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Abbottswood Lodge

Residential Care Home

Inspection report

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Tel: 01702462541

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Abbottswood Lodge is a residential care home that provides personal care for up to 13 people aged 65 and over. At the time of the inspection there were 13 people using the service.

People's experience of using this service:

Since its acquisition the provider had overseen changes in management and had started to implement new systems and processes to improve the standards of the service. However, the provider had not, within their improvement plan, prioritised improvements in line with highest risk such as fire safety and significant work remained outstanding in this area. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not everyone had a robust plan of care for staff to follow to meet their needs appropriately and consistently. The service had not applied the principles of the MCA as people's ability to make a specific decision had not been assessed and best interest assessments completed.

The new manager was creating a positive and inclusive culture at the home, with a supportive approach developing strong and productive relationships with the staff team. The manager was honest and open about work which still needed doing and understood new systems and processes still had to be embedded and sustained. Together, with the provider's new quality manager, they had formed good working relationships with external organisations to ensure they deliver care that meets national standards and best practice.

Management and staff had developed positive and trusting relationships with people that helped to keep them safe. They had a full awareness and understanding of abuse and their responsibilities to protect people. Safe recruitment practices were carried out. There were sufficient numbers of staff with the right skills and competency to meet the current needs of people using the service.

People benefitted from the support of the service and were treated with kindness and respect. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them. The atmosphere and appearance of the home was comfortable, homely and clean but additional environmental adaptations could be made to better support people living with dementia.

People's wellbeing was promoted, and staff provided a range of group activities which encouraged engagement and stimulation. The staff worked well with external health care professionals and people were supported with their needs and accessed health services when required. People received their medicines in a safe and supportive way.

Rating at last inspection: This service has been acquired by a new provider. Although the rating of Requires

Improvement at the last inspection was not awarded to this provider, they would have had full knowledge of the history and are responsible for improving the service, including addressing any issues from the last inspection.

Why we inspected: This was a scheduled inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as outlined in our inspection programme and schedule. If any concerning information is received, we may inspect sooner.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well Led.

Details are in our Well Led findings below.

Requires Improvement ●

Abbottswood Lodge Residential Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team: This inspection was carried out by one inspector.

Service and service type:

Abbottswood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

The service had a manager in post, but they were not registered with the Care Quality Commission. An application to register had been submitted to the Commission and this was being progressed. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection took place on 16 April 2019 and was unannounced.

What we did:

Before the inspection, we reviewed information we had received about the service since it was registered. This included details about incidents the provider must let us know about, such as safeguarding concerns;

and we sought feedback from the local authority and other professionals involved with the service.

We observed staff interactions with people they were providing care and support for, and mealtimes. We spoke with two people living at the service, the manager, two members of staff and the cook. The manager was supported by the provider's quality assurance manager during the inspection. We looked at the care records of two people who used the service, four staff recruitment, training and supervision records, records of accidents, incidents, complaints and safeguarding, audits and quality monitoring reports and other records that supported the running of the service. Some people living in the service could not easily give their views and opinions about their care. To help us gain a better understanding of people's experiences we observed interactions between people and staff in communal areas.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Fire safety was not effectively managed. The provider had either not addressed or completed the recommendations made from a recent fire risk assessment carried out by an external contractor.
- Personal emergency evacuation plans (PEEPS) lacked detail about the individual. The type and level of assistance they required for an emergency evacuation such as their ability to respond to an alarm, follow instructions to evacuate and any sedative type medicines they may be taking. There was not an effective system in place that provided a centrally located quick and easy access to all information and equipment required for an emergency evacuation in the event of a fire.
- The provider did not have evacuation equipment at the top of the stairs for staff to assist people accommodated on the first floor to escape in an emergency.
- Staff had completed e-learning in fire safety but had not received any practical training in evacuation procedures, use of fire extinguishers or the use of evacuation equipment.
- The provider did not have in place a current working emergency escape plan to inform staff, and others of assisted means of escape and evacuation strategies with escape time and travel distances to assist in prompt emergency evacuation. By the end of the inspection we saw the manager had started to complete an escape plan template.
- Bedrooms had heavy freestanding wardrobes that were not secured and posed a risk of injury or harm if they were to fall or be pulled over onto a person.

Preventing and controlling infection

- The prevention and control of infection was not effectively managed. There were no sluice facilities or equivalent for the emptying cleaning and disinfecting of commodes. Staff told us commodes were rinsed in wash basins or the bath. This was not good practice and put people at risk of cross infection.
- Some staff said they used the waste disposal system situated in the laundry room however this was not suitable for use due to potential contamination of clean laundry.

- Personal protective equipment (PPE) such as gloves and aprons, paper towels and liquid soap were available to staff throughout the home to prevent and control infection.

