

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Abbey Lawns Care Home is a residential care home providing personal care and nursing care for up to 61 people with a variety of mental and physical health needs. There were 34 people living at the home at the time of this inspection.

People's experience of using the service and what we found

A number of identified improvements had been made since our last inspection however, further improvements were still needed. We identified some issues in relation to the safety and cleanliness of the environment, recruitment and the provider's systems for checking the safety and quality of the service. We have made a recommendation regarding the provider's governance systems. The manager immediately acted on some of the issues we found during the inspection.

Risks to people's health, safety and well-being had been assessed and staff had access to information about how to support people safely. People were protected from the risk of abuse and staff knew how to identify and respond to safeguarding concerns. Accidents and incidents that occurred in the home were acted upon appropriately and were subject to regular review and analysis to help prevent incidents occurring in the future.

People's needs had been assessed and care was planned for and delivered in line with current best practice guidance. People were supported with their meals where needed and any risks or needs associated with their food and drink intake were assessed and guidance was in place for staff to follow. Staff worked with health and social care professionals to ensure people received the right care and support.

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

People received care that was person centered and based on their needs and preferences; this included needs associated with their communication. Staff had access to guidance about how to effectively communicate with people; this included the use of pictorial cards if needed. An activities co-ordinator was employed at the home who organised a range of group and individual activities. People were supported to maintain contact with their family members; visits to the home were permitted in line with current national guidance.

The manager was responsive to feedback given during the inspection and had worked hard, along with the staff team, to make improvements to the home since our last inspection. Staff were proud to talk to us about the improvements made and spoke positively about the manager. They told us they felt supported and listened to. People and family members spoke positively about the service and the quality of care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 30 May 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 30 May 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service on 30 January 2022. Breaches of legal requirements were found in relation to safe care and treatment, safeguarding people from the risk of abuse, staffing, recruitment, person-centred care, Mental Capacity Act 2005 and governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey Lawns Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

This service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

This service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Abbey Lawns Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by an inspector, nurse consultant 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.

Service and service type

Abbey Lawns Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbey Lawns is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was an interim manager in post but they were not registered with CQC. The provider was in the process of recruiting a permanent manager.

Notice of inspection.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 25 people and 4 family members about their experience of the care provided. We spoke with 6 members of staff including a nurse, interim manager and quality and compliance manager.

We reviewed a range of records including 8 people's care records and 6 people's medicine administration records. We looked at 5 staff files for recruitment and a range of other records relating to the overall management of the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that systems effectively assessed, monitored and mitigated risks to the health, safety and welfare of people using the service. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of this regulation. However, we did identify some areas in need of further improvement.

- At the last inspection we identified a lack of window restrictors fitted across different floors of the home. At this inspection we identified that whilst some action had been taken, not all windows had been fitted with the required restrictors. This was immediately addressed on day one of our inspection.
- Risks to people's health, safety and well-being had been assessed and detailed guidance was place for staff to follow in order to support people safely.
- Staff had access to information about how to safely evacuate people in the event of an emergency.

Staffing and recruitment

At the last inspection the provider had failed to ensure that sufficient numbers of staff were deployed to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements had been made and the provider was no longer in breach of this regulation.

- We identified some improvements needed to the provider's recruitment processes to ensure new applicants were suitable for the role.
- Relevant safety checks had been completed on new applicants to make sure they were suitable to work for the service. However, some gaps in employment history had not been explored and/or documented and assessments had not been completed where information regarding an applicants' previous history had been disclosed.
- The manager immediately implemented new systems to ensure robust recruitment processes were followed in the future.
- There were enough staff deployed to meet people's needs and support people safely. Detailed

dependency tools were now used to assess the level of people's support needs and determine appropriate staff numbers.

Using medicines safely

- Overall, medicines were safely administered, stored and recorded by suitably qualified staff.
- Records relating to the application of topical creams and pain patches were not always completed to evidence they had been applied in line with prescriber instructions. This was addressed immediately, and additional records were implemented.
- Staff responsible for the administration of people's medicines had their competency levels assessed to ensure they remained safe to administer medication.

Preventing and controlling infection

- The environment was mostly observed to be clean and hygienic. However, one area of the communal lounge contained a small amount of rodent droppings. This was raised with the manager and addressed immediately.
- Cleaning schedules were in place and followed by staff to evidence regular cleaning tasks were completed. Improvements were made to these following the issues found in the lounge area.
- Safe visiting procedures were in place that followed the most recent national guidance.
- Staff had access to PPE and were observed following current guidance.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Accidents, incidents and safeguarding concerns were recorded and acted upon appropriately. This included referrals to relevant health and social care professionals.
- Accidents and incidents were regularly reviewed and analysed to look for patterns and trends. This meant action could be taken to prevent incidents occurring again.
- Staff had received safeguarding training and knew how to respond to incidents of concern.

