

Christ The King Residential Care Homes Limited Abbey Lodge - Coulsdon

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Abbey Lodge - Coulsdon is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Abbey Lodge - Coulsdon does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service can support up to 9 people with mental health needs. 9 people were using the service at the time of our inspection.

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

People were supported safely. The provider ensured that people's risks were assessed and managed. The care home environment was bright, clean and in good repair. Staff followed infection prevention and control guidance to keep people safe. The provider carried out robust checks to ensure staff were suitable to deliver care and support. People received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager worked in partnership with health and social care professionals to ensure people received good quality care. The care and support provided to people was monitored and audited to drive improvements. People were supported to achieve positive outcomes which included moving on to independent living and to services where they required less support. The provider sought the views of people, relatives, staff and professionals to plan and improve the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 August 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey

Lodge - Coulsdon on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Abbey Lodge - Coulsdon

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Abbey Lodge - Coulsdon is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbey Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke to 1 person, the care manager and the registered manager. We reviewed 4 people's care records and 4 staff files. We undertook checks of the environment and people's medicines and we reviewed the provider's fire safety and quality monitoring processes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found the provider was in breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all radiators were suitably covered and there was no hot water in a bathroom and upstairs bedrooms. Additionally, there were damaged tiles in the kitchen and a bathroom. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulation 15.

- People had access to hot water through all of the services' taps which were temperature regulated to ensure people could not be scalded.
 - People were protected from heat injuries whilst in the bathroom because the provider had installed appropriate and secured radiator covers.
 - The provider replaced tiles in the kitchen and bathroom to maintain hygiene on surfaces in those areas.
 - Where people presented with behavioural support needs, referrals were made to healthcare professionals. Their assessments and guidelines were reflected in people's care plans and risk assessments.
 - Staff supported people around their sexual health and safety by supporting people with personalised risk assessments. These included advice to people around sexual health, contraception and the importance of consent.
 - The provider ensured that staff were trained to respond appropriately in an emergency to keep people safe. We reviewed the records of fire evacuation drills. These showed staff supported people to evacuate the building in a timely manner and were aware of the exact locations of people who declined to leave the building. This information was gathered to relay to responding fire services in the event of a real emergency.

At our last inspection we found the provider was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because a cupboard containing chemicals had been left unlocked and there was out of date food in the fridge. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulation 12.

- The registered manager and staff ensured that cupboards containing chemicals for cleaning were locked at all times. This prevented people from accidentally accessing materials which could cause harm.

Staffing and recruitment

At our last inspection we found the provider was in breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all staff had a full work history and evidence of up to date disclosure and barring service (DBS) checks. At

this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulation 19.

- People were supported by staff safe and suitable staff.
- The provider ensured new staff had full employment histories, satisfactory references and recent criminal records checks before providing care and support to people.
- The registered manager ensured there were enough staff available at all times to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service and with the staff providing them with care and support. One person said, "I like it here. I feel safe."
- The provider had up to date safeguarding policies and procedures. These were taught to staff during their induction and refresher training. This meant staff knew the actions they needed to take if they were concerned about people's safety.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- People received their medicines safely,
- Staff were trained to administer people's medicines and the registered manager assessed their medicines competencies each year.
- Staff completed people's medicines administration record (MAR) charts after administering medicines. The registered manager regularly checked MAR charts to confirm they were completed correctly. We checked people's MAR charts and found no gaps in recording. This meant people received their medicines on time as prescribed.
- People's medicines were stored in a locked medicine cabinet in a locked room. This prevented unauthorised access to medicines.
- The balance of medicines stocks was regularly checked and audited alongside medicines records. This enabled the registered manager to identify errors quickly and take action to minimise risks to people.

Preventing and controlling infection

- People were protected from the risk and spread of infection by hygiene practices followed by staff. The registered manager ensured that staff followed an enhanced cleaning programme of the home. This included regular cleaning throughout the day of high contact areas such as door handles and banisters.
- Staff wore personal protective equipment (PPE) in line with published guidance.
- Hand gel stations were located throughout the service for use by people, visitors and staff.

- Staff received training in food safety and followed good practice in food storage and food preparation.
- Visitors were welcomed at the service and supported in line with the most recent Government advice on COVID-19.

Learning lessons when things go wrong

- The registered manager ensured that lessons were learnt, and changes were made when things went wrong. For example, following the identification of issues with recruitment at our last inspection, an administrator was appointed to the service to ensure robust recruitment processes were followed.
- The registered manager and senior staff reviewed all accident and incidents. Learning from these events was shared with the team to keep people safe.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant 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

At our last inspection we found the provider was in breach of regulation 17 (Good governance) of the HSCA 2008 (Regulated Activities) Regulations 2014. This was because quality audits were not always robust enough to identify areas that needed improvement. At this inspection we found that sufficient improvements had been made and the provider was no longer in breach of regulation 17.

- Since the last inspection the registered manager had improved the range and depth of the quality assurance checks carried out at the service. The provider's audits drove improvements in the quality of care and support people received. For example, an environmental quality audit led to the purchasing of new carpets and the replacement of curtains.
- The registered manager and staff were clear about their roles. As part of a process of developing staff capabilities the registered manager ensured staff had specific responsibilities. These included staff being 'champions' for areas such safeguarding, mental capacity, fire, infection prevention and control and as keyworkers. Keyworkers are staff with specific responsibilities for individual people such as activities, appointments, liaison with relatives and supporting purchases.
- The registered manager was supported in their role by a care manager, team leader and senior support workers. This meant there was a continuous presence of team leadership at the service.

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

- People spoke positively about the registered manager. One person told us, "The manager is nice."
- The service promoted a positive and empowering culture for people with incremental goals set with and achieved by people towards moving on to greater independence.
- The atmosphere in the service was calm and relaxed during our inspection and people were supported with the activities they chose to engage in.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities with regards the requirement to be open and honest when things had gone wrong.
- The registered manager ensured that the local authority and CQC were informed about important events affecting people and the service.

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

- People, their relatives and staff helped shape the service. The registered manager carried out surveys to gather the views of people, relatives and visiting professionals and used the feedback to make improvements.
- Staff supported people to meet each month in residents' meetings. These meetings were used to discuss issues that were important to people, to provide information and to make plans. Records were kept of these meetings so the registered manager could ensure agreed actions were carried out.
- The registered manager arranged regular team meetings for staff to discuss people's changing needs and improving people's care and support.

Continuous learning and improving care; working in partnership with others

- Staff worked in partnership with a range of health and social care professionals to meet people's needs and to improve the service. For example, the service sought input from a pharmacist who audited the service's medicines arrangements. This enabled the provider to implement improvements.
- The registered manager attended forums hosted by health and social care commissioners to keep up to date with best practices.