Abbey Lodge Care Limited

Abbey Lodge Care Home

Inspection report

Cranmere Avenue
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Tel: 01902745181

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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 Care Home is a residential care home that can provide personal care for up to 26 people. The service was supporting 14 people at the time of the inspection

People's experience of using this service and what we found
People were supported safely by suitably trained staff who understood how to recognise and report any signs of abuse. Staff were trained to administer medicines safely.

There were enough staff to meet people's needs and were able to support people effectively and safely.
Peoples risks were assessed and planned for and had access to other professionals when needed.
People were protected from the risk of cross infection by staff who followed the latest government guidance around Covid-19.

Quality assurance processes were in place and audits had been carried out to identify areas of the service that required improvement.

Improvements to the environment had been made and these were ongoing.

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 inadequate (published 21 January 2021) and there were multiple 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.
This service has been in Special Measures since 21 January 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
We undertook this focused inspection to check they 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.
The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate 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 Care home on our website at www.cqc.org.uk.

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.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 Care Act 2014.

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
The inspection was carried out by two inspectors.

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

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke two people who were using the service about their opinions of the care and support they received, and two relatives. We spoke with five staff including care assistants, a senior carer, the deputy manager and the registered manager.

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.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection
At the last inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to risks to people and staff not being managed in regard to infection prevention control and medicines not being managed safely. At this inspection we found improvements had been made so the provider was no longer in breach.

- Individual COVID-19 risk assessments were in place for people and staff which detailed known risks and were reviewed monthly. Visiting protocols were in place for friends, family and other visitors. A dedicated room had been made available for people to see their visitors which had a separate entrance from the main access to the home which relatives told us they were very happy with. Enhanced cleaning schedules were in place.
- New protocols were now in place for people following discharge from hospital to ensure government guidance was followed in relation to Covid-19.
- Care plans had been updated following a full re-assessment of people's needs and known risks. For example, we saw that people that required assistance with their mobility had detailed information for staff to follow in their care plans and accompanying risk assessments.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- 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.
- We were assured that the provider was 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely
- Medicines were being stored and administered safely. Controlled drugs were stored correctly in a separately locked cupboard and were being administered safely. Medicine guidance had been updated following reviews of people's medication needs and support from a clinical pharmacist.
- Where medicines were required to be given covertly there were plans in place for this giving detail as to

how the medication was to be given. Topical medications had accompanying body maps to guide staff as to where the creams needed to be applied and recording charts had been completed correctly.
● Medicines that were administered on a 'as required' (PRN) basis had been reviewed and protocols updated. We discussed with the registered manager about adding extra information to the protocols to help staff identify the signs people may show they are in pain if they were not able to tell anyone.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment
● All staff had undergone re-training in all key areas including safeguarding, reporting and recording of accidents and incidents, medication administration and manual handling. One staff member said, "We have had a lot of training and I think we all just feel much more confident now we know we are up to date with everything. I wouldn't have any problem raising any abuse concerns or anything I wasn't sure about." And another staff member said, "We're like a family here, we care for the residents to the best of our ability to keep them safe."
● During the inspection we saw that staff had time to chat and interact with people in-between supporting them with their care and support needs. Members of staff were observed kindly assisting and encouraging people to eat and drink where needed. One person told us, "I like it here, the staff look after me well and I'm safe." A relative told us, "I'm confident in the care the staff give here, they understand my [relative] needs well and take appropriate steps to keep them safe."
● A new induction programme for had been implemented and staff had been recruited safely. A training matrix was now in place evidencing where staff had received training and the date this was due to be refreshed. Staff competency checks were also now in place.

Learning lessons when things go wrong
● Quality assurance procedures were now in place to ensure the quality of the service was continually monitored and actions taken to reduce the risk of reoccurrence of incidents.
● Following our last inspection, a comprehensive action plan had been put in place to address concerns that had been raised. The registered manager shared this with the CQC as required and had worked with the staff to make the necessary improvements.

Good

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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 the last inspection there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to risks to a lack of quality assurance systems being place. At this inspection we found improvements had been made so the provider was no longer in breach.

- New quality assurance systems and audits had been implemented to monitor and improve the quality of the service. Accidents and incidents were documented and investigated fully and consideration to safeguarding referrals had been made where needed. We saw that people had been referred to relevant health professionals following falls, anxious behaviour episodes and other health changes observed by staff. For example, one person had fallen for an unknown reason so a referral to their GP was made to test for a urinary tract infection.
- Audits were carried out at regular intervals including medicines, infection control and care plans. For example, we saw where one medication audit had been completed it had highlighted that there was a discrepancy with an order from the pharmacist, this had been actioned and the issue resolved. A care plan audit identified more information was required for a life history of one person and their end of life wishes were still to be completed so an action was made to follow up with the relative and this had been completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; 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

- New systems were in place to gain and monitor feedback from people using the services, their relatives and professionals involved in people's care. Questionnaires were given out to visitors to the service to ask for feedback and a new complaints policy and procedure had been implemented. Positive feedback had been gained, and the registered manager stated that if any negative feedback was received that this would be actioned.
- Relatives we spoke with were very happy with the recent improvements. One relative told us, "The manager inspires confidence, we can call any time and get prompt responses and be kept up to date as needed". Staff spoke highly of the new systems in place and said they felt supported. One staff member said, "Our manager is really good and always available to us. I've seen many improvements since they have been in post and think we will all continue to improve now. The home is so joyous in the morning now and it's

uplifting and lively." And another staff member said, "We're told if we've done something wrong confidentially and the manager makes sure we understand why it's important to get things right and gives us more training if needed."

Working in partnership with others

● We saw that people were referred to other professionals for their input and this was recorded in people's care plans and followed up where needed.