Is the service effective?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection, the provider's systems had failed to ensure people were only deprived of their liberty for the purpose of receiving care or treatment with lawful authority to do so. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements had been made and the provider was no longer in breach of this regulation.

- People's capacity to make specific decisions about their care and treatment had been assessed. Where required, best interest decisions were made with the involvement of relevant others.
- Applications to deprive people of their liberty had been appropriately completed.
- Consent for care was obtained in line with MCA guidance.
- Staff had received MCA training and demonstrated a knowledge of MCA, DoLS and consent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received the relevant training and support to carry out their role. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements had been made and the provider was no longer in breach of this regulation.

- Staff had received training relevant to their role and people's individual needs.
- Newly recruited staff received a detailed induction to provide them with the skills and knowledge they needed to carry out their role.
- Staff received regular supervision meetings and told us they felt supported by the manager. One staff member said, "The support is so much better since [manager] has been in post. I feel I can talk to her about anything."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs had been assessed and care delivered in line with best practice guidance.
- Assessments contained detailed information about people's identified needs and how best to support them to achieve good outcomes.
- People's needs were regularly reviewed to ensure staff had access to the most up-to-date and accurate information.
- People were supported with their food and drink intake where needed and staff had access to up-to-date information about people's identified risks and needs associated with food and drink intake.

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

- Staff worked with health professionals to ensure people received the right care and support.
- Care plans showed evidence that staff were following advice from health professionals and referrals were made in a timely manner when people's needs changed.

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

- Since the last inspection, the provider had commenced some refurbishments of the home. This work was still on-going at the time of our inspection.
- The manager was in the process of adapting the home to support people living with dementia and learning disabilities. For example, some pictorial signage had been placed around the home to help people find their way around. The manager was aware that more signs were required and told us these had been ordered.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At our last inspection the provider had failed to ensure that people received person-centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements had been made and the provider was no longer in breach of this regulation.

- Since the last inspection, the manager had completed a detailed review of people's communication needs to ensure staff had access to information and guidance to help them communicate with people more effectively.
- Additional forms of communication were available, such as picture cards, to enable people to have access to relevant information and to further support communication with staff.
- People received care that was person-centred and based on their individual needs and preferences.
- Care plans contained detailed information about how people needed and wanted to be supported and staff knew people well and how best to support them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed an activities co-ordinator who organised a range of activities and events for people to take part in, either in a group or individually. One person told us, "It's my birthday soon. It's a big birthday. I'm having a party. I am really excited." Other people in the home told us they were also excited about this up-coming birthday party.
- There were processes in place to safely support visits in the home and ensure people were able to maintain regular contact with family members.

Improving care quality in response to complaints or concerns

- People and family members told us they felt able to make a complaint if they needed to.
- A record was kept of any complaints made. These showed appropriate action taken to investigate and

make necessary improvements.

End of life care and support

- People's wishes and preferences for end-of-life care were considered as part of the care planning process.
- Staff had received end-of-life training and nurses were aware of their role and responsibilities regarding end-of-life care.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection, the provider had failed to implement robust systems to assess, monitor and improve the safety and quality of the care being provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 17. However, further improvements were still needed to the provider's governance systems.

Continuous learning and improving care

- Systems to identify issues and drive improvement had improved since our last inspection. However further improvements were needed to ensure all areas of improvement were identified.
- Audits and checks had failed to identify the issues we found relating to medicines, recruitment and the environment.
- Where audits had identified issues, clear action was taken to address them and make necessary improvements.

We recommend the provider further review their governance systems to ensure they robustly monitor, assess and drive all necessary improvement to the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager was responsive to all the feedback given during this inspection and took immediate action to address the issues we found.
- Staff spoke positively about the changes and improvements made to the service since our last inspection. Comments included; "[Manager] is brilliant. She has worked so hard to improve this home. It's a much better place now" and "It's been a lot of hard work, but things have definitely improved since the last inspection."
- People received care that was person-centred; care plans and observations during the inspection evidenced this.
- People and family members spoke positively about the service and the care and support provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular meetings were held with people and family members to enable them to share their views about

the service. There was evidence that feedback was listened to and acted upon by the manager.

- Staff were kept regularly informed and updated about any important changes to the service and people's needs through handovers and other meetings. One staff member said; "I always feel listened to and updated. [Manager] always has time for us."

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

- The provider was aware of their legal responsibility to be open and transparent when things went wrong.
- CQC had been notified of significant events which had occurred, in line with the provider's legal obligations.