

Laburnum House (Shaw) Limited

# Abbotsbury

## Inspection report

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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

Abbotsbury is a residential care home providing personal care for up to 21 people. The service provides support to older people including those living with dementia. At the time of our inspection there were 19 people using the service.

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

People living at Abbotsbury benefited from a service that was committed to providing safe and high-quality care and support.

Although we were assured people received their medicines as prescribed, we have made a recommendation about the management of some medicines.

Risks to people were identified and managed by staff to lessen the risk of harm to people. People were supported by staff to manage risks and retain their independence as far as possible. People told us they felt Abbotsbury was a safe place in which to live.

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 and their relatives told us staff were kind, compassionate and treated them with dignity and respect. People were supported by staff who were familiar to them and knew their care and support needs well.

The service was committed to driving positive outcomes for people, and supported people to maintain links with their families and the local community and to pursue interests that were meaningful to them. There were plans to introduce an activity co-ordinator whose sole role would be to facilitate activities for people.

The service adopted an open culture which was committed to delivering high-quality person-centred care to people. This was underpinned by good governance and a shared staff culture of working to achieve the best outcomes for people. Both staff and the registered manager told us how people were treated as if they were a member of the family.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 20 August 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 14 August 2018.

### Why we inspected

As the service has been registered with CQC for over one year, we carried out this comprehensive inspection to award a rating for the service.

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.

### 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.

# Abbotsbury

## 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

The inspection was carried out by one inspector.

#### Service and service type

Abbotsbury 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. Abbotsbury is a care home without 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 registered manager in post.

#### 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six members of staff, including the registered manager, the general manager, the director of care quality and governance, the chef, a senior carer and a carer.

We looked at records in relation to people who used the service including four care plans and systems for monitoring the quality of the service provided and policies and procedures. We also spoke with 9 people who used the service and two relatives to help us understand their experience of the care and support their loved one received.

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at staff training and quality assurance records. We also spoke with two relatives and two care staff on the telephone.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Although staff were trained and competent to administer medicines, records were not always kept accurately and required some improvement.
- Not all staff signed records to say they have given people topical medicines. These are medicines that are applied to the skin such as creams. The senior carer confirmed this was a recording issue, and staff would be reminded.
- Although we were assured and people told us they received their medicines as prescribed, where PRN protocols were in place, the information contained was not always person centred. PRN protocols provide guidance to staff on when to administer as and when required medicines, for example, painkillers.

We recommend the provider updates people's PRN protocols to ensure information is relevant to the person and ensures they received their medicines as prescribed. We also recommend that further support is provided to staff to ensure topical medicines are recorded accurately.

- The registered manager began to act on our findings at the time of our inspection, demonstrating their commitment to sustained and improved care.
- Although no one at the service was currently taking controlled drugs, protocols were in place to ensure they were managed safely. Controlled drugs are drugs that are subject to extra safety measures and legal control as they can be harmful if not used properly.
- The service took an active role in medicines reviews and risk assessments. Where people wished to manage their own medicines, they were supported to do so safely, and in a way which respected their independence.

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

- Risks to people's safety was assessed and monitored. Checks were carried out to ensure people were supported to live in as safe environment as possible. We did note some monthly checks had not always been carried out as planned. We spoke to the registered manager about this who confirmed this was a recording issue, as records had moved onto an electronic system.
- Staff supported people to make choices and understood where people required support to reduce the risk of avoidable harm. Care plans contained guidance for staff to help mitigate risks to people.
- Information about risks was shared through staff and management meetings. The service reviewed risks regularly to help ensure the service had a current and accurate picture of safety.
- The service adopted a practice of learning from any incidents, accidents and other relevant events. This included sharing information and lessons learnt from the provider's other homes in the area. Records were

reviewed to monitor any safety related themes and help prevent recurrence.

Systems and processes to safeguard people from the risk of abuse

- People were adequately protected from the risk of any harm or abuse. Any incidents or concerns were appropriately reported and shared with relevant safeguarding authorities.
- Staff were trained in safeguarding matters and knew what action to take to keep people protected. The service had a safeguarding policy to provide guidance to staff in safeguarding matters. Staff were able to tell us how they would keep people safe from harm.
- People told us they felt Abbotsbury was a safe environment in which to live and relatives were keen to confirm this. One person told us, "Yes, I do feel safe living here, I'm happy and safe here."

Staffing and recruitment

- Recruitment systems ensured staff were recruited to support people to stay safe. Staff files were organised and contained all required information.
- Some staff had worked at the service for a long time which helped ensure people received a reliable and consistent service by staff who knew them well. This was especially important for people living with dementia.

