

Abbey Lodge (Residential Home) Ltd

# Abbey Lodge Residential 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 caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service:

Abbey Lodge is a residential care home that accommodates up to 25 older people in one adapted building. Abbey Lodge is a large detached house situated in a residential area just outside Hythe. At the time of the inspection 24 people were living at the service.

### People's experience of using this service:

There continued to be a warm friendly welcoming atmosphere at Abbey Lodge. People we spoke with told us they were happy living at the service, that staff treated them with kindness, respect and compassion.

There were good systems in place to protect people from possible harm and abuse. Staff knew people well, and worked hard to reduce risks to people, whilst encouraging them to keep their independence. People received their medicines when they needed them and as prescribed.

We found the service to be clean, and to meet the needs of the people living at Abbey Lodge.

People were supported by sufficient staff, that knew them well. Staff continued to receive the training and supervision to support people effectively.

We observed people being supported to eat and drink safely. When people's needs changed, staff involved healthcare professionals to support people to live healthier lives.

We observed staff supporting people in person centred way, changing their approach from person to person. When staff spoke to us of people, they did so in a respectful manner, smiling and telling us the best parts of people, and their personalities.

People told us they received person centred care at Abbey Lodge. People were supported to take part in activities they enjoyed. People's birthdays were celebrated with parties. People were encouraged to be partners in their care planning, where possible. People were aware of the complaints procedure, and told us they were able to raise concerns with staff.

There were systems in place to check on the quality of the service, which included gaining feedback from people, and implementing improvements as a result. Staff worked with other professionals to deliver joined up care that was effective for the people they supported.

More information is in the detailed findings below

Rating at last inspection:

Good (report published 20 July 2016).

### Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found that the service continued to meet the characteristics of Good in all areas. The overall rating is Good.

Follow up:

We will continue to monitor the service through the information we receive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive  
Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led  
Details are in our Well-Led findings below.

Good ●

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

#### Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Abbey Lodge is a care home. People in a care home receive accommodation and nursing or personal care. 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:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the funding authorities. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and the improvements they plan to make. We used this information to plan our inspection.

People living at Abbey Lodge could tell us about their experiences living at the service, we spoke to 15 people and 20 relatives and visitors. We spent time observing staff with people in communal areas during the inspection. We spoke with the registered manager, deputy manager, and four staff.

We reviewed a range of records. This included four people's care records and medicine records. We looked at recruitment records, supervision and training records of all staff. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff and the registered manager understood their responsibilities to keep people safe.
- Staff were able to explain to us the signs and signals they would look out for if they had concerns about people, and how to report these. For example one staff member told us "I would document any concerns on body chart, and tell management. If nothing was done I would go higher, and again if nothing was done I would go to social services."
- The registered manager had made appropriate referrals to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people had been identified and mitigated. Some people were living with unstable health care conditions. There were guidelines in place for staff to follow to ensure people stayed safe. For example, people living with diabetes had detailed guidelines in place including what the person's blood sugar levels were, and when to take action if there were concerns.
- People were encouraged to take positive risks. People with visual impairments had been supported to be as independent as possible, and had areas of the service that they used to exercise.
- The registered manager completed checks on the environment to ensure it was safe for people, visitors and staff. These included regular checks on the water within the service to ensure it was not a scalding risk.
- People had personal evacuation plans (PEEP)s in place which were up to date and reflective of people's needs.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe.
- The registered manager used a dependency tool to assess the number of staff needed, which was reviewed monthly.
- People told us they did not have to wait when they needed support. One person told us "The staff are well organised. They seem to help everyone on the spot when needed."
- We observed staff had time to have meaningful conversations with people.
- Staff were recruited safely. Checks had been completed before staff started work at the service including references and a full employment history.

Using medicines safely

- People told us their medicines were managed safely. One person told us "My medication is always on time and they make sure you take it before they leave."
- Medicine administration records we reviewed were up to date, with no gaps. We completed a reconciliation of medicine stock, and found that medicines matched the documented numbers.

- Before staff supported people with the administration of their medicines, the registered manager completed competency checks with staff. This was so the registered manager was confident staff had the skills and knowledge to support people safely. Staff completed competency checks prior to administering medicines.
- When people were prescribed 'when required' medicines such as paracetamol to relieve pain, there were guidelines for staff to follow about when and how much to give the person.
- People's medicines were reviewed regularly by healthcare professionals and people had been supported to reduce their medicines.

