

Ashton Care (Bognor Regis) Limited

Abbots Lawn

Inspection report

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Bognor Regis
West Sussex
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Tel: 01243823288

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Abbots Lawn is a care home providing personal and nursing care for up to 37 older people, some of whom live with a physical disability, sensory impairment and people living with dementia. At the time of the inspection there were 32 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.

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

The provider had a quality assurance system in place but this did not always identify concerns and drive the necessary improvement in relation to records regarding medicines and the application of the Mental Capacity Act (MCA).

Despite this, people felt safe receiving care from Abbots Lawn. Staff had a good understanding of safeguarding adults from abuse. There were enough staff to meet people's needs and staff had been recruited safely. Risks to people's safety and wellbeing were assessed, monitored and reduced for people.

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. However, records did not clearly demonstrate how the principles of the MCA had been followed. We have made a recommendation about this.

People were supported to have enough to eat and drink. People were fully supported with all aspects of their healthcare. Staff told us they received support and training to ensure they could carry out their roles effectively. The environment was suitable for people's needs and allowed people a choice of where to spend their time.

People were supported by staff who were kind and caring. People were encouraged to be as independent as possible and people's dignity and privacy was protected by staff. All staff were committed to non-discriminatory practices and providing high quality care.

Staff supported people extremely well during end of life care, and provided compassionate care at this time. Staff knew people well and people had care plans that were person centred. People were supported to access a range of activities that were socially and culturally relevant to them.

People, relatives, staff and professionals spoke positively about the culture and management of the service. Feedback from people was sought and any areas for developing the service were acted on. The service worked in partnership with other agencies to promote and support people's wellbeing.

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

Rating at last inspection

The last rating for this service was good (published 13 December 2018). Since this rating was awarded, the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the date the provider altered its legal entity. We have found evidence that the provider needs to make improvement. Please see the effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified one breach of the Regulations in relation to governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Abbots Lawn

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector and one assistant inspector conducted the inspection.

Service and service type

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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We were not always able to communicate with people, so we spent time observing the

interactions between people and staff, in public areas of the home, in order to help us understand people's experiences. We spoke with seven members of staff including the provider, registered manager, deputy manager, a nurse, a senior care worker, a care worker and a cook. The nominated individual was also the provider and is responsible for supervising the management of the service.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives and received email feedback from a further two relatives. Three professionals who regularly visit the service provided email feedback about Abbots Lawn.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed but the recording of this needed improving.
- The provider had already identified some of the reasons behind the lack of recording and told us of their plans to improve these. Other concerns regarding medicine records had not been identified by the provider and although this had not impacted upon people's safety at the time of the inspection, we were concerned that medicine audits had not driven the necessary improvement. You can read more about this in the well led section of the report.
- Staff had been trained to administer medicines safely and this was reassessed annually as part of a formal competency assessment.
- Staff had signed oral medication administration records (MAR) accurately which reflected people received these medicines as prescribed. Medicines were stored securely. Medicines that required extra control by law, were stored securely and audited weekly. The ordering and disposal of medicines was safe.
- People and relatives told us people received appropriate support with their medicines. One person said, "A nurse gives me my medicines, I have Morphine, two nurses give me that, they watch me and then they sign to say I've taken it."
- A professional told us that staff did not rely on medicines when people displayed behaviours that could be challenging for themselves or others. They said, "I am mostly impressed they [staff] do not depend on medication and will discuss and act on any advice given. They will also work jointly on reducing medication and will promptly contact me if any problems should arise."

Assessing risk, safety monitoring and management

- Risks to people's personal safety had been assessed. Risk assessments were in place for areas such as malnutrition, skin integrity and choking. These detailed the plans to monitor and minimise risks for people. Staff were aware of people's risks and told us about the actions they took to promote their safety and wellbeing.
- Strategies to support people with behaviour that may place them or others at risk were tailored to each individual person. Care staff were able to describe how they supported people in these situations. A professional told us, "Staff are very aware of positive risk management for their clients and ensure that their practice reflects this."
- Environmental risk assessments were carried out to consider any risks to people, staff or visitors.
- Equipment such as hoists and fire safety equipment were serviced and checked regularly.
- Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse; Staff had received training and the provider had a policy in place to guide staff.
- Staff were able to describe the signs of abuse and were confident to report any concerns and felt these would be listened to and acted upon.
- People and their relatives told us they felt the home was safe. A relative told us, "Yes, the care provided always puts the safety and wellbeing of all the clients first."
- The registered manager understood their regulatory responsibilities and had referred safeguarding concerns to the local authority and CQC as required.

