

Abbey Lodge (Residential Home) Ltd

# Abbey Lodge Residential Home

## 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

This inspection took place on 14 and 17 June 2016 and was unannounced. The previous inspection was carried out in June 2014 and concerns relating to care planning and risk assessments, management of medicines, and quality management were identified. At that time we asked the provider to send us an action plan about the changes they would make to improve the service. At this inspection we found that actions had been taken to implement these improvements.

Abbey Lodge Residential Home is registered to provide personal care and accommodation for up to 25 people. There were 23 people using the service during our inspection; who were living with a range of health and support needs.

Abbey Lodge is a large detached house situated in a residential area just outside Hythe. There were 23 bedrooms, two being able to offer double occupancy, at the time of the inspection they were being used as single occupancy rooms. 21 of the bedrooms had ensuite facilities with many having views across the English Channel. People also had access to a large communal lounge, dining room, library area, bathrooms and toilets. There was an enclosed landscaped garden to the side and rear of the premises, with a fish pond.

The service had a registered manager, who was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff followed correct and appropriate procedures in the storage and dispensing of medicines. People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about whistle blowing and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Some people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the registered manager had applied for DoLS authorisations for people who were at risk of having their liberty restricted.

The care and support needs of each person were different, and each person's care plan was personal to them. People had detailed care plans, risk assessments and guidance in place to help staff to support them in an individual way.

Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities of their choice. Staff knew people and their support needs well.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. People were supported to make their own drinks and cook when they were able and wanted to. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to implement improvements.

Staff told us that the service was well led and that they felt supported by the registered manager to make sure they could support and care for people safely and effectively. Staff said they could go to the registered manager at any time and they would be listened to. The registered manager had good management oversight and was able to assist us in all aspects of our inspection.

## 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.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

There was sufficient staff on duty to meet peoples' needs. The provider carried out appropriate checks when employing new staff.

### Is the service effective?

Good ●

The service was effective.

Staff understood the importance of gaining consent and giving people choice. Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were supported and had one to one meetings and appraisals to support them in their learning and development.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it. People were provided with a range of nutritious foods and drinks.

### Is the service caring?

Good ●

The service was caring.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

People were treated with kindness, respect and their dignity was protected.

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care and support was planned in line with their individual care and support needs.

Staff had a good understanding of people's needs and preferences. People were relaxed in the company of each other and staff.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People and staff were positive about the leadership at the service. Staff told us that they felt supported by the manager and deputy manager.

Quality assurance surveys, regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

Records were accurate, up to date and were stored securely

# Abbey Lodge Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 17 June 2016 and was unannounced. The inspection was carried out by one inspector on both days and an Expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and other information we had about the home including notifications, safeguarding information and complaints. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

During the inspection visit, we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We reviewed a variety of documents. These included five care files, staffing rotas, six staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with 11 people who used the service, three health professionals and two relatives. We also spoke with the registered manager, the deputy manager and three members of staff. After the inspection we received feedback from two social care professionals who had had recent contact with the service.

## Is the service safe?

### Our findings

People told us they felt safe and liked living at Abbey Lodge. One person said "I'm happy here." Staff knew people well enough so that they were able to respond quickly. A relative commented, "The staff are kind here."

People received their medicines safely and when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely, in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). MAR charts contained photos to help staff ensure the right people received their medicines. Staff checked people's details before taking them their medicines and then ensured that they had been swallowed them before leaving people.

Medicine audits were carried out by the registered or deputy manager and medicines were counted each day, we saw clear records of the checks that had taken place. Medicines that were not part of the medicine dosage system were dated on opening, in line with current good practice. Competency checks were completed every 6 months for staff responsible for administering medicines. Staff we spoke with knew what medicines were for and were clear about procedures, such as what to do if a person refused their medicines.

There were clear policy and procedures in place for safeguarding adults from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff what action they had to take to minimise the risks to people. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date.

Recruitment files showed that the required checks had been made to make sure that staff were right for their roles. Full employment histories and references from previous employers had been taken, along with checks to ensure that staff were of good character. Documents to prove identity had been seen and copied.

There were enough staff to meet people's needs. People told us that call bells were generally answered promptly and we observed that staff attended people's needs efficiently throughout the inspection. Some people commented that, at times, during the day, staff seemed to be very busy and "always rushing around." Three care staff and the deputy manager or senior were on duty during the day, overnight there were two care staff. In addition the registered manager worked a variety of hours throughout the week. There were also kitchen and domestic staff working each day. Rotas' showed that staffing had been consistent in the weeks prior to our inspection. There was a dependency assessment tool although this was not used to determine how many staff would be required to ensure people's needs were met. We suggested to the registered manager that by doing this, they could be assured that they had sufficient staffing, especially if people's needs changed. An activity co-ordinator worked at the service three days a week. Staff told us that they had time to spend chatting with people and one person told us, "They're never too busy to stop and talk." A relative said, "Yes, they're busy but X never goes short of attention or care."

