

Abbotswood Lodge Ltd

Abbotswood Lodge

Inspection report

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Tel: 01692538455

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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: Abbottswood Lodge is a 'care home' providing residential care to people with learning disabilities, autism and mental health conditions. The service is registered to accommodate up to 22 people, there were 19 people living at the service at the time of the inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy. Details regarding conformity are detailed in the body of the report.

People's experience of using this service:

People living at Abbottswood Lodge participated in activities and were actively involved in their local community. Staff showed empathy, kindness and compassion. They placed value on their caring roles and involvement in people's lives. People were offered a choice of meals and staff closely monitored people assessed to be at risk of poor food and fluid intake. The care provided was flexible to meet people's needs and preferences.

The service was working with people and their families to complete end of life care planning to ensure people received high standards of care and support. People were involved in the planning of their care at that stage of their life. The service had good working relationships with the local GP practice and learning disability healthcare professionals.

The service worked in partnership with people and encouraged feedback on the care provided. We received positive feedback from people about the staff and service received. Staff told us they enjoyed working at Abbottswood Lodge and spoke highly of the support and encouragement provided by the registered manager.

People had their care and support needs met by sufficient numbers of suitably trained staff. The care environment was clean and comfortable throughout, with risk management plans in place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.

The service had good governance arrangements in place and completed internal quality checks and audits. Findings from these were regularly reviewed by the registered manager and provider.

Rating at last inspection: Abbottswood Lodge was previously inspected 29 June 2016, rated as Good in all key questions. The report was published 12 October 2016.

Why we inspected: This was a scheduled, comprehensive inspection, completed in line with our inspection

schedule for services rated as Good.

Follow up: We will continue to monitor this service and will reinspect in line with our schedule for those services rated as Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Abbottswood Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Consisted of one inspector.

Service and service type:

Abbottswood Lodge is a care home that provides care and support to people with learning disabilities, autism and mental healthcare needs.

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

Notice of inspection:

This was an unannounced inspection visit completed 09 May 2019.

What we did:

Before inspection: We reviewed information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We liaised with third party stakeholders. We used all this information to plan our inspection. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection: We spoke with eight people who used the service and one relative during the visit, and one relative after the inspection visit by telephone. We observed care and support provided in communal areas. We spoke with the registered manager, deputy manager, and three members of care staff.

We looked at two people's care and support records in detail and four people's medicine records. We looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality. We requested provision of additional information that was sent to us after the inspection within agreed timescales. After the inspection visit, we contacted two healthcare professionals to request feedback on the service, but this was not provided.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. People said they liked living at Abbottswood Lodge and that the staff were kind to them. The latest survey from November 2018 stated that 100% of people felt safe living at the service.
- Staff demonstrated clear awareness of the service's policies and procedures in relation to safeguarding. They could recognise types of abuse and understood their individual responsibilities to report concerns. The service had not made any recent referrals to the safeguarding team.

Assessing risk, safety monitoring and management

- Detailed Personal Emergency Evacuation Plans (PEEPS) and fire risk assessments were in place for each person, recognising specific support needs for people with learning disabilities and autism. Staff had up to date fire safety training, and some staff were designated fire wardens.
- Care records contained detailed assessments and risk management plans for areas of care including changes in people's behaviour, mental health presentation, malnutrition and falls. For people living with long term conditions such as epilepsy, their care plans gave staff clear guidance on what to monitor and what action needed to be taken. We observed staff implementing this guidance into the care they provided. Staff gave examples of how they responded to emergency situations such as if a person experienced a seizure of change in their health presentation.
- Risk items such as cleaning products were stored securely. Staff were clear of the process to follow when taking the cleaning products into communal areas to ensure all items were accounted for.
- Environmental risk assessments were in place, with regular checks of people's living environments and paperwork for medicines management and infection prevention and control.
- Equipment for fire safety and water quality were regularly tested to ensure that they worked correctly. Where concerns were identified, the service clearly documented the action taken and the timescale for this.
- We observed positive risk taking being encouraged, for example where people were able to weigh up risks associated with food choices and the management of health conditions such as diabetes.
- Some people were able to use public transport independently, with staff driving them to the nearest bus stop outside of the village.

Staffing and recruitment

- Staff records contained references, qualification reviews (where applicable), and details of their induction programme. The service had an ongoing recruitment programme in place.
- There were sufficient staff on shift to meet people's needs.
- Staffing rotas were completed in advance to ensure staff knew when they were working, and to enable the team to plan activities, identify shortfalls in advance, and implement management plans accordingly.
- The management team provided hands on care and support when needed, for example when supporting

people to attend medical appointments.

