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Abbottswood Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Abbottswood Lodge Residential Care Home is a residential care home providing accommodation and personal care for up to 13 people. The service provides support to people over the age of 65 who may or may not be living with dementia. At the time of our inspection there were 11 people using the service.

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

People and their relatives told us they felt safe with the care provided by the service. Staff knew how to protect people from harm and recognise and report abuse. Risks to people had been assessed and recorded. The service was clean and infection control guidelines were being followed. There were enough staff who were recruited safely. People received their medicines safely.

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. People were supported with their health needs and to eat and drink well. Staff were well trained and received regular updates.

People were supported to take part in activities and to maintain relationships and social interactions with others. Staff worked hard to ensure people felt included and supported. There was a complaints system in place for people if they needed to raise concerns.

People were complimentary about the registered manager and felt they were friendly, knowledgeable and approachable. The registered manager had worked hard to improve the service since the last inspection and had good systems in place to monitor the quality of 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

The last rating for this service was requires improvement (published 25 May 2019) and there were breaches of regulation. 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

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbottswood Lodge Residential Care Home 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?

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 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 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 (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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Abbottswood Lodge Residential Care Home 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.

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

Notice of inspection

This inspection was unannounced.

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 of this information to plan our inspection.

During the inspection

We spoke with four people living at the service and two relatives about their experience of the service. We spoke with six members of staff including the registered manager, quality manager, senior care staff and carers.

We reviewed a range of records. This included two people's care plans and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We reviewed all the information the registered manager sent us which included quality audits, training records, policies and procedures and records of meetings.

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 as requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection on 25 May 2019, the provider had failed to robustly assess the risks relating to fire safety and the environment including infection control. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- At the last inspection we found failings relating to the services fire arrangements and how they kept people safe in the event of a fire.
- At this inspection we found improvements had been made. The fire risk assessment had been carried out by an external provider who found the service to be fully compliant with fire safety.
- People had detailed individual Emergency Evacuation Plans [PEEPS] in place to ensure staff knew what support people needed in the event of a fire. These were kept centrally and could be easily accessed.
- There was an evacuation plan in place and regular fire drills had been completed to ensure staff knew what to do in the event of a fire. Regular environmental fire checks were completed, and staff had received practical fire training. Three staff members had been trained as fire marshals to help keep people and staff safe from the risk of fire hazards.
- The environment was safe. All equipment used at the service had been regularly maintained. At the last inspection we found heavy wardrobes were not secured to the wall which meant people could be at risk of pulling the wardrobe on to themselves. All wardrobes were safely secured at this inspection.
- People's individual risks had been assessed, recorded and regularly reviewed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections and meeting shielding and social distancing rules. People were admitting people safely to the service in line with government guidance.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises, including making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting

professionals were vaccinated against COVID-19.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe with the staff, they are always checking on me. I have a buzzer to call staff.
- Staff had received training in safeguarding and were confident about how to keep people safe. One staff member said, "I had safeguarding training, I'd talk to the manager or owner or CQC if I was worried."
- There were systems and processes in place to keep people safe and free from harm which included an up to date safeguarding policy.

Staffing and recruitment

- Staff were recruited safely. The registered manager made sure all relevant documents such as references and Disclosure and Barring Service [DBS] checks were carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff employed at the service to keep people safe. We saw staff were able to spend time with individual people talking and interacting.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. This included as and when required [PRN] medicines such as those used for pain and constipation. There were PRN protocols in place, so staff knew how and when to administer these medicines.
- Staff were trained and had regular competency assessments completed to ensure their practice remained safe. Medicines were stored securely, and records were completed correctly.

Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- There were systems in place to record and analyse incidents and accidents for themes and trends which were shared with staff to improve the care received by people.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the last inspection we found the service was tired, worn and needed redecoration. At this inspection we found there had been improvements.
- The shared spaces had been rearranged to make a cosier sitting area and dedicated dining room. People living at the service had been asked how they would like the sitting area to be decorated and had chosen a bright mural which was painted on the main wall. The doors to people's rooms were all painted as front doors in bright colours. The bathroom door depicted a picture of a bathroom.
- People's rooms were being redecorated but still required some upgrading. People's rooms contained personal items such as photographs and furniture from their own home.
- The bathrooms had been refurbished. There was a bath suitable for use with a hoist and the taps had been replaced.

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

- People's needs had been assessed and were reviewed regularly to ensure the service could meet their needs.
- People's choices and needs such as their religion had been recorded in their care plans and staff ensured they were aware of these so they could support people in line with their preferences.
- Care plans were regularly reviewed to ensure they were reflective of people's needs and choices. We observed staff supporting people to make choices throughout the inspection such as where they wanted to spend their time and what activities they wanted to take part in.

Staff support: induction, training, skills and experience

- Staff were well trained and competent and knew how to carry out their roles effectively. One staff member said, "I feel I have the skills to do the job." A person said, "Staff are well trained." A relative said, "Staff are definitely well trained, [person] is always smells clean."
- Staff had received an induction suitable to their role and completed both online and face to face training. One staff member said, "We get a WhatsApp message to remind us we need to do training. I've done my National Vocational Qualification [NVQ] level 3. We can ask for extra training."
- Staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors that form part of a robust induction programme. We observed staff were carrying out their roles effectively.

