

## Abbottswood Lodge Residential Care Home

# Abbottswood Lodge Residential Care Home

### Inspection report

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Essex  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 3 February 2015. Abbottswood Lodge is care home for up to 13 older people who require support and personal care. People living at Abbottswood Lodge may have care needs associated with mental health issues or be living with dementia. At the time of our inspection 13 people were living at the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At Abbottswood Lodge the registered manager is also the owner/provider of the service.

# Summary of findings

People felt safe. The provider had taken steps to identify the possibility of abuse happening through ensuring staff had a good understanding of the issues and had access to information and training.

The service ensured that people were cared for as safely as possible through assessing risk and having plans in place for managing people's care.

People were treated with kindness and respect by a sufficient number of staff who were available to them when they needed support. People and their friends and families were very happy with the care that was provided at the service.

Staff demonstrated knowledge and skills in carrying out their role. Staff were properly recruited before they started work at the service to ensure their suitability for the role. They received initial and some ongoing training and support to help ensure that they had the right skills to support people effectively. However, staff were not always regularly kept updated to ensure that their knowledge and skills were current and in line with best practice.

People were supported with their medication in a way that met their needs. There were safe systems in place for receiving, administering and disposing of medicines.

Staff interacted with people in a caring, respectful and professional manner. Where people were not always able to express their needs verbally we saw that staff responded to their non-verbal requests and had an understanding of their individual care and support needs.

The manager has a good knowledge of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS.) DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect

the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Although the provider understood the legislation we found that further work was needed to ensure that people's rights were always fully protected.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People told us they liked the food and were provided with a variety of meals.

People's care needs were assessed and planned for. Care plans and risk assessments were in place so that staff would have information and understand how to care for people safely and in ways that they preferred. People's healthcare needs were monitored, and assistance was sought from other professionals so that they were supported to maintain their health and wellbeing.

People had opportunities to participate in activities to suit their individual needs and interests. Care tasks were carried out in ways that respected people's privacy and dignity.

Systems were in place to assess and monitor the quality of the service. People's views were sought and some audits were carried out to identify any improvements needed.

At our previous inspection of the service on 2 September 2014 we found that the service was not meeting the requirements of the Health and Social Care Act 2008, Regulation 10 and had not ensured that systems within the service had been properly maintained. The provider sent us an action plan and demonstrated to us that the situation had been resolved.

# Summary of findings

## 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

People who used the service felt safe. Staff knew what to do if they were concerned about people's safety and welfare. Risks were assessed and staff were aware of the risks and knew how to manage them.

There were enough trained and experienced staff to support people and keep them safe.

People's medicines were managed safely.

Good



### Is the service effective?

The service was not fully effective

The service understood and met the requirements of the Deprivation of Liberty Safeguards, but had not always considered issues of restraint.

Staff received training and support to help them carry out their roles effectively, but training in important areas was not routinely updated.

People were provided with a healthy diet and were supported to maintain good health.

Requires Improvement



### Is the service caring?

The service was caring

People who used the service and their relatives were very happy with the care and support they received.

Staff were kind and respected people's dignity and privacy.

Staff were patient and worked at the pace of the people they were supporting and caring for.

Good



### Is the service responsive?

The service was responsive.

People or their families were involved in planning and making decisions about their care.

A range of activities and opportunities were provided to ensure that the service was responsive and met individual occupational needs.

People were encouraged to raise any concerns or issues about the service. People were listened to and their concerns acted on.

Good



### Is the service well-led?

The service was well led

Good



# Summary of findings

People, their relatives and the staff were positive about the management of the service and were given opportunities to give feedback.

The registered manager and the provider monitored the service to assess and improve its quality.

# Abbottswood Lodge Residential Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 February 2015 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed the information that we hold about the service such as notifications. These are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with a social work professional involved and sought their views about the service.

As part of the inspection we spoke with six people who used the service, six relatives, three members of care and support staff, the registered manager/owners of the service.

Most people were unable to communicate with us verbally to tell us about the service and how they were cared for. We therefore used observations, speaking with staff, and relatives, reviewing care records and other information to help us assess how people's care needs were being met.

We spent time observing care in the communal areas and 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.

As part of this inspection we reviewed four people's care records. We looked at the recruitment and support records for three members of staff. We reviewed other records such as complaints and compliments information, quality monitoring and audit information and maintenance records.

# Is the service safe?

## Our findings

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# Is the service effective?

## Our findings

People were well supported by staff who understood their needs. One person told us, “The staff here and [the manager] are all really good. They are so patient.” We received many positive comments about the care and support provided to people such as, “The level of service and personal care shown to my [relative] has been exceptional,” and, “I can’t praise the home enough; the staff always go the ‘extra mile.’”

