal of medicines. Nursing staff received regular training and competency assessments to ensure their practice remained safe. We spoke to and observed the nurse on duty who confirmed they received regular training and told us the Medicines Administration Records (MAR) were only signed off once medicines had been administered. There was also clear protocols and guidance for administering medications 'as required' (PRN).

Is the service effective?

Our findings

People's care, treatment and support continued to be delivered in line with current legislation. People's care plans and assessments were comprehensive and representative of their needs. Staff were skilled and knew people well to deliver effective care. One person told us, "They are PERFECT, absolutely PERFECT. The food is good, the home is clean. PERFECT. Make sure you put that in large letters."

The registered manager carried out a pre-admission assessment to ensure the service could meet the needs of the person. The assessment process formed an initial care plan.

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

Staff had a good understanding of MCA and received training. We observed staff encouraging people to make decisions about food and drink choices, asking people for their consent before giving care and support and explaining, to people, what they were doing.

People can only be deprived of their liberty so that they can receive care and treatment when this is in line with their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). On inspection, the registered manager confirmed there were four approved DoLS and eighteen applications that had been submitted to the local authority. DoLS were applied for in a timely manner and staff were aware of those who required a DoLS.

Staff training continued to ensure that staff had the skills and competencies to meet people's needs. Staff received a mix of e-learning and practical training essential to their job role. Staff told us that the provider held regular workshops with staff to reinforce learning, using scenarios from the home in areas such as safeguarding and MCA. This meant that staff could discuss real scenarios and explore best practice approaches.

New staff completed a comprehensive induction programme which included essential training and shadowing of experienced care staff. New staff completed the Care Certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and standards of care expected from care workers. Staff were also encouraged to complete further courses such as the Health and Social Care Diploma (HSCD). One relative told us, "I think the staff are very well trained."

Staff received regular supervision and appraisals. The care team met through team meetings and handovers during the day. Staff told us they didn't have to wait for supervision to raise issues. One member of staff told

us, "I only work three days a week and I am always up to speed, communication is good and information is always shared".

We found that the decoration and physical environment of the service had been well thought out to meet the needs of people living with dementia, to promote their independence.

The cook had details of those on special diets such as pureed foods, vegetarian and diabetic. People were shown two plates of food so they could decide on the day. One person told us, "The food is quite good, if I don't like something I tell them and they get me something else, they never mind."

The lunchtime experience was calm and relaxed and people chose where to eat their meals. We observed staff supporting people with their meals, staff took their time, spoke gently to people and checked if they had finished before offering another spoonful of food. A visiting relative told us, "Dad has to be fed now and I've watched them doing it. They are so gentle and patient with him, with all the residents. It's amazing they never seem to get flustered, they just calmly get on with things."

People continued to have access to healthcare and each person was registered with a local GP. Care plans contained details of people's health needs and appointments. We spoke to a visiting health care professional who told us, "People here are rarely admitted to hospital because staff are prompt at seeking medical advice and making the right assessments." They gave an example where staff had supported a person with complex catheter needs so effectively, that the persons continuous re-admission to hospital stopped once they moved to Abbots lawn.

Is the service caring?

Our findings

Abbots lawn continued to have a relaxed and homely atmosphere and we observed staff treating people with kindness and compassion. We saw caring interactions between staff and people and they knew each other well. People and relatives spoke positively about the staff and their experience of living at Abbots Lawn. One person told us, "it's their job to look after us but they are lovely to us. Very kind, always smiling it makes you feel better." Another person said, "All the girls are so kind, they've always got time for you. If you're feeling a bit down they'll put an arm round you and give you a hug. I've never seen anyone out of temper with any of the residents. Nothing is too much trouble and they always seem to be smiling."

People were treated with dignity and respect. People were supported to maintain and develop their independence as far as possible and encouraged to make decisions on a day to day basis. Staff had a good understanding of people's needs, likes and dislikes. People were called by their preferred name and we observed staff knocking on people's doors. Staff were discreet and respectful when supporting people with personal care. One relative told us, "they know him so well, they know when he wants to go to the toilet and it's all done sensitively and discreetly without fuss."