Preventing and controlling infection

- The service managed the control and prevention of infection. Staff followed policies and procedures on infection control which met current and relevant national guidance. Risk assessments for the management of COVID-19 were in place.
- 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.

Visiting in care homes

We saw how the service facilitated visiting during our inspection. It was clear visitors had a beneficial impact on the psychological and emotional well-being of people. Visitors told us they were able to visit their loved one as and when they wished. One commented, "I visit a lot and the home is always nice and clean, staff wear masks and I can visit anytime."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the right skills, knowledge and experience to carry out their roles. New staff underwent a programme of induction to help ensure they had the right skills to care and support people in line with their needs.
- People and relatives told us they thought staff had the right skills and knowledge to care for people. One person commented, "Staff are well trained, they know me and they know what to do."
- We did note that some staff were out of date with some key refresher training modules such as first aid and infection control. However, the registered manager had already identified the need for refresher training and was able to show training had been booked for staff, within the next few days.

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

- Care and support was delivered in line with evidence-based guidance and relevant legislation, which was monitored to ensure consistency of good practice. The service completed an assessment of people's care and support needs before their introduction to the service. Care and support was tailored to changes in people's care and support needs.
- People and their relatives were directly involved in setting out expected outcomes for their care and support needs wherever possible. The service held 'Parent's evenings' where relatives were able to attend the home to discuss their loved one's needs and goals with staff. This also provided relatives with an opportunity to contribute to their loved one's care plan. A relative commented, "Yes, I have been involved with the care planning process and any changes made to it."
- The service ensured that people's needs were met and worked alongside external services and professionals (such as District Nurses) where appropriate to ensure support led to good outcomes for people.

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

- People were protected from the risk of poor nutrition, dehydration, swallowing risks and other medical conditions that affected people's diet and fluid needs.
- People's preferences were catered for as far as possible. We spoke to the chef who was knowledgeable about people's specific dietary requirements and their likes and dislikes. Food was home cooked on the premises, and people told us they enjoyed this.
- People had a choice of two main meals per day. People told us if they didn't like what was on the menu, an alternative of their choosing would be provided. One person told us, "If I don't like the options on the menu, I can have something else I like."

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

- The service followed best practice guidance to ensure the environment was suitable to meet the needs of people living with dementia. Clear signage in communal areas was in place to help people navigate independently around the home.
- The service had adapted its environment to help facilitate visiting. A large pod was located in the garden which had been originally used to host visits during the COVID-19 pandemic. The pod provided a large private space where people could spend time with their loved ones. People had celebrated birthdays and other significant events with their relatives in the visiting pod.

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.

- The service ensured that people were directly involved in decisions about every aspect of their care and support wherever possible, so their human and legal rights were upheld.
- Where people were deemed not to have capacity to make decisions, the service worked closely with relatives, friends and other advocates to ensure that any decision was made was in the person's best interests and supported them in the least restrictive way possible. Staff told us how they sought people's consent and choice at every opportunity.

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

- The service worked in collaboration with appropriate services to meet people's needs in a holistic way. This included support with external health appointments.
- The service helped ensure people experienced positive outcomes regarding their care and support and lived healthier lives. The home enjoyed positive working relationships with professionals such as the GP, District Nurse and Pharmacist.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The service ensured people were treated with respect and with kindness and compassion. People and their relatives were consistently positive about the caring attitude of staff. One person told us, "Staff look after me well, they are just wonderful." A relative commented, "[Name] didn't settle at first, but staff were so good and helped [Name] settle in, they even sit with [Name] in the night when they can't sleep."
- People were cared for by staff who knew their needs well. We witnessed warm and positive interactions between staff and the people they supported. When people showed signs of distress, staff were able to support people with reassurance and empathy, visibly reducing people's stress.

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

- People were supported by staff to express their views and provide feedback on all aspects on their care, through resident meetings and committees. We saw minutes of meetings which demonstrated that people's views and opinions were sought on a range of topics such as home décor, menu suggestions and ideas for activities.
- For people who were not able to verbalise their needs, staff used accessible means of communication and worked with people's relatives and advocates to help people shape their own care and support. Staff told us how they were able to read people's body language and facial expressions to determine and act on their needs, for example, when they were experiencing pain.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was adhered to. People's personal information was kept in a secure way and in line with the law.
- People were treated with dignity, respect and without discrimination. We observed how staff provided just the right amount of intervention whilst still encouraging and respecting people's independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 choice over their own care and support plan. People's family were consulted where necessary to ensure that people's needs were identified.
- People had choice and preference on how their care and support needs were met. People's goals were identified, and staff supported people to achieve their goals. We saw how one person's goal to live more independently in a supported living environment in the community, had been met with staff support.