Staff received effective support through an initial induction programme, some ongoing training, one to one support, team meetings and daily handovers. Staff told us they had received the right training for their roles. Training records showed us that staff had undertaken training in relevant areas such as dementia care and managing challenging behaviours to enable them to provide effective and consistent support to people. One person told us, “We do different training courses, I have just done diabetes training and I have an NVQ, (National Vocational Qualification,) at level three.” Staff were skilled in meeting people’s needs and most had an NVQ in care at level three. This provided a good foundation of knowledge and skills. However, when we reviewed training information we found that update training in some important areas such as moving and handling, safe handling of medicines and health and safety had not been maintained. Staff were working in ways that were safe for people, but update training is important to ensure that staff are working to current practice guidelines and maintain their knowledge and skills.

Throughout the day staff demonstrated that they were skilled in their approach to supporting people in an individual and person centred way. For example, staff noticed when one person was becoming agitated and needed assistance, which was then provided. They also gave another person space as they were demonstrating that they did not want staff support at that time. Staff worked with people in a calm and supportive manner and people responded well to staff.

The registered manager had an understanding of the principles and practice of the MCA and DoLS. They had used the process to apply for restrictions to people’s liberty when this was needed. A visiting professional told us that they had worked with the service in undertaking a DoLS assessment and that the service was clear about people’s needs and rights. The service had policies and guidance

available to guide practice. Some staff had received training in MCA and DoLS, but all understood that they needed to respect people’s decisions. The manager explained that they were shortly to complete further MCA and DoLS training which they would cascade to the staff team. Further staff will do formal training as dates become available. During the inspection we saw that staff always explained what was happening and consulted with people about what they wanted.

People’s capacity needs had been assessed and staff understood how they needed to make ‘best interest’ decisions for those who lacked capacity to make specific decisions. We found one instance where a person who lacked capacity was encouraged to remain in their chair by the use of a chair tray being attached. This was for their own safety and protection as they were very prone to falls. However, this had not been explained in their care plan and neither had a best interest assessment been carried out. The manager undertook to address this.

People enjoyed the food provided at the service. One person said at lunchtime, “That was beautiful, very nice.” Another person told us that the food was, “Always good and you get a choice.” Relatives told us that they thought that the food provided was very good. One said, “The food is excellent. They picked up on the finer detail of what [my relative] likes and how they like things done, things that I probably would not have known to tell them. Amazing.”

People were supported to have enough to eat and drink because through experience, risk assessments and care planning the staff team were very aware of people’s individual needs. They provided the level of support and monitoring needed. Lunch time was a relaxed experience for people. People were given an explanation of the food available and offered choices. Their individual needs were catered for, independence was encouraged and staff monitored and stepped in with support and encouragement when needed.

When observations, assessments or care planning indicated the need for additional support in relation to people’s skincare and nutrition or fluid intake this was sought in a timely manner from other professionals.

People received good healthcare support. Their health and care needs were monitored and supported through the involvement of a range of relevant professionals such as a dementia nurse specialist.

## Is the service effective?

Relatives commented on the good level of healthcare support provided. One person said, “They are so on top of [my relatives] health issues, and pick up on things before they have a chance to develop into anything more serious.” People told us that they were kept informed about people’s

health and wellbeing. One said, “Communication is excellent. They always text or phone you with any updates or information.” Another told us, “Communication is first class throughout the whole staff team.”



# Is the service caring?

## Our findings

People told us that the staff were kind and caring. One person said, “All the staff are great and care for us well.” A relative commented, “All members of staff here are approachable and do more than just care; they go the extra yard.”

People were treated with kindness, care and compassion. Staff had a good knowledge of people’s needs and their history and background. A relative told us, “There are rarely changes of staff and they know people inside out.” This knowledge was demonstrated in how people were supported. Staff adapted their approach to different situations with different people. For example, giving more or less support at mealtimes and assisting people with mobility or giving them space to manoeuvre themselves.

People’s individual styles and preferences had been supported so that they could retain their individuality. For example, how they chose to dress, how they liked their hair done and where they liked to spend their time.

People were asked for their views and involved in their day to day care through being offered choice and autonomy as far as possible in their daily lives. A visiting social worker told us that the service dealt with some really difficult, [in terms of complexity of behaviours,] people who they

treated with sensitivity and dedication. They added that the service allowed people to be themselves, and that the management and staff were very skilled at building up relationships with people.

Information was available about advocacy services. Advocates support people to have an independent voice and support and enable people to express their views and concerns. The manager was aware of how to access advocacy services and had used them in the past. They told us that everyone currently had good support from their families.

People were treated with dignity and respect. Staff took their time with people when assisting them and explained what was happening. People’s privacy was respected and they were able to spend time in their rooms or in the communal area as they preferred. A relative told us, “They treat everyone with such dignity and respect their individual personalities and behaviours.”

Personal records held were held securely to ensure that people’s confidential information was protected.

People were able maintain contact and continue to be supported by their friends and relatives. People’s relatives all told us that they were able to visit the service at any time without restrictions. One relative said, “You can come and go as you like.”