Staffing and recruitment

- There were enough staff available to keep people safe and meet their needs. All people and relatives we spoke with told us they felt there were sufficient staff.
- Staffing levels were determined by the number of people using the service and the level of support they required. Where people needed one to one care, this was arranged for them.
- Throughout our inspection our observations reflected that staff responded to people's requests for support promptly.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Preventing and controlling infection

- Procedures were in place to protect people from the risk of infection. Staff had received training in infection control and were knowledgeable about how to prevent the spread of infection.
- Personal protective equipment (PPE) such as gloves and aprons were available for staff to use. We saw these were used appropriately.
- There were dedicated cleaning staff who followed schedules to ensure the home was clean.

Learning lessons when things go wrong

- Incidents and accidents were recorded, acted upon and analysed for learning to prevent similar incidents from occurring again. Learning was shared with staff during staff meetings, handovers and supervision.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

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

We checked whether the service was working within the principles of the MCA.

- People's care plans did not contain a record that they or their legal representative had consented to their care. Mental capacity assessments were not in place to determine people's level of capacity to make specific decisions.
- One person was deemed by staff to be able to make some decisions about their life but not others, although this had not been assessed. Staff had not worked in accordance with the MCA to ensure that this person's capacity was assessed when making a specific decision about the consistency of food they should eat.
- We discussed our concerns with the provider and registered manager who told us consent forms and some mental capacity assessments had previously been done but had not been transferred to the new electronic care plan system. However, these documents were not provided to us at the time of the inspection.

We recommend the registered person seeks guidance from a reputable source to ensure the principles of the MCA are adhered to and appropriate records are maintained.

- Following the inspection, the registered manager provided us with evidence that mental capacity assessments were being carried out for all people who needed them. This would ensure staff would be provided with clear guidance about what decisions people could make.
- Despite the lack of records, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. A professional told us, "The owner [provider] is

very dedicated to upholding individual wishes and rights, this has cascaded down to the staff and their ethos is to uphold the residents need for a voice to be heard."

- Staff had a good knowledge of the MCA and understood the importance of seeking consent before supporting people. We saw this in practice during our inspection. Relatives also told us that people were given choices about their day to day lives and staff respected the decisions they had made. One relative told us, "My father has a high level of dependency, however the staff are very patient and caring and engage with him to help him make decisions and choices about what care he needs and how he receives it."
- Staff and the registered manager understood their role and responsibilities in relation to DoLS. Applications had been made appropriately.

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

- People's dietary needs were met. They were provided with a nutritious and balanced diet that met their needs and preferences.
- People were complimentary about the meals they received. One person told us, "The food is always very nice here," and a relative told us, "The food which is given to the residents is first class and is given to them according to their needs."
- People were offered a choice of food and drink and throughout the inspection we observed people received a variety of food and drink which they chose. People were additionally able to choose when they ate their meals according to individual need and preferences.
- Kitchen staff had a good understanding of people's dietary needs. Each person had a 'diet profile' and this included information about people's dietary needs including allergies, consistency of food and diabetic diets.
- We observed the lunchtime experience and found that people enjoyed their meals and were supported in an appropriate way. We observed staff members eating alongside people which encouraged people to eat.
- People who were at risk of dehydration had their fluid intake monitored. However, we noted that a daily target intake was not in place which meant there was no guidance available to staff to inform them how much a person should be drinking. We discussed this with the registered manager who told us they would put this in place. Despite this, we observed that people were supported to drink plenty and records confirmed this.

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

- People's needs were assessed prior to moving to the service and appropriate referrals made to other services, to ensure people's holistic needs were met.
- Best practice guidance was used to ensure consistency of practice. For example, nationally recognised tools such as the multi universal screening tool (MUST), were being used to assess people's nutritional risk.
- Staff were knowledgeable about people's needs and explained how they supported people. We saw this was in line with the information recorded in people's care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who were knowledgeable, skilled and well-trained to carry out their roles effectively.
- People, relatives and professionals were positive about the skills of the staff. A relative told us, "Staff always appear competent and up to date with meeting my father's care needs." A professional told us, "The staff are very skilled and willing to think out of the box when trying to resolve issues."
- The provider was highly committed to ensure they had a skilled and well-trained team. For example, they had supported some staff to achieve their nursing degree. They also employed young staff members with the aim of helping them progress. Staff had completed regular training to support people effectively which included, safeguarding, infection control, moving and handling and the Mental Capacity Act.
- Staff received regular supervisions and appraisals. This meant staff had a formal way of discussing their

work at the service, personal development and their well-being. Staff additionally told us they felt well supported by the registered manager and felt able to gain support from them at any time.