#### Preventing and controlling infection

- Abbey Lodge continued to be clean.
- We observed staff using personal protective equipment (PPE) appropriately, and staff told us they had sufficient stock of PPE.

#### Learning lessons when things go wrong

- Accidents and incidents were logged, and action had been taken to reduce the likelihood of the event occurring.
- Analysis had been completed by the registered manager to review what time falls took place, and if there were any other circumstances which could have led to the fall. There was a falls chart visible for staff, and they told us they put measures in place to reduce the falls within the service.

# 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.

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

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

- People's needs were assessed using a comprehensive assessment tool to ensure the service could meet their needs.
- The assessment considered what the person was able to do independently, and what support they needed from staff. Consideration was also given to people's protected characteristics including their culture or religion.
- The assessment was used as the basis to complete the person's care plan, and included recognised assessment tools such as Warterlow (to assess the risk of people developing pressure areas or skin breakdown) and a malnutrition universal screening tool to identify people at risk of losing weight.

Staff support: induction, training, skills and experience

- Staff continued to have the skills, training and support to complete their roles effectively.
- People told us staff were competent, and we observed staff putting their training and experience into practice effectively.
- The registered manager completed competency checks and regular supervision with staff.
- New staff completed the provider's induction process. This included working supernumerary to get to know people, and understand the policies and processes in place at the service.

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

- People were provided with the support they required to eat and drink safely. We observed staff support someone with their food, describing the food, and where it was located on the plate.
- People were involved in planning the food menus. One person told us "I think the food is good, occasionally there is something I don't fancy, I always tell them and I get something else."
- Staff were aware of people's individual preferences around food. Some people needed adjustments to their diet, for example people living with diabetes. Staff were aware how to adapt food to ensure it was suitable for all diets.
- People were encouraged to take on sufficient amounts of fluid. A bar had been built in the dining room, to encourage people to make drinks and take on more fluid. The bar also contained a fridge where jellies were stored in the warmer months to support people to take on fluids.

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

- People had information available that could be easily printed from the electronic system, to take to appointments, or if they were taken to hospital. The document contained key information about the person

including how they communicated and what medicines they were taking.

- People were supported to access health care professionals when their needs changed. For example, when one person's mobility declined, staff organised for a health care professional to visit to review the person, and implemented the recommendations made as a result.
- Staff knew people well, and could tell us how they identified potential changes in people's needs through the way the person presented. One person told us "I can't fault the staff they are very helpful and know what help I need."
- People received regular visits from health care professionals including the GP, district nurse, and chiroprapist.

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

- The service continued to meet the needs of people living there. There was a number of rooms for people to enjoy, if they wanted to spend time in the communal lounge, and space for quiet periods or if people wanted to be alone with relatives.
- Some areas of the service were due for renovation later this year. The registered manager informed us these included upgrading parts of the kitchen and some carpets and communal areas.
- People's bedrooms were personalised with photographs and individual furniture.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw that some people had DoLS in place and conditions were being met.
- Staff we spoke with showed a good understanding of the MCA, and we observed them promoting choice during our inspection. One staff told us "They [people] have the right to choices. We ask what people like for breakfast, there was lots of choices. What time they want to get up, if they are ready to get up. If they want to stay in bed that's fine, we would check on them later. It's important they are not rushed."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; equality and diversity

- People told us they were happy living at Abbey Lodge, and that staff treated them with kindness and compassion. One person told us "I don't think I could be anywhere nicer."
- Staff knew people well, including their backgrounds and histories and used this information to support people.
- When people became upset staff were able to support them and change their focus to reduce their distress.
- Abbey Lodge had a homely feeling. The registered manager told us of the service "I've always run it as a family home. It's really caring. I put a lot into it. I want them to have the best."

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

- People were supported to express their views, and involved in the reviewing and creating of their care plan.
- People who were able to signed their care plan to confirm they had been involved in creating it.
- From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. We saw that easy read guides had were in place for people to utilise, and staff told us they reviewed this with people.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. For example, one person forgot to close the bathroom door when they entered, and staff quickly responded and closed it for them.
- People were supported to be as independent as possible. We observed staff supporting people when they were mobilising, giving people space to be independent, but remaining close by in case people needed support.
- People told us staff promoted their privacy. Staff told us some people were very private, and therefore they adapted their approach when they supported them. We observed staff knocked on doors before entering
- People were supported to maintain relationships with those who were important to them.
- Documentation was held securely; care plans were stored on electronic devices which were password protected, and any paper documentation was held securely in the registered managers office, which was locked when not in use.