Staff knew how to support people in the way they needed. We observed staff spending time with people listening and using appropriate touch to emphasise and reassure people. Staff used open ended questions and made suggestions rather than telling people what to do. Staff communicated with people according to their understanding and ability.

People's bedrooms were personalised with photographs of themselves and the people important to them. 'One-page profiles' had been developed with people to highlight their likes and dislikes. This gave staff a quick overview of people's preferences.

People were allocated a keyworker. A key worker is a person who has responsibility for working with certain individuals so they could build up a relationship with them. Keyworkers met with people on a one to one basis each month. This meant that people had a named person to liaise with.

In the main lounge there were folders for each resident which contained a 'Life Story' book. This gave staff information about people's previous history, where they lived, where they went to school, hobbies and what jobs they did. These books were used during one to one activity sessions to spark conversation about things that were important to them. These had been developed with people (where possible) and their family.

Staff respected people's confidentiality and understood not to discuss issues in public or disclose information about people who did not need to know. Information was shared at staff handovers and recorded in people's care notes. There was a communication book for staff to leave details for other staff regarding specific information about people. This was kept securely in the staff room.

Staff understood equality, diversity and human rights. Staff treated people equally and recognised people's differences. Staff told us how the provider organised a training session on spirituality to give staff a greater

understanding to support people well.

The provider information return gave an example where the registered manager developed a care plan with a person outlining their needs and wishes. One person disclosed their sexual orientation. The registered manager handled this information sensitively and assured the person their wishes would be respected.

People and families had regular opportunities to discuss with staff, decisions around their care and treatment. One relative said, "Anything I need to know about my husband's care they tell me whether good or bad. I have a good rapport with staff and I am always told about how things are when I visit. They always treat him with such respect." The registered manager held regular relatives and resident's meetings to give people and families the opportunity to share stories and experiences of the home.

Is the service responsive?

Our findings

People continued to receive a high standard of personalised care that was responsive to their needs and staff knew people well. One relative told us, "Staff are quick to act on things. The home is good with him and understand his needs. The other day he said he wasn't feeling too well so staff got the doctor out immediately. They're on the ball."

People were supported to maintain relationships with their families. The registered manager told us, "We don't have visiting hours. Family and friends are always made to feel welcome and are invited to join their loved ones for a meal or go on outings in the mini bus." A relative told us, "The home organises a minibus to take people out on trips, possibly twice a week and as many residents that want to go are taken. They arrange activities that families can be involved with and held a Garden Fete a few weeks ago with a 60s theme, which was well attended by families as well as residents."

People had person centred care plan's that documented their likes, dislikes and support needs. The care plans we looked at included information relating to people's health, social and wellbeing needs. The care plans detailed what people could do for themselves, what support was required, prevention techniques and how people should be supported.

Care plans were kept electronically. Staff used hand-held devices which linked to people's care plans, this meant that staff could update people's records promptly whilst spending time with people.

People's care plans remained person-centred and up to date. Care plans were reviewed once a month and the registered manager involved the person, family members and professionals (where appropriate). The registered manager told us that the care team carried out one focused care plan review a week. Staff shared information about what worked well with the person; any changes to their likes; dislikes; behaviour and support needs. One family member told us, "staff know the residents needs and preferences well. They are good at responding especially when people's needs change. One person told us, "They know what I can do for myself and what I need help with. If I'm having a bad day they give me a bit more time."

Activities were well thought out and adapted to suit people's interests and abilities. Activities included; gentle morning exercises, skittles, ball games, music, karaoke, arts and crafts, reminiscence activities and visiting entertainers. One person told us, "There's always lots going on in the home, we go out on the bus and have barbecues. You can be as busy as you want to be."

We saw people being supported to go out into the local community and staff told us how people had enjoyed garden parties and barbeques during the warmer weather. The provider has built a 'shop' in the garden and the registered manager told us how they are encouraging people and relatives to volunteer in the shop for one or two hours a day.