# Is the service responsive?

## Our findings

Staff were responsive to people's needs. Throughout the day choices were given to people, including those who were frail or living with dementia. People were asked for their views before any activity took place and their views were respected. This showed us that staff understood the need for people to have choice and control in their daily lives as far as possible.

Care records were maintained and staff had access to the information they needed. Care plans and assessments reflected people's individual needs and showed that individual preferences, needs and aspirations had been identified through discussion with people and/or their families. Relatives we spoke with confirmed that they had been involved in care planning and felt their views were listened to and respected. One person said, "On admission I spent much time with the owner of the home going through my [relatives] care needs and preferences."

People's care plans were kept under regular review and updated to reflect people's changing needs. One relative said, "Throughout [my relatives] stay I have been consulted about all changes to my [relatives] care plans with thorough explanations."

People were supported by staff who knew them well and were responsive to their individual needs. Staff were able to tell us about people's lives, families, hobbies and interests. This was supported by care planning elements such as care plans relating to people's hobbies and interests and family tree and information. Interactions throughout the day showed that staff adopted an individual approach to providing care.

On a survey undertaken by the provider one person had commented that there seemed to be little in the way of communal activities at the service. They did however recognise that, due to the nature of people using the service, this might not be successful. On the day of our inspection no specific 'activities' took place but staff did engage with people on a one to one basis chatting and discussing topics relevant to that person. Other people undertook individual activities such as using a colouring book and listening to music. There was plenty of equipment available such as games and craft materials to provide occupation opportunities. Staff told us that they did undertake individual and group activities with people whenever possible.

People were encouraged to raise any concerns or complaints that they had. A complaints procedure was available to people. Relatives were aware of the complaints procedure, and said that it had been explained to them when they had started to use the service. People commented, "The procedure was explained to us on admission and we were given the relevant information in print," and, "I was given the information when my [relative] was first admitted but have never had cause to use it." Relatives told us that they would feel confident in raising any issues and knew that they would be listened to.

Staff knew about the services' complaints procedure and explained what they would do if someone complained to them. A system for recording and managing complaints was in place but none had been received since our previous inspection.

# Is the service well-led?

## Our findings

At our previous inspection of the service on 2 September 2014 we found that the service was not meeting the requirements of the Health and Social Care Act 2008, Regulation 10. They had not ensured that the electrical systems within the service had been properly maintained within the timescales recommended by the servicing company. The provider sent us an action plan and demonstrated to us that the situation had been resolved. This inspection showed that systems were being maintained to ensure people's safety.

People told us that the service was well led and managed. One person told us, "[The manager] is very, very good and knows what she is doing." A member of staff also said, "[The providers] are very supportive; they make sure that everyone is alright" A relative told us, "The service has always been very welcoming; from day one we have never looked back."

Throughout the inspection we saw that the manager and care and support staff had positive and caring relationships with people living in the service. Relatives told us that they also felt supported by staff and management. One person told us, "No one had ever explained to me about dementia before. [The manager] sat me down and gave me information and explained things. They arranged for me to have a meeting with the dementia nurse."

The culture in the service was positive and promoted an open and caring approach for both people living in the service and amongst the staff team. Most of the staff had worked at the service for a number of years which promoted stability and consistency for people and their families. A member of staff told us, "I love working here and never mind coming to work." There was a friendly atmosphere in the service with lots of interaction between staff, residents and visitors.

The ethos of the service was made clear to people through their 'Residents Charter' and Philosophy of Care being

available. This told people how they should expect to be treated. Staff had a clear understanding of the standards and values people should expect and enacted them in their daily practice.

There was good teamwork in the service and staff provided good support to one another. Staff meetings occurred and handovers between shifts took place. This ensured that communication within the team was good, and that staff were kept up to date with current information about the service and people's needs. When we sat in on a handover we found that there was a two way discussion between the manager and staff which focused on the needs of people. It demonstrated again that all staff had a detailed understanding of people's individual needs and the variances in their behaviours.

People felt that the manager was approachable and acted on the things that staff might discuss with her.

People had the opportunity to comment on the service through one to one discussions with the manager and staff. Periodic surveys were undertaken to gauge people's satisfaction with the service. The last one had been undertaken in September/October 2014, and contained many positive comments about the service.

The owner/manager was very aware of responsibilities of their role. They worked to ensure that a quality service that met the needs of people was provided.

The owners of the service, one being the registered manager, were present in the building on most days. They were therefore constantly monitoring the quality and effectiveness of the service, and ensuring that people's needs were being met. Some audits were being undertaken to formalise this process. For example, daily health and safety checks were undertaken; temperatures for fridges, freezers and the medication storage area were monitored.

Risk assessments relating to the premises were in place, and any falls or incidents were recorded and monitored to identify if any remedial actions were needed to keep people safe.

Everyone we spoke with was very positive about the overall quality of the service provided.