# Is the service responsive?

## Our findings

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

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

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

- People told us they received person centred care, that was responsive to their needs.
- Staff used an electronic care planning system, which had been in place for some time and was well embedded. A health care professional told us "I was impressed at the time by their use of their electronic care planning system and how they were engaging families using this."
- Staff recorded 'magical moments' on the electronic system, to remind them of special moments or conversations with people.
- Care plans were reviewed monthly, or when people's needs changed and were up to date. Where possible, staff discussed care plans and changing needs with people and their loved ones.
- Staff knew people well, and people's likes, dislikes and background, and used this information to support them.
- We observed staff supporting people in a person centred way, changing approach from person to person.
- People were supported to take part in meaningful activities such as arts and crafts, and singalongs. One person regularly went out to have their nails done, and people went out dancing to local social events and clubs.
- On the day of our inspection there was a celebration being held, which people seemed to enjoy, smiling and singing. One visitor commented "I can't believe how much care and effort has gone into this," a relative commented "Lovely afternoon as usual."

Improving care quality in response to complaints or concerns

- Complaints and concerns continued to be documented and responded to appropriately.
- Three complaints had been documented in the past year, all having been resolved.
- There continued to be a complaints policy in place.
- People were aware of the complaints process, and how to raise concerns. One person told us "I don't complain unless I need to, I think they would listen to me if I did complain."

End of life care and support

- At the time of our inspection, no one was being supported with end of life care.
- Care plans we reviewed detailed people's wishes at the end of their life, for example where they wanted to live, and if they wanted input from other healthcare professionals.
- Care plans contained information for staff on how best to support the person, when the time came, such as to talk to the person about their likes, and ensure they were happy and content.
- People's cultural and spiritual beliefs had been discussed and documented, for example one person did not want a vicar to visit them during their final days, as they did not have faith.
- Other care plans gave specific information about loved ones, for example wanting them to be informed

and kept up to date, and for staff to support relatives and loved ones once the person passed.

- Some people had pre-arranged funeral plans in place. Reference to these was listed within the care plan.

# 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.

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

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

- People and staff told us there was a positive culture at Abbey Lodge. Comments from people included; "After my experience, I would recommend living here," and "I think it is managed quite well." Another person said, "The manager is always there giving helpful hand, you can call on them anytime and they are ready to help you."
- Staff told us the registered manager was helpful, approachable and often worked alongside them.
- The registered manager knew people well, and people seemed comfortable in their company.

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

- Staff we spoke with were clear on their role and responsibilities and understood what was expected of them.
- The registered manager had informed CQC of significant events that happen within the service, as required.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on the providers website, where a rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. The provider had displayed the rating conspicuously in the service.

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

- People continued to be regularly engaged in resident and relative meetings. During the meetings people discussed any staffing updates, and meal choices. People discussed any activities they wished to take part in, and were given the opportunity to raise any issues. One person told us "They have everything in line so there is no need for me to attend."
- Feedback continued been sought through resident and relative questionnaires.
- Staff meetings were taking place regularly. During these meetings staff were given the opportunity to discuss any changes they wanted to implement within the service.
- At the entrance of the service there was a comments book to capture feedback from people visiting the service, one comment stated "I've been in a lot of homes in the local area. This home is the best by far. The staff are excellent, not only to the residents but their visitors as well. I would definitely recommend it."

Continuous learning and improving care

- The registered manager attended local forums to keep up to date with best practice. They worked closely with the provider's other service to share learning and improvements.
- Since our last inspection there had been improvements implemented. For example, there was a system in place for tracking and reducing falls. The registered manager was in the process of implementing an auditing suite to support improvements, used at the provider's other service, following an initial trial.
- Audits and checks we reviewed showed that staff and the registered manager acted on identified areas for improvement.

#### Working in partnership with others

- The registered manager and staff worked closely with health care professionals, including the GP and district nurses.
- Staff visited other care homes for training, and the registered manager shared knowledge about the electronic care system the service used with other registered managers and care homes.
- A healthcare professional told us "We see the registered manager regularly at forums and they are very engaged and keen to ensure that the service is working as well as possible."