Using medicines safely

- There were systems in place for ordering and administering medicines. Medicines were monitored regularly to ensure they had been administered appropriately.
- Staff were trained and deemed competent before they administered medicines.
- Medicines were stored securely, and appropriate records were kept. Staff were aware of the process to follow in the event of a medicine error.
- There was limited space in the medicine room, and we identified that there were items on surfaces limiting clear space for staff to work from. The registered manager provided assurances that they were looking into alternative furniture to aid storage arrangements in the room.
- Medicine rounds observed were busy, and there were environmental distractions which could impact on the staff member's ability to concentrate. This was discussed with the registered manager and they implemented additional safeguards after the visit.
- Protocols for as required (PRN) medicines were personalised and provided staff with points for consideration, such as changes in people's presentation and body language before using PRN.
- One person was receiving medicines mixed in their food or drinks (covertly). The decision to implement use of covert medicines had been made in consultation with the GP and person's family, with paperwork in place to support this decision in their care record. The registered manager confirmed the suitability of giving these medicines covertly had been checked with the pharmacy team during a recent medicines audit.
- One person managed their own medicines independently, with minimum oversight by staff. This was a skill they had maintained since moving into care. The person was able to tell us how they managed their diabetes and the healthcare checks they needed to complete each day. Risk management plans were in place. The person had a locked cabinet in their bedroom, staff regularly monitored the content and security of the medicines in the cabinet.

Preventing and controlling infection

- One family member told us the environment was "Consistently clean and homely."
- The standards of cleanliness were good throughout the service, with no malodours identified. Regular audits of the environment were in place including spot checks of people's rooms and communal areas. People were encouraged to keep their rooms clean with support from staff as required.
- The service completed regular infection prevention and control audits, and any areas of improvement had clear timescales attached.
- The care staff were responsible for completing cooking, cleaning and laundry tasks during the day and overnight. They had appropriate equipment, cleaning schedules were in place and staff had training around the safe use of chemicals.
- Staff had access to personal protective equipment such as aprons and gloves.
- The kitchen had the highest hygiene rating of five stars.

Learning lessons when things go wrong

- A written log of accidents and incidents was recorded. The registered manager oversaw the monitoring of this information, completing internal investigations and implementing actions to reduce the risk of reoccurrence where applicable.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Care records were written in a person-centred way, detailing people's preferences, likes and dislikes. Care records contained detailed personal profiles and documents that would be used if a person was admitted to hospital to support the person while in an unfamiliar care environment. These were completed with involvement from people and their families (where appropriate) to source people's life histories, hobbies and interests. These were reviewed and added to on a regular basis.
- The service completed pre-admission assessments with people before anyone new moved in, and considered the needs of existing people living at the service

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff demonstrated a clear understanding of the MCA, and what it means to make decisions in a person's best interests. Staff had received training in MCA and DoLS and we observed examples of how they implemented this into their practice.
- The service had one person with an authorised DoLS in place, other applications had been submitted to the local authority and were awaiting authorisation. From discussions with staff and the registered manager, they gave examples of how they supported this person to minimise restrictions whilst maintaining their safety.
- Where applicable, people's care records contained capacity assessments. People were encouraged to be fully involved in the decision making processes relating to their care. Staff worked with people to minimise restrictions and use alternative methods of communication to aid understanding.
- Staff consulted with healthcare professionals and family members when making best interests decisions.

Staff support: induction, training, skills and experience

- One relative told us, "There is always a good mix of staff, very skilled, consistent in their approach. Very welcoming, they invite us to stay to dinner." Another relative told us, "There are consistent faces each time

we visit."

- The service held a training matrix listing completion of courses and dates for when refresher courses were due. Staff demonstrated implementation of training into their practice.
- The service had an induction process, with staff shadowing shifts with an experienced member of staff. We received positive feedback on the support for new members of staff.
- The management team held regular staff meetings and incorporated discussions around policies and procedures, incidents and areas of improvement, for example identified through their quality auditing processes.
- Staff received regular supervision and had received performance based appraisals. Staff told us about their opportunities to set personal development goals and about being encouraged by the registered manager to gain new skills and experiences. Some staff, and the registered manager held psychology qualifications, which they told us they found beneficial when developing care and supporting people living at the service.
- The service encouraged staff to gain further education qualifications and accommodated changes to the staffing rotas to enable staff to work while attending university.

