Care Quality Commission

Abbey Lodge Care Limited

Abbey Lodge Care Home

Inspection report

Cranmere Avenue
Tettenhall
Wolverhampton
West Midlands
WV6 8TW

Tel: 01902745181

Date of inspection visit:
09 May 2018
14 May 2018

Date of publication:
07 June 2018

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 the 09 and 14 May 2018. The first day was an unannounced visit and the second day was announced to review records and speak with the registered manager and provider.

This was the first inspection of this service since registering with the Care Quality Commission on 19 February 2017.

Abbey Lodge Care Home 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. Abbey Lodge is registered to provide accommodation for up to 26 people. At the time of inspection there were 21 people living at the home. Abbey Lodge is arranged over two floors, the second floor was for people who are more independent. Many of the people living at Abbey Lodge are living with dementia.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.'

People were safe because there were sufficient levels of staff to meet people's needs. Risks were identified, assessed and managed effectively. The provider had systems in place to minimise the risk of abuse and staff had a good knowledge and understanding of what abuse is and where to report concerns. The provider carried out appropriate pre-employment checks before staff started work.

Medicines were managed safely and staff had a good knowledge of when people required their 'as required' medication. Accidents and incidents were recorded and there were measures in place to review these to reduce the risk of reoccurrence. People were protected from the risk of infection because the home was kept clean.

Staff had the relevant skills and knowledge to meet people's care and support needs. People and their relatives were positive about the care provided and our observations confirmed that staff were kind and caring. Staff sought consent before providing care to people and principles of the Mental Capacity Act had been followed when people lacked capacity to make specific decisions regarding their care needs.

People were supported to maintain a healthy diet and drink sufficient amounts of fluids. People had access to relevant health professionals and referrals made were timely and appropriate.

People and relatives we spoke with gave mixed views in relation to activities. Some people felt that there were not enough activities that were specific to people's individual interests.

People, relatives and staff said they were kept up to date with any changes that were taking place and felt the management team was approachable. Relatives told us they felt confident to raise concerns with the registered manager and we found that complaints were dealt with appropriately.

Systems were in place to monitor and drive improvement within the home. We saw the registered manager developed an action plan each year to sustain improvements and highlight areas for improvement.

Relatives and staff spoke positively about the improvements the registered manager had made and staff told us they felt well supported to carry out their roles and responsibilities.

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 care from staff who knew their individual needs well. There were enough staff to meet people's needs. Staff had a good understanding of how to protect people from abuse.

People were supported to take their medication as required to meet their health needs.

People were protected from the risk of infection. Staff wore protective clothing when required.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs effectively. People's consent was gained before providing care and people were given choices.

People had access to the relevant professionals when required.

People did not currently have access to outdoor space, this was in the process of being developed.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in their approach and supported people to make their own choices.

People's dignity and privacy was maintained.

People were supported to be independent.

Is the service responsive?

Good

The service was responsive.

People received person centred care because staff were

knowledgeable about people's preferences. Some people and relatives felt there were not enough person centred activities for people.

People had plans in place to support them at the end of their life. People and their relatives were involved in care planning and reviews.

Relatives felt able to raise concerns or issues with the registered manager and there was a system in place to monitor any complaints.

Is the service well-led?

Good

The service was well-led.

The provider had systems in place to monitor the quality of the service.

Relatives and staff said there had been improvements since the registered manager had been at the home.

Staff were supported by the registered manager and felt listened to.

Care Quality Commission

Abbey Lodge Care 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.'

The inspection took place on0 9 and 14 May 2018. The first day of inspection was unannounced and was conducted by one inspector, one inspection manager, and one 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 service. The second day of inspection was announced and conducted by one inspector.

When planning our inspection, we looked at the information we held about the service. This included the Provider Information Return (PIR), notifications received from the provider about deaths, safeguarding alerts and serious injuries, which they are required to send us by law. A PIR is information we require providers to send us annually to give key information about the service, what the service does well and what improvements they plan to make. We also obtained feedback from the local authority and from the commissioners of people's care.