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

- People were supported to access services to maintain and improve their health. People and relatives told us they received healthcare support when they needed it.
- Care records showed specific healthcare needs were being appropriately met. Where people had a specific known medical need such as diabetes, records showed routine monitoring was undertaken appropriately. Records also showed medical advice was sought appropriately when required.
- Professionals told us staff in the service worked well and jointly with them to ensure good outcomes for people. The registered manager and a professional decided to hold a regular clinic in the service to ensure people's needs were regularly monitored, particularly if their needs were complex.
- Staff felt they worked well as a team to ensure everyone was aware of a person's support needs or any change in these. Daily handovers took place to ensure important information about people was shared.

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

- The adaption of the service was suitable for the people who lived there. There were communal areas for people to be together, appropriately adapted bathrooms and access to the garden. People had their own rooms and were able to personalise these as they wished.
- The service provided a comfortable environment for people, that was clean, spacious and provided a choice of where people wished to spend their time. When we asked a relative what the best thing about Abbots Lawn was, their response included, "The garden, the lovely rooms and communal dining and lounge areas."
- The service had a bar and a shop. The provider told us people enjoyed visiting these, particularly if they found it difficult to get out.
- Aspects of the environment were dementia friendly, for example, all toilet doors were painted red and we observed this helped people find the toilet. The provider had also begun to improve on this work which included themed areas, coloured light switches and colour co-ordinated corridors.
- People were involved in decisions about the premises and environment. For example, people were involved in choosing the colours of the corridors and their bedroom doors.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Without exception, people and relatives told us the provider, registered manager and staff were extremely caring, compassionate and dedicated in their approach. A person told us, "The staff are so caring, really marvellous, I can't fault them." A relative told us, "All the staff are very friendly, they not only look after my husband but are lovely to me too."
- Professionals were also positive about the caring nature of the staff. One told us, "The team there are very kind and considerate and will go over and above."
- We observed that staff were caring, compassionate and responded to people with kindness and patience. For example, when one person became tearful, staff provided them with comfort until they felt better. Another person had been walking around the home and was beginning to get anxious, a staff member encouraged the person to dance with them and it was clear the person enjoyed this and their anxiety was much reduced.
- During discussions with staff, they demonstrated a good understanding of people's individual needs, preferences, backgrounds and interests. They used this knowledge to engage with people in a meaningful way.
- The manager and staff told us that they would always aim to ensure people's equality, diversity and human rights needs were respected and supported. Through talking to people and staff, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected.
- People's birthdays and important events were celebrated in the home. The registered manager told us, "We asked people what they wanted for Christmas, everyone gets individualised presents, one lady loves horses so we got her a horse teddy last year, she loved it and still carries it around." This helped people feel valued.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was promoted, and people were respected. A relative told us, "The staff at Abbots Lawn all treat [Person] with the upmost dignity and respect." Staff spoke about the importance of treating people with dignity and respect and provided examples of how they did this.
- The provider used a 'Dignity Self-Assessment tool'. This enabled the provider to assess how well they were ensuring people's dignity in the home. They had also purchased posters to provide a visual reminder to staff about the importance of dignity and respect. Some of these were specific to the needs of the people who

lived there which helped staff understand why people may behave in certain ways and prompted support in a compassionate way.

- Staff described how they protected people's privacy during personal care. This included listening to people, respecting their choices and closing doors and curtains. We saw people were asked discreetly if they needed help with anything, including using the bathroom.
- One person's bedroom window faced onto the driveway of the home. The provider had arranged for one-way privacy glass to be installed so people could not see in but the person could still look out. The person's relative told us they were pleased as this ensured the person's privacy and dignity.
- People's independence was promoted. We observed one person being supported to mobilise using their frame. The staff member was encouraging and patient. Guidance was recorded in people's care plans which promoted independence, and staff were able to describe ways of maintaining people's skills.
- Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome.

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

- The provider sought the views of people and their families during the care planning process and through individual contact. People's care plans detailed what was important to them and how they wanted to be supported.
- Staff supported people to make decisions about their care, for example, when they wanted to get up, what they wanted to wear and how they wanted to spend their time.
- Staff ensured that family members and others who were important to the person were kept updated with any changes to the person's care or health needs. Relatives told us that the staff in the service listened to them and acted on their feedback. For example, one relative had informed staff that their relative used to be a late riser and enjoyed a lay in, they told us this information was acted on.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same

This meant people's needs were met through good organisation and delivery.