The lack of safety arrangements above in relation to fire safety and the environment demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people

- Staff had undertaken relevant and current training in safeguarding people and demonstrated a good understanding of their responsibilities in relation to this. Although the providers policy did not include the local authority safeguarding protocol and procedure to follow in relation to reporting concerns, if circumstances required it.
- People told us they felt safe and cared for. Staff had developed a trusting relationship with people and recognised when they were unhappy. Staff responded well supporting a person expressing anxiety triggered by an unfamiliar person in the service [inspector].
- The manager was able to demonstrate they were working jointly with external agencies and multidisciplinary teams during an ongoing safeguarding investigation.
- The provider carried out safe recruitment practices. All the necessary checks were carried out on staff suitability before they began to work at the service.

Staffing levels

- There were enough staff deployed at the time of our inspection to meet people's needs and keep them safe throughout the day. Without an effective emergency evacuation plan it was not clear if there were enough staff at night to carry out safe evacuation for 13 people with varying levels of dementia.
- Staff were visible in communal areas or nearby and if people called out, or rang their call bells, staff responded promptly. Some people were cared for in bed and staff frequently checked on their welfare.

Using medicines safely

- People received their prescribed medicines as they should. The provider had systems in place to ensure medicines were managed safely.
- Staff were trained and assessed as competent before they administered medicines. Medicines were stored securely, and records were completed correctly.
- Protocols for medicines prescribed 'as and when required' were not sufficiently detailed to guide staff on when the medicines should be administered. For example, protocols for medicines for constipation did not state how many days should the individual not have their bowels open before considering the medicine.

Learning lessons when things go wrong

- Where errors were found during audits and checks, these were investigated. Where circumstances required staff undertook further training, support and competency assessments.

- The manager had introduced a system for reporting and recording incidents, accidents and falls. Each was reviewed, and suitable action was taken. An overview of the information was monitored and analysed to check if there were any emerging trends or patterns, which could be addressed to reduce the likelihood of reoccurrence, and to learn lessons.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Areas of the service were tired and worn and needed re-decoration.
- Decoration of the home was not conducive to the needs of people living with dementia. Signage, prime colours and visual clues were not used to orientate people and help them to navigate their way around the building, distinguish rooms, and promote interest. This had been recognised by the manager and there were plans in place to address.
- Bathing facilities for people were insufficient. The shower facilities were old, and the fittings were rusty. The baths on the ground and first floor were too low for people to use safely; one bath was too short and not compatible for hoisting equipment and the other had a hoist chair that was not operational. We were told by the providers quality manager that there was a plan in place for the refurbishment of the service and to replace equipment.
- We noted that the kitchen door into the dining room slammed shut very loudly throughout the day which made some people jump unnecessarily and could cause distress. We understand it is a fire door however consideration should be given to alternative soft closure devices.

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.

- Decision specific mental capacity assessments had not been completed to administer prescribed medicines covertly to some people and the decisions were not being made within the MCA legal framework to ensure they were in their best interest.

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.

- Together, with the Dementia Specialist Nurse, the manager had assessed people's mental capacity. Appropriate applications had been made to the local authority where people did not have capacity and their liberty needed to be deprived lawfully to keep them safe, and in their best interest.

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

- Assessments of people's needs were in place, and care and support were reviewed regularly to ensure the service could continue to meet people's needs.
- People were at different stages of their dementia ranging from early onset to advanced stages; the managers had a plan about how the service was to keep up to date with developments in this area to ensure the care and support provided was right, met people's assessed needs and reflected best practice. We look forward to seeing at our next inspection how this develops.
- The manager was aware of their legal responsibility to ensure that the Accessible Information Standards (AIS) were complied with. They were in the process of developing and implementing different communication formats such as pictorial menus to promote visual choice of meals. The AIS is a legal requirement for all health and social care providers to meet and ensure people with a disability or sensory loss can access and understand information they are given.

Staff skills, knowledge and experience

- Staff received the training they required to do their job which included care related topics as well as health and safety issues.
- New staff were provided with induction training, including if necessary, support to undertake the Care Certificate. The Care Certificate identifies a set of standards and introductory skills that health, and social care workers should consistently adhere to and includes assessments of competency.
- The manager had started to provide regular and recorded supervision meetings with staff to support them in their day to day role, review their practice and consider any training needs.
- In the meantime, competency interviews and assessments had been carried out by the manager to gauge the competency of individuals and the skill mix of the team.

Supporting people to eat and drink enough with choice in a balanced diet

- People had access to food and drink throughout the day and the overall dining experience for people was positive.
- Where people were at risk of poor nutrition appropriate healthcare professionals were consulted for support and advice.
- There were arrangements in place for the kitchen to provide fortified, high calorific foods and drinks such as full milk, cream and smoothies to help to promote weight gain for treating poor dietary intake and

unintentional weight loss.

- Our observation of mealtime showed staff were patient and supportive whilst encouraging, prompting and assisting people to eat.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and medical appointments were recorded.
- Changes in people's healthcare needs were identified and referred on to appropriate healthcare professionals.
- There was a clear and informative hand over when staff came on duty from staff on the previous shift that helped to ensure continuity in care. Staff told us, "Communication has improved."