During the inspection, we spoke with four people who lived at the home and five family members. We also spoke with the registered manager, the deputy manager, the provider and four members of staff. This included care staff, senior care staff and the cook. We also spoke with three visiting professionals including a social worker, district nurse and mental health professional. As some people were unable to share their experiences of the care they receive, a Short Observational Framework for Inspection (SOFI) was completed. SOFI is a way of observing care to help us understand the experiences of people who cannot talk to us.

We looked at the care plans for six people to see how their care and support was planned and delivered. We also looked at Medication Administration Records (MAR) and the medicine management process and audits for the service. We looked at staff training records and three recruitment files. We also looked at the service's quality assurance records.

Good

Is the service safe?

Our findings

People told us they were happy living at the service and relatives told us they felt people were safe. One person when asked their thoughts on Abbey Lodge said, "I love it" and one relative we spoke with said, "I feel [person's name] is safeguarded from everything, [registered manager] is very good at monitoring the way family are towards their relative."

Staff demonstrated a good understanding of how to protect people from abuse, how to spot signs of abuse and where to report concerns to, both within the organisation and outside of it. One staff member we spoke with said, "If I noticed changes in behaviour, I would speak with someone and try find out more or I would tell my manager" and another said, "If I needed to I would contact CQC, we are told as part of our training, to call CQC and that it remains confidential."

Where risks to people had been identified, measures had been put in place to reduce and manage these risks appropriately. Records we looked at showed that risk assessment for areas such as; falls, pressure care and behaviours were robust and included triggers and measures to mitigate the risks. For example, one person's risk assessment identified that they could become agitated when approached or engaged with. The risk assessment detailed that this person will raise their hand when they wish to speak with someone.

Where safeguarding referrals had been recorded and raised to the local authority, measures had been put in place to reduce the risk of reoccurrence. For example, for two residents that had an altercation, behaviour management plans and risk assessments had been put in place. Staff were also aware of how to ensure they maintained safe distance from one another and they observed if there was any changes in their behaviour as this could be a trigger. Any past incidents were shared with staff and this was demonstrated in staff's knowledge and our observations.

People were protected by the provider's recruitment procedures. All staff members had been required to provide references from previous employment and completed a check with the Disclosure and Barring Service (DBS) before staff started working at the service. The DBS check helps providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people.

There were enough staff to meet people's needs. The registered manager told us they did not have a high turnover of staff and did not currently have any vacancies. One relative told us, "The staff have a clear understanding of what is required and they respond in a reasonable time" and another said, "They [staff] come very quickly." A visiting professional told us, "There is continuity of staff which has helped as they are familiar with people rather than starting from scratch." A staff member told us "There is enough staff, if anyone is off sick, [registered manager] will try to cover it, if she can't then she will step in to help."

People received their medicines on time and as prescribed. One relative we spoke with said, "They come round regularly, put the medicines in little cups and watch while [person's name] takes them. As far as I know they have never missed any." Staff had received training on how to administer medicines safely and their competency to do so had been checked. Some people required 'as required' medicines. There were

protocols (plans) in place for the administration of these and staff demonstrated a good knowledge of when these were required.

Fire safety checks were carried out frequently and the provider had a fire safety checklist, which was a sign in and out sheet for when people went out with relatives or to appointments, so staff were aware in the case of a fire who was in the building and who was not. They also had an emergency file in place, in case of a fire. This included information such as; falls prevention, locations for fire points, fire map and the emergency evacuation plan. People also had their own emergency passport, which detailed key information about them and how they would need to be supported to evacuate the building if required. Staff demonstrated a good understanding of what to do in the case of a fire and how to support people to keep them safe.

Relatives we spoke with told us the home was kept clean and tidy. There was a domestic team in place to ensure the home was clean and hygienic and we observed both planned and responsive cleaning during our inspection. We saw that staff wore the appropriate personal protective equipment (PPE) to prevent infection when supporting people.

Good

Is the service effective?

Our findings

Staff told us and the records we viewed confirmed that they had regular supervision and support from their registered manager. One staff member told us, "I am happy working here, we have a laugh and a joke and dance with the residents" and another told us, "I enjoy working here, I like being with the residents, it feels like I'm with my family."