End of life care and support

- People received extremely compassionate and sensitive care, from compassionate staff, at the end of their lives.
- One person who lived at Abbots Lawn was in the last stages of their life. The provider had supported them with exceptional care to ensure their needs and preferences were met. The person told us, "[Provider's name] has helped with my end of life planning, she's been marvellous, like a daughter. I've chosen to stay here which is reassuring. I know I will be well looked after and that means a lot." The provider told us how the person had expressed a wish to achieve certain things before they died, they went on to tell us, "We have been able to fulfil her every wish."
- The home had adopted the Gold Standards Framework for end of life care and all staff had received training. The Gold Standards Framework is a toolkit that aims to ensure that people experience good quality care at the end of their life through partnership working with people's GP's, early identification of people who may be approaching the end of their life and advanced care planning to ensure that their preferences for their care at the end of their life are followed. Staff were also being trained in the Six Steps programme. 'Six Steps' is a nationally accredited course which aims to develop staff knowledge and enhances end of life care for people.
- Feedback from relatives showed their appreciation of the dedicated care and support they had received when their relatives died. One family member had written a thank you letter which stated, 'Thank you so much for looking after dad so well and with such kindness and compassion. It made everything so much easier knowing he was safe and cared for.'

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

- People received personalised care and support specific to their needs and preferences.
- People told us their needs were met by staff that knew them well. One person told us, "Staff do understand my needs, they know my humour and we have a banter. They know me so well, if I've been in my room a long time, they'll come in and check on me, they are on the ball."
- Relatives also told us that staff understood and met their relative's needs. A relative told us, "They [staff] have got to know [Person] well. If he wants to walk about, they will walk with him."
- Professionals echoed this sentiment. One told us, "They understand their residents care and support needs...Abbots Lawn listen to their residents needs and respond appropriately."
- Care plans contained personal information, which recorded details about people and their lives. These detailed what was important for people. For example, one person's care plan stated that certain colours

caused them distress. Staff ensured they were provided with items that were not those colours, such as plates. The registered manager said that since realising this, the person had eaten better. Another care plan detailed that 'When [Person] is agitated, he will shift from foot to foot'. Distraction works well so change the topic or activity that you are doing." This meant people's needs were understood and effective measures were in place to support people in a personalised way.

- Staff worked hard to get to know people and improve the quality of their lives. For example, when a person was admitted to the home, staff were told, their dementia was deteriorating which was causing behaviours that others found challenging. After a detailed assessment and getting to know the person, it was found they were experiencing delirium caused by pain. Effective pain management was provided and the registered manager told us, "He is like a different man."
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

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

- People were provided with the opportunity to participate in a range of activities, including; quizzes, chair exercises, singing, pamper sessions and live music. A person told us, "We have two activity ladies, they arrange games, karaoke and sing old songs, we are kept busy."
- Staff also supported people with personalised activities and endeavoured to make them meaningful to the person. For example, one person told us staff supported them each day to the shop which they greatly appreciated. Another person had expressed a wish to go on a ferry so staff took them to the Isle of Wight where they had enjoyed the boat ride. A relative told us, "[Person] loves rock and roll, when I go in, they always have his music on for him, sometimes he'll have a little dance." A professional told us, "One of my clients enjoys dancing and singing and staff ensure they are offered this activity on a regular and daily basis." The provider told us they had invested in virtual reality headsets which provided immersive experiences tailored to each person's interests.
- Volunteers supported with activities which meant more time was dedicated to ensuring people's social needs were met. The home participated in a project called 'Postcards of Kindness'. People sent postcards from all around the world to the home and a staff member told us how much people enjoyed reading them.
- People were also supported to go out. The provider had their own mini bus and outings took place twice a week. One person told us, "I've been to Chichester harbour, the cathedral and the butterfly centre to name a few, we take a flask of tea and biscuits, it's wonderful."
- The provider organised numerous events where they brought people together such as Christmas parties, summer barbeques and themed events.

Meeting people's communication needs

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

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We saw evidence that the identified information and communication needs were met for individuals. Staff took time to ensure the people they were speaking with understood and they had time to engage.

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure in place which was made available to people and their representatives.