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

- The service recognised the importance of people having a healthy and varied diet in relation to the maintenance of good health and wellbeing. One relative told us about the special diet provided by staff, "To manage risks associated with choking. The staff do look after [Name] well, they have put on some weight."
- There was a weekly meal plan, with pictures of each meal to aid understanding. Communal eating was valued as a social activity, and we observed people interacting during their lunch.
- On the day of the inspection, people were involved in making pizzas for their lunch. People cut up vegetables and rolled out the pizza dough together.
- People were supported to eat healthily to assist with the management of healthcare conditions such as diabetes or to aid weight management. One person told us they attended a local slimming group.
- Six people told us they had enjoyed their lunch, five had eaten the homemade pizza, another person had eaten sausages and mash which they said they had enjoyed as "I don't like pizza." One person told us they had put "Ham and cheese" on their pizza and had enjoyed eating this with "Beans."
- People's weights were closely monitored with any concerns referred to the GP. Some people had received specialist advice from dieticians.

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

- The service had a good working relationship with the local GP practice and learning disability healthcare professionals.
- Staff told us they felt confident to contact healthcare professionals for advice as required and told us this prevented delays in sourcing specialist support.
- Care records contained details of visits to the dentist, chiropody and hospital appointments. We observed staff supporting people to attend the GP surgery on the day of our visit, using the service's own vehicle.
- Care records contained details to confirm that staff had supported people with management of their oral hygiene with guidance for staff to follow if a person did not like cleaning their teeth, or needed specific support linked to the condition of their teeth.

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

- The service was accessible throughout, with equipment in place to assist people's individual support needs.
- The service had an ongoing refurbishment plan in place.
- Bathrooms, toilets and communal areas had signage to assist people with familiarising themselves within the environment. Each person's room had their name on the door, some with additional decorations.

- There were ongoing improvements being made to the garden so that people could grow flowers and vegetables. There was a large decked seating area that people said they "Enjoyed sitting out there in the summer." One person told us staff arranged "Barbecues." There was a forthcoming camping trip arranged to be held in the grounds.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they felt staff treated them kindness. Two people said, "I like living here." One relative said, "The service is homely and welcoming. It is the same whenever we visit. The staff are really kind and caring." Another relative told us that the registered manager kept the updated through regular newsletters.
- The latest survey from November 2018 stated that 100% of people felt staff were friendly, helpful, spoke nicely to them and were kind when providing care.
- Staff placed value on the things that were important to each person, including protected characteristics such as relationships, hobbies and interests. For example, some people had their own pets, and were responsible for caring for them.
- Two people told us they walked to the local church for meetings and religious services and attended weekly coffee mornings. People told us they enjoyed going to listen to live music and two people had formed their own band and were writing their own music.
- When people approached staff or showed signs of distress, staff responded immediately to their requests, provided reassurance and nothing was too much trouble.
- We observed staff to knock before entering rooms and explain to people what they were going to do before and during the completion of tasks.
- Staff told us how important it was to treat people with kindness. One staff member said, "It is important to treat people how you wish to be treated yourself. This is their home and it is important we are respectful."
- We observed staff treating people with compassion and affection and taking the time to have meaningful conversations. There was a lot of laughter and fun banter between people and staff which made the atmosphere relaxed and put people at ease.

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

- The service had a running programme of meetings for people living in the home. Agenda items were discussed, and people were given the opportunity to give feedback and suggestions for ways to improve the service, have choice and control over forthcoming activities and feed their ideas into the running of the service.
- We found the management team to be responsive to feedback. They demonstrated a desire to drive improvement for the benefit of people and the overall care experience.
- Both relatives told us they would be comfortable to raise any concerns with the registered manager if required.

Respecting and promoting people's privacy, dignity and independence

- During general and local elections, staff supported people interested in politics to contribute to their chosen political party campaigns.

- Staff promoted people's independence and personal choice. Bedrooms were personalised, with people having objects and items of personal importance on display. Staff told us the importance of ensuring the service remained "Homely, so it is comfortable for people living here."
- We observed staff encouraging people to dress smartly and maintain good standards of personal hygiene. People talked about having their hair cut and enjoyed showing their new hair styles to each other and to staff.
- People were empowered to be as independent as possible and placed at the centre of the care provided. For example, care plans detailed the personal care tasks people could complete independently or with encouragement, to prevent staff taking away people's independence. People were supported to participate in community-based activities and spend time with relatives, even when their overall levels of independence and abilities had deteriorated. One relative told us about regular trips out they had together in the car, and the importance of, "Getting time together as a family."
- Care records contained details of how to support people that found it difficult to cope with meeting new staff or that could show signs of distress through using language that may cause offence.
- Care records contained clear guidance for staff on methods of communication and interaction for people with sensory impairments or experiencing changes in their mental health presentation. The guidance emphasised the need to support people to maintain their independence and level of involvement in decision making.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support plans contained information about personal preferences and choices, including areas of strength, hobbies and interests, and weekly activities. People had access to a communal space to complete activities, including a games room with bar.
- Some people attended day services. People talked about the holidays they had been on and showed us photographs. Staff told us about the support provided to people for example when on holiday abroad to keep people safe, while encouraging them to gain new life experiences. People told us they also enjoyed spending time in their bedrooms, "Listening to music and watching films."
- On the day of the inspection, some people had made their own breakfast and other people were helping staff with washing up.
- Where people experienced changes in their level of understanding, care records contained clear guidance for staff on how to engage and communicate with the person to ensure they continued to be involved in the care and support provided.
- We saw examples of people being encouraged to make contributions to activities, and discussions during resident meetings were recorded in meeting minutes. The service had been nominated and won local care awards. We were shown video footage of people from the service contributing to the award acceptance speeches.
- The walls of the service were covered in photographs of events and activities that had happened at the service and in the community. People and staff participated in joint activities including a weekly yoga session.
- Staff cooked themed meals to celebrate events. Previous themes had included Brazilian food and food from people's school days.