The premises were clean and well maintained. Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that these were reviewed by management to see if any action was required. Fire risks had been thoroughly assessed and people had individual emergency evacuation plans. These gave details of the assistance each person would need in an urgent situation. Staff had regular fire safety training and could accurately describe the way in which people would be helped. These checks enabled people to live in a safe and suitably maintained environment.

Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. We observed that staff followed care plan information when assisting people to move around; which helped to keep them safe.

## Is the service effective?

### Our findings

People told us that staff looked after them well. Relatives and visiting health professionals confirmed this. One visiting health professional told us that they would recommend Abbey Lodge, as "It is an excellent home." Staff worked well together because they communicated and shared information. Staff handovers made sure that they were kept up to date with any changes in people's needs.

Staff had an induction into the service, this involved 'office' time where they spent time reading people's care records, e-learning, policies and procedures and getting to know the service. They would also spend time shadowing experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively. One member of staff told us they felt supported, "If I need to know something I just ask, everyone helps each other."

Staff received training in a range of subjects in order to perform their roles safely and to provide the right care and support to meet people's needs. Training in all mandatory subjects was up to date for all staff. Our observations found that staff were both competent and confident in delivering care. Staff told us that they regularly completed online training and that this included training relevant to their roles and the needs of the people they supported, such as, courses to increase their knowledge and understanding about dementia, stroke awareness, managing behaviours which may challenge others and person centred care. The deputy manager told us they were currently researching options to provide diabetes awareness training.

Staff had individual supervision meetings and annual appraisals with the registered manager, deputy manager or senior staff. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively.

We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. The staff team knew people well and understood how they liked to receive their care and support. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. Within care plans, people had communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain

time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

Applications had been made for deprivation of liberty safeguards (DoLS) authorisations for people who needed them, and were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

Records showed that people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. The registered manager had knowledge of the Mental Capacity Act 2005 (MCA) and the recent changes to the legislation. Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS).

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. People's health was monitored and care was provided to meet any changing needs. People were weighed regularly and the registered manager audited weight records so that they were aware of any weight losses that required professional intervention. Food and fluid charts were in place for people whose intake needed to be monitored and these had been completed with enough detail to provide meaningful information about how much people were consuming each day.

People with specific health needs, such as diabetes, had detailed care plans for staff to follow to ensure people received the support they needed. They detailed exactly what action staff should take when blood sugar levels were outside of the expected range. They explained why different foods would be good for example, "A sandwich releases sugars slowly and will help to maintain blood sugars over a longer period of time."

Staff were aware of what people liked and disliked and gave people the food they wanted to eat. During the inspection we staff discussing with people what was on the menu and recording their preferred meal choices. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection regular drinks and snacks were offered by staff.

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained. Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed and friendly atmosphere at the service.

# Is the service caring?

## Our findings

People told us they were happy living at the service and their comments about the staff were positive. One relative commented, "The staff are very kind here." Care was planned around the individual and centred on the person. Staff knew about people's background, their preferences and their likes and dislikes.

We observed the interactions between staff and people throughout the days of our inspection. There was a happy and relaxed atmosphere in which people joked with staff and clearly felt comfortable in their company. Staff knocked on bedroom doors before entering and closed bedroom and bathroom doors when they were delivering personal care, to protect people's privacy. Staff used people's preferred names and spoke with them respectfully. We observed warm and kind exchanges. Staff were discrete and spoke to people quietly to remind them to use the toilet, which meant people's dignity was protected in communal areas.

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices.

People were encouraged to be as independent as possible. Staff explained how they supported people to wash their own hands and face, for example, and to choose their clothing. Staff told us how important it was for people to retain their independence. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. When people had to attend health care appointments, they were supported by staff that knew them well.

Care plans had been compiled from staff gathering information from people, relatives and health professionals. Risk assessments had been signed or verbally agreed by people to show that they had been involved in decisions about their care wherever possible.

People were given personalised care. Some people had specific needs and routines that were accommodated well by the staff. People were laughing and looked happy. Staff supported people in a way that they preferred. There was a relaxed and friendly atmosphere. People looked comfortable with the staff that supported them. People and staff were seen to have fun together and shared a laugh and a joke. Staff talked about and treated people in a respectful manner.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were moving freely around the home, moving between their own private space and

communal areas at ease.