We found that staff had completed an induction when they first started and received regular training updates. One staff member told us, "We are able to go back to [registered manager] if we feel we need more training." The registered manager told us and staff also confirmed that they had been scheduled in to complete a new face to face dementia course that the provider had signed up for. Visiting professionals confirmed that staff had 'good skills' and 'knowledge' to meet people's needs. One professional told us, "From before, there is a better understanding of dementia, they have some patients that need a lot on input, and they have been able to meet their needs."

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 people lack the capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had a good knowledge and understanding of this legislation. One staff member told us, "If someone lacks capacity, then we have to make decisions in their best interests" and another said, "If we have to make decisions in their best interests, then we have to do this with other professionals and family and it has to be put in writing." We found that where people lacked mental capacity to make decisions about their care and support for themselves, mental capacity assessments and best interests decisions were documented appropriately and included family and relevant professionals.

We observed interactions between people and staff and saw people were given choices and asked to consent to their care and support. Where people could not verbally communicate, we saw staff supporting people to make their own decisions. Staff told us how they encouraged people to make their own decisions. One staff member told us, "I will show them things, like their clothes or I will take them to their wardrobe so they point out what they would like to wear." We also found that where people had legally appointed someone to make decisions on their behalf, the provider had included this in the person's care plan and had obtained evidence of this. People had their needs fully assessed before moving to Abbey Lodge and care plans had been devised to meet their individual needs.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked to see if the service was working within the principles of the MCA and whether there were any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made applications to the appropriate authority when they felt it was

necessary to restrict a person's freedom to keep them safe. They had a system in place to monitor applications and authorisations of DoLS.

Staff we spoke with had some understanding of DoLS and were aware of what restrictions were in place. One staff member told us, "We should not deprive people or restrict their rights; we can only do this for safety reasons if they lack capacity." Records we looked at showed that physical restrictions such as bed rails were identified and consent forms were in place signed by either the person or their relative who had legally been appointed if they lacked capacity. The use of this restriction was also noted on the application for their DoLS.

Most of the people we spoke with commented that the food was very good. One relative we spoke with said, "The food is very good. [Person's name] says she loves it. There's a choice at breakfast and it's good to order" and another said, "The food is excellent, there's a choice of two or three dishes on the main menu." A menu was displayed on the board in the communal area and people were asked their choice of meal. The cook told us "If [people living at the home] don't want what's on the menu, I will ask them what they do want and make that for them." The cook also told us that people were included in planning the menu and if they asked for something to be put on there, it would be added.

We saw that food and drinks were available throughout the day and people had drinks within reach when sitting in the lounge area. Staff were aware of people's dietary requirements and preferences and we observed that these were met on the day of inspection.

People received support to manage their health needs and had access to health care services and professionals. We saw multiple professionals visit the home throughout the day during our inspection. Staff had a good understanding of how to meet people's care needs within the home. For example, in relation to sore skin, staff told us they applied barrier cream, ensured the person was frequently repositioned and had the correct pressure relieving equipment in place to reduce the risk of damage to their skin. Records that we reviewed confirmed that the district nurse team was involved where required and the person's care plan was up to date and reflective of their current needs. We saw that people had pressure cushions and mattresses in pace and the settings for these changed automatically to people's current weight to ensure they were correct. We saw that processes were in place to ensure the equipment was maintained and safe to use.

Relatives and visiting professionals we spoke with said referrals to the relevant professionals were timely and appropriate. One relative told us, "If she has a problem with her leg, they call the doctor and he comes instantaneously" and another said, "If we want the GP in, they call him and we have had the psychiatric team in." A visiting professional told us, "The home gets in touch when it is appropriate to and I have a good relationship with the home."

We saw that there was some dementia friendly décor, people's rooms were personalised and their doors had been painted to their chosen colour to match their rooms inside. One person told us, "I like my room, I have a lot of space." There was a conservatory where people could go for privacy when their relatives or professionals visited.

The home was currently undergoing some building work and refurbishments to the outside areas, at the time of inspection there was no outdoor space for people to go. A relative told us, "It would be more pleasant if she could safely access the garden." We discussed this with the registered manager and the provider and were told this was currently in the process and would be completed with one month. They told us that when this was completed there would be three places for outdoor space and sitting that would be safe and secure. Relatives and staff told us they were kept up to date about the changes and improvements

to the outside of the building. One relative told us when asked about the building work, "They [the provider and registered manager] keep us informed about what is going on." We found that risk assessments and regular reviews and checks were completed in relation to the building work.