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

- People had enough to eat and drink.
- People could choose what they ate and drank at mealtimes and throughout the day. We observed staff asking people what they would like for lunch. One person wanted potato wedges and beans with their dinner instead of potatoes and vegetables.
- People told us the food was good. One person said, "We had a cooked breakfast the other week, it was amazing." The service regularly spoke with people about the menu to ensure people's choice's and preferences were included.
- We observed staff supported people gently and patiently when they needed assistance to eat.

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

- People had been supported to access healthcare services when needed.
- The service worked closely with other healthcare professionals such as GP's. We saw one person had been referred for a physiotherapy assessment and another person had had a swallowing assessment. The outcome of this was recorded in the care plan and there were instructions about how the person's food needed to be prepared. We saw staff prepared food for people as detailed in their care plans and information was kept in the kitchen about people's dietary needs.
- Staff attended a hand over at every shift change to ensure everyone was up to date with any changes to people's needs. There was a handover book where staff kept a record of anything that needed to be followed up and calls from healthcare professionals.

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 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 MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people needed support to make decisions, this had been assessed within the principles of the MCA.
- Where people received their medicines disguised in food or drink [covertly], mental capacity assessments had been completed and best interests decisions made involving the appropriate people. These had been recorded in people's care plans.
- The registered manager had made applications for DoLS where appropriate and kept an up to date record of these. Staff knew who had a DoLS in place and what this meant for people.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection we found improvements were needed to people's care records. At this inspection we found improvements had been made.
- People's care plans were person centred and contained their individual needs and preferences. These were reviewed regularly.
- Staff ensured they spent time getting to know people. One staff member said, "I do the 'This is me' document when people are admitted so I can get to know them." 'This is me' is a document used to record information about people and their lives.
- People and their relatives felt involved in the care provided. One person said, "I asked them [staff] to get in touch with my GP. I'm hoping to get an assessment." A relative said, "I'm involved in care reviews. Staff are approachable and listen, it takes the worry off our shoulders."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and recorded. This included if they needed a hearing aid or wore glasses.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their family and friends and take part in activities.
- The service had a warm and friendly atmosphere with lots of talking and laughter. People could choose what music they listened to and where they spent their time. One person said, "I prefer to stay in my room. Staff come and talk to me and I have my TV to watch." A staff member said, "I enjoy keeping people happy and entertained, its family orientated here."
- People and their relatives told us they had been able to stay in touch. One person said, "I've been having visitors, they have to make an appointment, do their test and wear and mask." A relative said, "We couldn't go in during the COVID-19 outbreak, we did facetime. They [staff] brought [relative] down to one of the windows for their 90th birthday so we could all see [person]."
- One person wished to learn to play the piano. The registered manger told us they were looking into arranging this for the person.

Improving care quality in response to complaints or concerns

- There had not been any complaints made to the service. There was a complaints policy available in reception area and this was shared with people and their relatives. There was a system in place to investigate and respond to complaints.
- Relatives we spoke with felt able to raise concerns. One relative said, "If we feel concerned, we phone. They [staff] are always amenable and there for any problems."

End of life care and support

- At the time of our inspection, no one was nearing the end of their life.
- People had been offered the opportunity to discuss their wishes and preferences. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were kept in people care plans.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service had an open and inclusive culture that supported people and staff to achieve good outcomes.
- The registered manager had worked hard to improve the culture at the service, this included communication which they felt was the key to running a good service. Everyone we spoke with was complimentary about them. Comments included, "We know [name of registered manager], they are lovely" and, "I get on well with [name of registered manager]. If they don't know the answer they will find out. [Registered manager] has learnt a lot."
- People and their relatives were positive about the care provided. One person said, "[Relative] is well looked after, they are getting good quality care." A staff member said, "Things have improved, it's a more easy-going atmosphere, you can sit down and chat to people, its more homely rather than a business."
- The provider and registered manager were aware of their responsibility to be open and honest with people when things went wrong. They undertook investigations if any incidents and accidents happened to try to prevent them happening again in the future and shared any lessons learned across the organisation. The registered manager had an open-door policy and encouraged everyone to speak with them.

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

- The registered manager had good oversight of the service. Effective quality monitoring arrangements were in place. Regular audits of medicines, care plans and health and safety checks were completed. The provider's quality manager also undertook a monthly compliance visit and completed any action plans with the registered manager.
- The registered manager was visible and approachable and worked on the floor regularly. During our inspection we observed them supporting people with healthcare checks, serving lunch and supporting a person to eat.
- There were contingency plans in place for the safe running of the service in the event of a crisis. Staff had been made aware of these.
- The registered manager had reported incidents to the local authority and notified CQC of any events which needed reporting in line with their regulatory responsibility.

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

- People, their relatives and staff were fully engaged in the running of the service.
- Staff had regular supervisions and attended meetings. One staff member said, "I love a meeting, I put things forward. I said the paperwork needed to be better and it got addressed."
- The registered manager had plans to involve people more in the running of the service as well as having more social events with family members and friends. This included involving people in tasks such as folding washing and arranging tea parties and setting up a sweet shop.

Continuous learning and improving care; Working in partnership with others

- The registered manager was focused on continuous learning and improving care for people. The registered manager was planning to connect with local dementia support groups so people could start going out with them. This was planned for when COVID-19 restrictions were eased.
- The systems and processes the registered manager had put in place had improved the quality of the service and the care people received since our last inspection.
- The service had good relationships with the other services in the organisation and with healthcare providers in the local community, which benefited people living at the service.