Is the service caring?

Our findings

Caring – this means 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

- People were positive about the care and support they received from staff and staff spoke positively and caringly about the people they were supporting.
- The service provided a relaxed and family home environment and staff had positive and caring relationships with people.
- People were happy and at ease with staff. We saw staff had a good rapport and interacted well with people.
- Our observations of care throughout the inspection demonstrated that staff understood the importance of equality and what this means when meeting people's individual needs.

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

- We saw that staff involved people and facilitated choice throughout the day.
- The manager had introduced meetings and other opportunities for people to express their views and be involved in their care, these were yet to be fully developed.

Respecting and promoting people's privacy, dignity and independence

- Our observations of interactions between staff and people using the service showed that they consistently and always respected and promoted people's dignity, privacy, independence and diversity.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

RI: People's needs were not always met. Regulations may or may not have been met.

Personalised care

- The provider had recently introduced a new electronic system to hold people's care records. The manager told us as they were uploading the care records onto the system they were reviewing and updating them. The sample we looked at required more detailed information to provide staff with the guidance they needed on how to deliver consistent support that was tailored to the individual and responsive to their specific needs.
- The electronic care planning system was held on the managers laptop in the office to which staff did not have access. Staffs were provided with two hand held sets they used to complete regular updates of care and/or support they provided, and any monitoring of care needs. We found the hand sets were not linked to a working care plan for every person. Staff said they were still trying to familiarise themselves with the device.
- Hard copies of care plans used for reference were task focused and did not include detail about people's strengths, aspirations, past lives, hobbies, and pastimes or social histories, which would help, particularly new staff, understand the person and enable them to communicate and interact more effectively.
- Where people, who at times presented with depression, distressed behaviour or behaviour that was challenging to others, their care plans were vague in relation to the triggers, understanding and personalised support they needed.
- Our observations during the inspection showed the longer-term staff had a good knowledge of people and how to support them with their needs.
- The manager had brought a strong focus within the home on developing activities to promote people's wellbeing. A sensory trolley had been introduced for staff to take around sensory objects to people to promote stimulation. Care staff provided interactive group activities throughout the day which people enjoyed. People who spent time in the communal areas had more social interaction with staff than those who spent most of their time cared for in their bedrooms.

Improving care quality in response to complaints or concerns

- Arrangements were in place to record, investigate and respond to any complaints raised with the service. A low incidence of complaints was noted since the provider had acquired the service. Complaints were responded to and investigated in an open and transparent way.

- Compliments were evident and captured the service's achievements.

End of life care and support

- At the time of our inspection, no one was nearing the end of his or her life. We saw that several people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions in place, which set out their wishes or a decision made on their behalf by a medical doctor in discussion with relevant family members that in the event of a cardiac arrest they were not to be resuscitated.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: □ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The new manager had been in post only a few months. Since they had started in post it was evident they were creating an inclusive culture that put people at the heart of the service. They were visible in the service; spoke to people and staff throughout the day and provided a good role model. They were utilising their skills from their previous role as a manager of a day service for people living with dementia. They had started to explore people's interests, involve and occupy them and support them to improve their quality of life.

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

- The management team were very open and transparent with us; they were fully aware of their current position, improvements they had made, and improvements still needed but remained enthusiastic and committed. We could see structured systems and processes were being introduced to improve the quality of the service and outcomes for people, but they were new or had not been fully implemented or embedded. Additionally, improvement had not been prioritised in line with risk management and regulatory requirements. Management acknowledged this and said they would address this immediately.

- The manager carried out competency checks, observations of staff practice and a variety of weekly, monthly and annual audits to monitor the quality and safety of the service.

- Staff were getting used to the new management structure in place. They spoke about how they found this positive and supportive in their work and were happy to be involved in the development of the service.

Engaging and involving people using the service, the public and staff

- We found the manager had started to involve people and staff in the development of the service. Meetings with residents and relatives had begun to promote a person-centred service, gather suggestions and ideas to improve the service and people's lives. Staff meetings provided staff with the opportunity to express their views and opinions on the day-to-day running of the service.

- The manager and quality manager were working with the local Healthwatch representative to give people

a voice to share their experiences, within a safe environment.

- The service put on a Mother's Day party for children and grandchildren to come and celebrate with their mother/grandmother at the home. There were many compliments left in writing such as 'Quality of food was amazing', 'Everybody was enjoying themselves' and 'Lot of food, dancing and laughing'.

Continuous learning and improving care

- Although we saw new systems and processes were being put in place to support the necessary improvements, it was too soon to comment on their long-term effectiveness.

Working in partnership with others

- There were arrangements in place working with local support organisations and positively engaging with external agencies to keep up to date with developments in dementia care and drive continuous improvements for a quality service.
- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not put measures in place to protect people from harm and ensure safe care and treatment.