Good

Is the service caring?

Our findings

Not all of the people living at the service were able to share their views with us about the caring nature of the staff and the care they received. However, we observed staff talking and communicating with them, offering reassurance where necessary. For example, one person was distressed and asking to go home, the staff member approached the person, knelt by the side of them, took their hand and provided reassurance, we saw the person become more settled as a result.

We saw that staff were kind and caring in their approach and people responded well to staff. One person said, "The nice thing is that everyone gets on" and a relative told us, "All staff muck in, it's like a family. They work together and you can have a laugh and joke, staff are very dedicated."

People looked well kempt and care staff had supported people to wear what they wanted. For example, we saw female residents were wearing makeup if they wished too and had jewellery on and male residents were supported to comb their hair. A relative we spoke with said, "They [staff] try and match [person's] clothes in the wardrobe so when she gets dressed she matches, you never see mom in the same clothes two days running."

Staff knew people well including their likes and dislikes and their personal history and people were communicated with in their preferred way. We saw that one person who was Punjabi speaking always had a staff member available to them who also spoke Punjabi. Another person who was deaf had the option to use picture cards to communicate and also communicated via lip reading. Staff were aware of this and spoke slowly and clearly so they could understand.

Relatives we spoke with spoke positively about the staff. One relative said, "They seem to understand her and take time out to explain what is happening, to us as well so we understand the progression of her dementia." Another relative we spoke with said, "Whatever we ask for, they will get it, it's the little touches that make a real difference."

People were supported to maintain relationships with friends and family and there was a homely atmosphere. We saw visitors arriving at the home throughout our inspection and they were welcomed by staff. One relative said, "The staff are very friendly, they are welcoming and always ask if you want a cup of tea."

People's privacy and dignity was maintained. We observed staff knocking doors before entering and speaking discretely to the person when asking about personal care. One staff member said, "I shut doors before supporting with personal care, knock the door before entering and cover them up and give them space when they want." A relative we spoke with said, "They don't force her to do anything, if she refuses a shower or bath then they try again later and coax her."

We saw that people were involved in their care and given choices, we observed staff asking where people wanted to sit and where they would like to eat their meals. We also saw that people were encouraged to

maintain their independence. For example, we saw that people were able to eat independently if given a small about of support from staff. Staff were able to explain how they supported people to be independent. One staff member said, "I will give them the flannel so they can wash their own face and help when needed."

Good

Is the service responsive?

Our findings

Relatives told us they were involved in the care planning process and that people's needs were regularly reviewed. One relative said, "We have regular reviews of care" and another said, "A meeting is held every three months." Relatives told us they were kept up to date on a regular basis outside of the formal review process. One relative said, "If anything has happened or there is any update, as soon as I visit, [registered manager] will tell me."

We saw from people's care records that it was clearly documented that people and their relatives had been involved in reviews and when things changed. Visiting professionals also told us that care plans were updated. One professional we spoke with said, "They [staff] are very open and responsive, they will include what we have discussed in the care plan." We saw that people had life history books in place detailing where they grew up, their family life, their hobbies and interests and their likes and dislikes.

Staff told us they were able to respond to how people were feeling and to changes in people's needs because they were kept up to date via a daily handover meeting at the start of each shift. One staff member said, "The handovers are really useful, you always know what's going on and if anyone has any appointments or seen the nurse or GP."

We saw that people had personalised plans in place to support them at the end of their life to receive the care they wanted. For example, we saw people had been asked about what family members they would like with them and what flowers they would like at their service. Relatives told us that they had been involved in developing these plans and said they were happy with the process. One relative said, "There is a review every 12 months. They know fully what is expected." Records seen showed that people and their families had been involved throughout the plan and they were reviewed on a yearly basis or before if required.