End of life care and support

- The registered manager and staff spoke passionately about providing dignified, end of life care to people living at the service. One person had sadly died the week of the inspection, and we observed staff speaking openly with people about attending the funeral service. Some people were choosing poems they would read during the service.
- Staff supported people to be actively involved in planning and attending people's funeral services. Staff gave examples of assistance provided with arranging funeral services, particularly where people did not have family.
- Where people had experienced bereavement in their life, staff supported them to commemorate dates and life events. Details were included in people's care records, so staff were aware of times of the year people may need additional emotional support. People and staff had access to a memorial garden for use as a place for reflection.
- Staff told us they were given good levels of support and debriefing when people died as they had often

worked with them for a long time. Staff had received training in end of life care and support, tailored to the needs of people with learning disabilities and autism.

- The service had received positive feedback on the end of life care provided. One card stated, "Thank you for looking after [Name] and keeping them happy and worry free in the last years of their life. We could not have wished for more."

Improving care quality in response to complaints or concerns

- Relatives told us they had, "No complaints" but that they would feel comfortable talking with the registered manager or members of staff if they needed to.

- Between November 2018 and May 2019 there had been no formal complaints received by the service. People and relatives were aware of how to make a complaint.

- We saw examples of thank you cards, and feedback received. One card stated, "Thank you all for your loving care of [Name]. They could not have been in better hands. Thank you too for allowing me to be part of the Abbottswood family." There was also a thank you email from a local member of parliament for the decorated cake people had given them. The email stated, "Thank you to Abbottswood Lodge Care Home for this amazing cake. So kind!"

- People were actively encouraged to give feedback and raise concerns as required. We observed people to feel comfortable to speak with staff or the registered manager about anything they felt concerned about.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was a registered manager in post, who worked closely with the care team. They were well respected and had a lot of valuable experience. The registered manager held qualifications in psychology and attended regular training opportunities to keep abreast of best practice.
- On the day of the inspection, staff were being filmed by the local university, to contribute information to training programmes in relation to staff morale, team cohesion and staffing retention.
- The registered manager completed regular site walk arounds, spot checks and worked shifts, talking with people and monitoring the condition of the environment. The service had a rolling quality audit programme. This included infection, prevention and control, environmental checks and medicines. The outcomes from the audits completed were shared with the provider, and the provider completed their own audits and site visits.
- The maintenance staff completed checks of water temperature, equipment condition including wheelchairs and slings.
- Staff recognised their own accountability, and who to escalate any concerns to.
- There was clear oversight of staff performance and competency.
- Morale within the service was observed to be good. Staff gave positive feedback about working within the team. They spoke about the support and encouragement provided by the registered manager. When asked what it was like to work at the service, staff used terms such as "Brilliant." Staff told us they "Loved being greeted by people when they arrived at work."
- The latest staff survey results stated that 100% of staff felt supported in their role, enjoyed working at the service, felt well informed about people's needs and were happy with the training provided.
- Staff and the registered manager were clear that if they made a mistake or got something wrong that they needed to learn from this and implement change in line with the service's duty of candour policies.
- The service kept a log of accidents, incidents, safeguarding referrals and CQC notifications.

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

- People could provide feedback and were included in decisions relating to the running of the service through resident meetings, surveys and the complaints process in place.
- Staff meetings and supervision sessions were being held regularly. There was a clear agenda of information being disseminated and discussed at each meeting and in supervision sessions. Staff confirmed that if they were unable to attend meetings, the minutes were shared to ensure everyone had access to the information

discussed.

- Staff told us they felt listened to by the management team and encouraged to make suggestions about ways of improving the service.
- Staff contributed to people's care review meetings and worked closely with the local GP practice and learning disability healthcare professionals.
- Where challenges arose, the management team looked at creative ways to resolve these through a problem-solving and adaptive approach. They actively worked with families to work collaboratively to support people to lead meaningful lives.