

Abbey Wood Park Limited

Abbey Wood Park Care Home

Inspection report

Aintree Hospital
Longmoor Lane
Liverpool
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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

About the service

Abbey Wood Park care home is a residential care home providing personal and nursing care to up to 39 older people with physical disabilities and or sensory impairments and people living with dementia. At the time of the inspection, 30 people were living in the home.

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

Everyone we spoke with told us they felt safe living at the home. There were enough staff deployed to ensure people's needs were met in a timely way. Risk assessments were in place and robust, and accidents and incidents were scrutinised for patterns and trends. Infection control procedures were in place; particularly in response to COVID-19 and the home was visibly clean and tidy. Medications were well managed; the environment was safe and secure and staff were recruited and selected safely.

People were supported to have maximum choice and control over 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. Staff were appropriately trained and supervised to enable them to carry out their roles. People were supported to eat a balanced diet.

People said the staff were kind and caring, and we observed warm and familiar caring interactions between staff and people throughout the duration of our inspection.

Care plans were person-centred and reviewed regularly to ensure any changing needs were taken into account. There was a complaints policy in place, which was made available in different formats to support people's understanding. There had been no recent complaints, however everyone we spoke with told us they knew how to complain.

All people knew who the management team were. Staff told us the manager led by example and was 'there for support'. The manager welcomed feedback and was clearly proud of the home and the staff team. All notifications had been sent to CQC, and the manager understood what was expected of them. Staff told us they enjoyed working at the home, and they felt they could approach the manager, deputy manager, provider and senior staff to help them develop further in their roles or if they had any concerns.

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 requires improvement (published 27 May 2021)

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.

At our last inspection we recommended the provider review and make improvements to systems and processes in relation to recruitment, following advice from health care professionals and staff training. At this inspection we found improvements had been made in all areas.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 19 and 25 March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in relation to safe care and treatment, staffing, safeguarding, MCA and governance.

We undertook this comprehensive inspection to follow up on action we told the provider to take at the last inspection. We also checked whether the Warning Notice we previously served in relation to Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Abbey Wood Park 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 carried out by an inspector, a specialist nursing advisor, 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 Wood Park 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 Wood Park 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 a manager in post who had applied to be registered with CQC and was waiting for their interview.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at what information we had received about the service since it was last inspected in March 2021. This included looking at information held on our database about the service. For example, statutory notifications completed by the registered provider and safeguarding concerns reported to the local authority. 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 reviewed information shared with us by local authority commissioning and safeguarding teams. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with three people who lived at the home about their experience of the care provided, and five visiting relatives. We spoke with the manager, deputy manager, senior care worker, the nominated individual, a cook, one member of the domestic team, two nurses and four members of staff responsible for providing care. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We carried out a visual inspection of the home to review the environment and to check the equipment used within the home. We did this to check the living environment was safe and suitably maintained. We also observed staff interactions with people throughout the visits.

We reviewed a range of records. This included eight people's care records and multiple medication administration records. We looked at two staff records to ensure suitable checks were in place. We also viewed multiple records related to the management of the service, including audits, policies and procedures.

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 good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks were not always assessed to keep people safe, and lessons were not always learned. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

- Risks which compromised people's health and well-being were thoroughly assessed and remedial action was clearly documented to help mitigate harm occurring.
- Extra consideration had been given to areas such as bedrails, falls, wound management and diabetes to ensure people's needs were monitored and assessed.
- Everyone we spoke with told us they felt safe living at the home, and staff were always there when they needed them. One relative described how their relative felt safe when staff put them in the hoist because they were so careful.
- Incidents and accidents were clearly recorded and there was a separate 'trend analysis' which was completed by the manager to show how patterns and trends were identified and dealt with. For example, one person who had been subject to a number of falls, now had one to one support in place.

Using medicines safely

At our last inspection the provider was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed safely. At this inspection we found enough improvements had been made and the provider was no longer in breach of this regulation.

- Medicines were stored and administered safely and in accordance with people's needs.
- Medicines to be administered as required (PRN) and medication applied topically were recorded separately, depending on where on the body the cream was to be applied and when PRN medication was to be given.
- There was enough stock of medication to ensure people had their medicines as prescribed.
- The provider's own internal audits had identified a number of improvements with regards to medication management at Abbey Wood Park, and we could see these systems had been well embedded in the home.

Preventing and controlling infection

At our last inspection the provider was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because infection control procedures were not preventing or controlling infection. During this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The home was following up to date guidance in relation to visitors.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider was in breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of this regulation.

- The provider had embedded systems and processes to safeguard people from abuse and harm.
- Staff we spoke with knew the correct course of action to take if they suspected harm or abuse had taken place.
- There was a policy and procedure in place for staff, visitors and people who lived at the home to follow if they wanted to raise safeguarding concerns.
- Accidents and incident forms and behaviour charts were completed by staff to ensure people were kept safe in the home and action was taken when needed.

Staffing and recruitment

At our last inspection we made a recommendation regarding recruitment processes. During this inspection we found safer procedures were now in place.

- Staff were only offered positions in the home following a robust recruitment process which included reference checks and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were safe. One person told us, "I can't believe how many staff there are here". We observed there were plenty of staff in the communal areas of the home ready to assist people with their needs.
- Staff we spoke with told us there was always enough of them on duty and they had time to spend with people and there was no rushing.

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 requires improvement. 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.

At our last inspection the provider was in breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the Mental Capacity Act 2005 was not being followed. We found during this inspection that enough improvement had been made and the provider was no longer in breach of this regulation.

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.