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.

- People were provided with information in a way that they understood, which helped ensure people were able to make appropriate choices based on options which had been presented to them in an accessible way.

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

- Relatives and people who were important to the person were encouraged to become involved in their support to help maintain good relationships, and to help family members to feel consulted and included in people's care and support.
- The service helped facilitated links with people's local communities, to help people feel a sense of belonging and avoid any feelings of social isolation. Staff supported people with shopping trips, and outings to the local park and waterfront. The registered manager also told us about their plans to introduce a dedicated activity co-ordinator, to further support people in pursuit of their activities and to facilitate new opportunities for people. Staff fed back they supported the recruitment of an activity co-ordinator as it was sometimes challenging to fit in activities with caring tasks.
- The service helped reduce feelings of social isolation by arranging visits for people to the provider's sister homes in the area, which provided people with the opportunity to make new friends. For people who were unable or did not want to leave the service, a pen pal system was in place to enable people to exchange letters with people in sister homes, helping people to forge new friendships. One person told us, "I've made good friends, it's a wonderful place. I'm not lonely."

- The service took the time to get to know people, their social history and backgrounds. People were empowered to continue with activities they had done before living at the service. We saw an example of how someone with a passion for organising events was able to arrange regular discos, a summer fayre and even a memorial service for someone who had passed away at the home. This meant a lot to the person, they told us, "Staff help me to do the things I did before, to do the things I am interested in."

#### End of life care and support

- For people who were receiving end of life care, the service ensured appropriate treatment plans, which were sensitive to the needs and wishes of the person, including any religious and cultural needs, were in place.
- The service worked in conjunction with external health care professionals, where appropriate, to ensure people were treated with dignity at the end of their lives.

#### Improving care quality in response to complaints or concerns

- An accessible complaints policy was in place to ensure people and their relatives knew how to give feedback on their support.
- People and their relatives told us the manager was accessible and they felt confident that if they did need to complain, they would be listened to. A relative told us, "I would feel comfortable to raise anything and know it would be handled."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was in the process of leaving Abbotsbury to manage another of the provider's homes. A new manager had been appointed at the service. The new manager was keen to further develop a culture dedicated to person centred care and support underpinned by values of compassion and dignity. The manager was not averse to challenge staff practices which fell short of this. A relative told us, "The new manager is great, [Manager] is so lively and sings with the residents, really gets involved."
- The positive encouragement and openness to feedback and the direct involvement of people and their relatives in their support, helped lead to positive and person centred outcomes for people.

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 service welcomed any feedback, even if critical, and adopted a transparent and open approach when things went wrong. Any concerns were investigated in a sensitive and confidential way, shared with the relevant authorities and lessons were shared and acted on, to help prevent any risk of recurrence.
- We saw an example of how the learning from an incident that occurred in a sister home was shared amongst staff at the service to encourage learning and the development of best practices.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service demonstrated governance and accountability processes and practices. Both the management team and staff understood their role and responsibilities and were committed and motivated to deliver a high-quality service for people.
- Governance systems were embedded and effective at identifying risks to the safety and quality of the service provided to people. Audits were used to drive improvement within the service. Although the medicines audit had not highlighted all of the issues we found at the inspection, the service began to act on our findings in a proactive way.
- The registered manager understood the importance of their role and understood their legal and regulatory requirements. Staff were supported using performance feedback in the form of supervision and appraisal processes and provided with opportunities for further learning and development to help further enhance the delivery of good care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- The service encouraged and facilitated people and their relatives to be heard. Residents who wished to were able to sit on interview panels for new staff. This enabled people to recruit staff who were able to meet their needs and shared their values and expectations. This gave people a genuine say in the running of the home.
- Feedback from 'parent's evenings' enabled relatives to be heard and utilise their input to enhance and make changes to people's support plans as their needs and goals changed.
- The registered manager engaged with staff via staff meetings to enable staff to have a platform to voice their feedback and views to help shape the service further. Staff told us they found the management team to be accessible, visible and supported. One member of staff told us they could "talk to the managers about anything."

#### Continuous learning and improving care

- The service demonstrated a commitment to sustained and improved care at all levels. The provider helped to foster a best practice learning culture which helped drive up the quality of the service. Best practice guidance and learning was shared amongst staff to help further in the deliverance of good care.

#### Working in partnership with others

- The service worked in partnership with external organisations to support good care provision to ensure people received a high-quality experience based on best practice outcomes and people's choice and preference.