The provider had a policy on Accessible Information Standards to support people and staff who have communication needs relating to a disability, impairment or sensory loss. Care plans reflected people's

communication needs. Information was available in easy read formats and people had access to technology such as a computer and tablets to communicate with family and friends or make on-line purchases. The registered manager told us whilst one person is waiting to have hearing aids fitted. Staff use a white board to write information down to help the person understand.

People and relatives understood how to make a complaint. Information on how to complain was displayed in the entrance and lounge area. The provider had also introduced a separate complaints telephone line and email address. One person told us, "I would be comfortable making a complaint and that they would take notice and act upon it. The manager is approachable and would sort it out."

People were supported with their wishes and preferences for end of life care and some people had advanced care plans. The provider is working towards the 'Gold Standard Framework' (GSF). GSF is a training programme that supports people approaching end of life in any setting. The registered manager and care team work closely with the GP surgery and End of Life Care team (EoLC) to ensure that the persons clinical and holistic needs are identified and met in a timely way.

Is the service well-led?

Our findings

The registered manager had worked at Abbots Lawn since November 2011 and was supported by the provider, a team of care staff and nurses. The registered manager has created an open and positive culture that continues to deliver high quality care that is person centred, supporting learning and innovation. It was clear that person-centred care was promoted across the service, reflecting the providers vision and strategy.

One person told us, "I like it here and I don't think you can get better. If you have a problem they always sort it out for you." Relatives spoke positively about the registered manager, provider and care team and one relative said, "I can't think of anything they need to improve on in terms of the care. I think their strength is that they employ the right people with the right attitude and approach. I would recommend it to anyone."

The provider continued to have robust quality assurance systems to review the quality of the service. There was an audit schedule and the provider had an external auditor who visited the service every three months. Audits were used to identify and manage risks to the quality of service and to drive improvement.

During the past 12 months Abbots Lawn have been involved in various initiatives to improve the quality of the service such as the local authority's 'making safeguarding personal.' The manager had proactively appointed staff champions in a range of key areas to drive improvement.

The registered manager regularly engaged with people, relatives, staff and other professionals to help shape and develop the service. They captured feedback through annual questionnaires, meetings and three-monthly quality assurance forms. The registered manager gave an example where feedback identified a shortfall in religious considerations, the register manager promptly contacted a local reverend who now regularly visits the service to give sermons. The provider held 'polls' to get people's opinions on the decoration of the service, outings in the community and menus. The most popular results were then implemented.

The registered manager produces a regular newsletter for people, relatives and staff to share information and give updates on things happening at the service.

Staff meetings were held regularly giving staff the opportunity to receive updates and discuss any changes to the service. Staff were encouraged to bring new ideas and suggestions to support people. Staff said they felt listened to, valued and that the team worked well together. Staff told us there was an open-door policy whereby staff could speak directly to the management team.

The provider had recently introduced 'employee of the month'. People, relatives and staff voted for a member of staff they felt deserved recognition. This meant staff were rewarded for their hard work. Information from the provider information return explained that the provider also gives staff the opportunity to train as nurses as part of their career development.

People and staff told us that the registered manager and provider were visible and spent time with people

and their relatives, they complimented them on how welcoming everyone is at the home.

The registered manager and care team had good working relationships with other agencies such as the GP. They told us how closely they work with other health professionals so that all care decisions and treatment was multidisciplinary. A visiting health professional told us, "the care team is so responsive and appropriate advice is always sought and followed".

The registered manager attends local forums to exchange information and ideas, including a monthly clinical meeting held at the GP surgery. The provider has good links with other care homes and keeps abreast of local and national changes in health and social care, through skills for care, CQC, National Institute for Health and Care Excellence (NICE) and government initiatives.

The service had a policy regarding their duty of candour and the registered manager was open and transparent, acting in accordance with CQC registration requirements. The registered manager sent notifications to the CQC to inform us of any important events that had taken place in the service.