- People subject to DoLS authorisations had care plans and risk assessments in place to support them with this.
- People's capacity to make specific decisions about their care had been assessed. Where people lacked the capacity to make specific decisions, appropriate best interest processes were followed
- Family members with Lasting Power of Attorney had been involved in all decision making processes for their relative, and records were in place which reflected this.

Staff support: induction, training, skills and experience

We made a recommendation at our last inspection that the provider reviewed their approach to training to ensure it was effective. We saw during this inspection improvements had been made.

- The provider now had a detailed training analysis in place which monitored and checked for gaps in staff training needs.
- Staff were able to demonstrate actions they would take in response to safeguarding, and also demonstrated an in depth knowledge of the MCA.
- Staff told us, and records showed they were routinely supervised and appraised.

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

We made a recommendation at our last inspection regarding the provider working more effectively with other healthcare services. We saw during this inspection that improvements had been made

- People were involved in weekly meetings with GPs and other healthcare services were involved with the home and people's health needs.
- When advice was given, for example from the Speech and Language Therapy Team (SALT) this was included in care plans to ensure the most up to date information was available for staff to access.

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- People were supported with their food and fluid needs.
- The cook was aware of people's dietary needs and ensured food was suitable and served in way that people liked and was nicely presented.
- Food and fluid charts were completed where needed for people.
- The home was viably clean and tidy. There was a working action plan in place to ensure the unit which cares for people with dementia was re-decorated in a more dementia friendly way to help people orientate their way around the home.

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

- People's needs and choices were assessed, and they received care and support in line with standards, guidance and the law.
- Oral health care plans were in place and gave clear guidance with regards to what support people required to manage this.
- Care records evidenced people were involved in the completion of their care plans.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- People were treated kindly and with compassion and dignity.
- People and their relatives made the following comments about the caring nature of the staff; "The staff are lovely; they can't do enough for you" and "They [staff] always make you welcome". Three people who lived in the home all told us the staff were 'kind' 'caring' and 'thoughtful'.
- Care plans evidenced people's diverse needs were taken into account, such as what religion they followed, or any special diet choice, such as being vegetarian.

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

- People were involved in decision making regarding their care and support.
- Care plans we viewed had been completed with the involvement of either the person themselves or their family member.
- We heard and observed staff asking people what they would like to do, and what they would like for lunch, or if they wanted drinks, snacks and anything else throughout the day.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted.
- Staff knocked before entering bedrooms and asked for permission to enter rooms.
- People were supported to remain independent wherever possible. Equipment was available to aid independence, such as stand aids.
- People appeared extremely well taken care of, their clothes were clean and staff discretely assisted people with some aspects of care, such as helping them fasten buttons correctly.

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

- People had personalised care plans in place to ensure their needs were met in the way they chose.
- Care plans contained relevant information regarding people's likes and choices. For example, we saw records stating how many pillows people preferred to sleep with, what they liked to do at the home, what music they liked, and what was important to them.
- People who had specific needs such as diabetes, had separate care plans and risk assessments to ensure staff knew how to meet their needs and support them effectively.

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.

- Information was available in different formats to help support people's understanding.

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

- Staff willingly supported events within the home, such as recent fundraisers, and were passionate about their roles and the people they supported.
- There were visiting areas in place which people could use. Visitors were welcome throughout the home following negative COVID-19 tests and the wearing of PPE. People told us they had been supported to maintain contact with their families using video calls when visiting restrictions were in place due to COVID-19.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place at the home and people told us they understood how to make a complaint.
- There had been no formal complaints made, and people we spoke with told us they would 'go to the manager' if they had any concerns.

End of life care and support

- People were supported to make decisions around their last days and how they wished to be supported.
- Where appropriate, funeral plans had been discussed with people, including what specific arrangements

they wanted to have in place.

- The home had recently registered to complete the 'Gold Standards Framework.' The Gold Standards Framework (GSF) aims to reduce hospital admissions for people who are on end of life thus enabling them to die in a place of their choice.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems and processes had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service and others who may be at risk. During this inspection we found significant improvement had been made in all aspects of service delivery and the provider was no longer in breach of regulations.

- The manager and deputy manager were transparent in their role. This was evidenced in their ability to rigorously challenge themselves and be open to improvement and change.
- The manager attended events and meetings to ensure they were up to date with any regulatory changes which could impact their service, such as COVID-19 best practice guidance.
- The manager had informed CQC of any notifiable events and understood their role with regards to this.
- The management team had a positive attitude regarding feedback and improvement. They had clearly used feedback and experiences from previous inspections to improve their own leadership and management and were open to continuous learning opportunities.
- The home was subject to in depth checks and evaluation using a robust quality assurance framework. Following quality assurance checks, comprehensive action plans were submitted, and actions were delegated for completion.

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

- We continuously saw and heard from staff how the management teams led by example and responded with compassion, imagination and thoughtfulness to people's preferences for support.
- Outcomes were well planned for people, and there was a strong emphasis on working collaboratively with others to ensure people got the best possible support.
- We saw creative working ideas were in place from the manager and deputy manager which in turn was implemented across the staff team in response to catering for people's diverse needs.
- Staff shared examples with us of how the management team and the provider had supported them in their roles. Staff told us the manager was known as a figure of trust and dedication. All staff told us they

loved working for the provider and enjoyed their jobs.

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

- The home worked in collaboration with other organisations to ensure people received appropriate support.
- The manager and deputy manager worked closely with GPs, occupational therapists and the local authority.
- People and visitors were encouraged to submit feedback and suggestions, and these were analysed by the manager if any follow up sessions were needed. We saw all feedback had been positive.
- Staff attended team meetings and flash meetings to ensure up to date information, policies and procedures were shared.