- Relatives knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One relative told us, "I've never needed to complain, even if I make a small comment, it gets sorted out very quickly."
- Records of complaints that we saw had been adequately investigated and appropriate action had been taken in response to these.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The provider had a quality assurance process in place consisting of a range of audits by senior staff, including: medicines management, infection control and care plans. In addition, an external consultant conducted overview audits.
- However, the systems had not always been effective in identifying the lack of clear records associated with medicine records.
- We identified some discrepancies between the number of tablets recorded on the MAR and the number of tablets counted. The providers quality assurance system had not picked this up. The provider investigated this and concluded that people had received their medicines as prescribed but the pharmacy had delivered too many of the medicines and this was a recording error.
- Protocols were in place to guide staff on the use of medicines prescribed 'as required' (PRN). These were not always personalised which meant people may not receive their medicines in the most effective way. The provider addressed this promptly and updated people's PRN protocols following the inspection to ensure they contained detailed and personalised information.
- Some people were prescribed creams to alleviate skin conditions. Staff had not always recorded on the MAR that these had been applied for people. This meant it was not always possible to determine whether these creams had been applied as prescribed. Despite this, people had creams in their rooms and it was evident they had been used. Staff additionally confirmed they used creams for people.
- The providers quality assurance systems had also not identified the concerns we found regarding application of the MCA. You can read more about this in the Effective domain of the report.

The failure to have effective systems and processes in place to ensure the safety and quality of the service and to maintain an accurate, complete record in respect of each service user was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provide and registered manager were responsive to our feedback and told us of the changes they were going to implement following the inspection. They demonstrated an open and positive approach to learning and development and were keen to continually drive improvement to ensure positive outcomes for people.
- The provider was a member of local forums and told us this helped them to keep up to date with best practice guidance.

- Other audits had been more effective and had brought about improvement.
- The provider and registered manager were very much involved in the day to day running of the service and were available to staff and people. A clear staffing structure was in place and everyone knew and understood their roles and responsibilities.
- The registered manager fulfilled their regulatory requirements by submitting notifications to CQC about events and incidents that happened in the service as required by law. A copy of the latest inspection rating was also on display at the service and on their website as required.

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

- From our observations and speaking with staff, the registered manager and provider it was clear there was a positive culture at Abbots Lawn. Staff worked with the values of person-centred care.
- The provider, registered manager and all the staff we spoke with put people using the service at the centre of everything they did. The staff we spoke with talked about the satisfaction they gained from making a positive difference to someone's life.
- People, relatives and professionals were consistently very positive about how the service worked in a personalised way to ensure good outcomes for people. A relative told us how difficult it had been to find a home suitable for their relative's needs. They said, "[Person] has had several placements before which broke down, I am so relieved he's at Abbots Lawn, I have a bit of a drive to see him but I'd rather he was there than anywhere else, at last he's settled and as happy as he can be."
- A professional echoed this sentiment and told us, "Abbots Lawn is an extraordinary home, they manage the most complex and intense client groups very well."
- A person told us, "It's just my home. It's not like an institution. It's friendly. It's exceptional."
- People, relatives and professionals told us the home was well run. Comments included, "The owner [provider] pursues excellence in care," and, "The manager is very approachable, kind and caring, she knows the residents very well."
- Staff told us they enjoyed working at Abbots Lawn, felt well supported and felt they worked well as a team.

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 and registered manager understood their responsibilities under the duty of candour. They described how they had an open and honest approach when things went wrong and used incidents to improve practice.

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

- A range of systems were in place for gathering people's views of the service and those of people acting on their behalf. This included quality assurance surveys, meetings and informal discussions. A relative confirmed that improvements had been made following an informal discussion with the registered manager.
- People felt involved in the running of the service. One person told us, "I have helped interview staff, and I sometimes show the new ones what to do. It makes you feel good."
- There was good communication maintained between the provider, registered manager and staff; Regular meetings with staff took place to share and encourage feedback and staff told us they felt listened to and valued. As an example of staff engagement, the provider told us about a 'challenge' set for staff where they could develop an idea that could be implemented to improve the service.
- The provider took part in research opportunities. This aimed to improve the quality of life for older people.
- The management team worked effectively with social care professionals, health care professionals and the local authority to develop the service and improve the quality of care provided. One professional told us,

"They [staff] work closely with families and all services to establish the best plan of care."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	A failure to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service and the failure to maintain an accurate, complete record in respect of each service user. Regulation 17 (1)(2)(a)(c)(f)
Treatment of disease, disorder or injury	