There was no one receiving end of life care at the time of the inspection. However, written records had been made about people's wishes, where known. Care files clearly noted if people had a Do Not Attempt Resuscitation order in place. This helped to ensure that people's end of life choices were respected.

Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. One member of staff commented, "I love working here." People's care plans told us how their religious needs would be met if they indicated they wished to practice. People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

## Is the service responsive?

### Our findings

People received the care they needed and the staff were responsive to their needs. The service had a strong, visible person-centred care culture. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their families. Staff kept relatives up to date with any changes in their loved one's health.

Staff knew people well and were able to tell us about people's individual personalities and care needs. Bedrooms had been personalised to suit people's own tastes and to include items that were important to them. People told us that they were treated as individuals by staff and that they could choose when they got up and went to bed.

When people were considering moving into the service they, and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not.

Care plans documented people's life histories in a detailed and sensitive way. Within people's plans were life histories, detailed guidance on communication and personal risk assessments. In addition there was specific guidance describing how the staff should support the person with various needs, including what they can and can't do for themselves, what they need help with and how to support them. Care plans gave staff an understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and detailed guidance on people's likes and dislikes around food, drinks, activities and situations. Each person had a healthcare plan, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff.

People who were important to people like members of their family and friends, were named in the care plan. This included their contact details and people were supported to keep in touch. Some people went out with their families and families also visited the service. Relatives and friends were encouraged to visit and participate in activities, for example during the week of our inspection entertainment with external entertainers had been organised to celebrate the Queen's birthday. People told us how much they had enjoyed their afternoon.

An activities co-ordinator was employed at the service three days a week and various activities were offered for people to participate in. This included outside entertainers such as singers, musicians and mobile shows, along with activities lead by staff. Activities included bingo, quizzes, church, armchair exercises, sing a longs and a local walk. Some people also chose to attend a local day centre once or twice a week. People were also offered a daily newspaper of their choice.

Residents meetings gave people the opportunity to raise any issues or concerns. During these meetings

people were able to discuss and comment on the day to day running of the service. Minutes showed that people had asked for daily menus to be written on the white board, during the inspection we saw that this was now happening.

Complaints had been managed effectively. People and their relatives told us that they knew how to make a complaint; but those we spoke with said they had not had cause to do so. There was a complaints protocol on display which gave directions for how the process worked.

We read complaints which had been logged by the registered manager. A careful and thorough record had been made of the actions taken to address any complaints. These included acknowledging the concerns and carrying out a full investigation. The registered manager had recorded the ways they had remedied complaints and whether the complainants were happy with the outcome.

## Is the service well-led?

### Our findings

The service had an established registered manager who was supported by a deputy manager, and a team of senior and care workers along with ancillary staff. Staff felt that they were well supported. One staff member commented, "The manager is always helpful and supportive."

The registered manager demonstrated a good knowledge of people's needs. During the inspection we observed that people engaged well with the registered manager who was open and approachable. The manager told us, "I think about how I would want it to be if my Mum lived here." Staff were clear about their role and responsibilities and were confident throughout the inspection; each had delegated responsibility for health and safety, daily allocated jobs and completing training courses.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Through our observations at inspection it was clear that there was a good team work ethic and that staff felt committed to providing a good quality of life to people. All staff we spoke to told us they felt they all worked well as a team and they enjoyed working at Abbey Lodge.

Since our last inspection a computerised system for storing care records had been introduced to the service. This system was user friendly and helped to ensure that records were accurate. Staff had I pod's on which they could input information throughout their shift, reducing the risks of information being forgotten. The system also created graphs and charts from the data entered which enabled the manager and senior staff to analyse the information for any changes or anomalies.

The registered manager was aware of their responsibilities and had a good management oversight of the home. They audited aspects of care both weekly and monthly, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. Audits of staff files, supervision schedules also took place. Shift check forms were completed and also monitored, these identified any shortfalls in standards throughout the service on a day to day basis. The audits identified any shortfalls and action was taken to address them.

Systems were in place for quality monitoring checks. Recent quality assurance surveys from relatives and health care professionals gave positive feedback. Records were in good order and kept up to date. When we asked for any information it was easily accessible and records were stored securely to protect people's confidentiality.

The service had links with the local community through churches of different denominations and a secondary school. The registered manager was a member of a regional provider organisation where good practice and learning could be shared. They had also developed links with other local care home providers.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.