We received mixed feedback about the activities that people were engaged with and the lack of person centred activities and interests being followed. One person said, "I talk to my friend. I used to be a hairdresser and always loved to talk. I play 'I spy'. I sit and do nothing." One relative said, "My only complaint is that it gets boring" and another told us, "They do try and engage her with things like jigsaws but that isn't of interest to her. Before, mom's life revolved around Bingo and lunch clubs. She also likes old theatre shows. No one asked us what she used to enjoy." However, other relatives told us they felt happy about the amount of activities that were provided. One said, "Staff spend time talking with her, we wouldn't want her to move anywhere else" and another said, "They do as much as they can with them, they do exercises and do stuff at Easter and occasions. There is a lot of interaction between residents."

Staff we spoke with said they felt there were enough activities for people. One staff member said, "The girls are always singing with people" and another said, "We have entertainers in sometimes, in the summer we will go out on a walk and I like to sit with people and talk about their life and family."

We saw activities during our inspection and a folder with photos in from times when they have celebrated specific events or occasions. We also saw that the local church visited once per month for people to engage

with if they wished. However, although activities were in place, more personalised activities were required for people to follow their own individual interests.

People and relatives said they knew how to make a complaint and felt they could approach the registered manager if required. One relative said, "We know how to make a complaint" and another said, "If there is ever an issue, she is approachable, she makes time to listen." Staff told us they felt complaints were dealt with effectively. One staff member told us, "[registered manager] will deal with it, there is always a solution." We saw that there was information in communal areas on how to make a complaint if needed and records showed that complaints were recorded and responded to appropriately and there were systems in place to identify any trends to reduce risk of any reoccurrence.

Good

Is the service well-led?

Our findings

We looked at governance systems within the home to check that audits were in place to maintain and improve the quality of the service provided for people. These included both weekly and monthly audits for areas including; bed rails, medication, equipment, care plans and infection control. As well as these regular audits, the registered manager and deputy manager also completed spot checks at different times including weekends. They also had a quality officer who completed internal inspections and unannounced visits.

The registered manager explained how an action plan was developed which combined the action plans produced from the quality officer, CCG and their own audits. This action plan highlighted areas for improvement and was reviewed and updated throughout the year.

The provider used feedback to drive improvement within the home. The registered manager sent out quality questionnaires two to three times per year as well as relative and resident meetings being held regularly. We saw that the information to inform people of the next relative and resident meeting and what was discussed at the previous meeting was in communal areas. The minutes from these meetings showed that relatives had given feedback and suggestions which had been taken forward.

The registered manager encouraged and recognised success within the staff team, each month either one or two staff members would get employee of the month for their practice and care towards people. This was displayed in the communal areas and they would receive a small gift such as a box of chocolates.

We found that the provider had strong links with the community. This included working closely with the local clinical commissioning group (CCG) and having close links with the local church to meet people's religious needs. We saw that they had won awards for both schemes they were apart of through the CCG. The registered manager informed us they were involved in the 'space' programme and the 'red bag scheme' with the CCG. They had regular meetings or unannounced visits from the CCG to review and evaluate the work they had done.

There was a clear management structure within the home. There was an experienced registered manager and a deputy manager. The registered provider was also very visible within the home and people and staff spoke positively about his input and support.

We saw that the registered manager and deputy manager were visible throughout the inspection and relatives and professionals that visited had a good relationship with them.

People and relatives felt that the home was well- led and spoke positively about the registered manager. One relative said, "[registered manager] will say can I have a word with you. I am doing this or that, how do you feel about it?" and another said, "[registered manager] is very good. I have every confidence in her. It's gone from not so good to excellent since she's been here." A relative also commented in relation to the provider, "He's friendly and approachable. They keep us informed about what is going on."

Staff we spoke with said that the registered manager was approachable and always available to listen to them. One staff member said, "[registered manager] is supportive. If I have a problem, I can go to her and she will listen and find a solution, her door is always open" and another said, "The environment is very happy here, [registered manager] is very supportive, she always listens and always got time for you." One staff member told us that the provider visits frequently stating, "[Registered provider] comes often and asks for our feedback."

All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The registered manager had ensured this was on display within the home and on their website. The provider had correctly notified us of any significant incidents and events that had taken place. This showed that the provider was aware of their legal responsibilities.
Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider had been open in their approach with us during the inspection. People, relatives and staff spoken with confirmed they had found the provider to be open and honest with them.

The provider had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.