

# Abbeville RCH Limited

# Abbeville Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 3 October 2017 and was unannounced. At the time of this October 2017 inspection there was one breach of regulations outstanding from our previous comprehensive inspection of April 2017. This was because people were not adequately supported with social engagement. This October 2017 inspection found that this concern still remained.

This October 2017 inspection also found that there had been a deterioration in the management of people's medicines that had not been identified by the provider's quality assurance systems. The service was not reporting safeguarding incidents to the Commission as required by legislation. These issues constituted three further additional breaches of regulations.

Abbeville Lodge provides accommodation and care for up to 20 older people, some of whom may be living with dementia. At the time of this inspection 17 people were living in the home.

There was not a registered manager in post. However, an experienced staff member had been managing the service since June 2017. They had not yet applied for registration with the Commission. 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.

People felt safe living in the home. Risks to people's welfare were appropriately planned for and managed. Staff understood about safeguarding and knew what action they would need to take if they had any concerns.

There were enough staff to meet people's physical needs. It had been identified that some people's needs were increasing and the provider was increasing staffing levels accordingly.

People felt that staff supporting them were competent and knew their individual needs and preferences. Most staff had received appropriate training and support to carry out their duties effectively. However, there were a few areas where training was out of date for some staff members.

Staff supported people in the least restrictive way possible. Whilst improvements were required in some areas relating to the assessment of people's mental capacity, there was an improvement on what we had found at our previous inspection in April 2017 in this area.

Staff were kind to people and respected their privacy. Staff enabled people to be as independent as possible. People, and their relatives where appropriate, were actively involved in the planning of their care.

People knew how to complain and were confident that any concerns would be listened to and acted upon

appropriately.

The manager promoted an open culture in the home. People, their relatives and staff were invited to take part in discussions about the service.

Other than in relation to medicines administration, the quality assurance system in the service was robust. When shortfalls were identified they were acted upon. The manager had the support of people living in the home and the staff.

Whilst the ratings for the service remain unchanged, the additional breaches we found during this October 2017 inspection are not indicative that the provider is able to make or sustain the improvements necessary.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People did not always receive their medicines as prescribed for them.

There were enough staff to meet people's physical needs.

Staff had attended safeguarding training and had an understanding of abuse and how reduce risks to people's welfare.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The service was not carrying out mental capacity assessments for specific decisions.

Most staff members had undertaken essential training and had regular supervisions with senior staff. However, training in some areas was considerably out of date for some staff members.

People received appropriate health care support from a range of health care professionals.

### Is the service caring?

**Good** ●

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were involved in making decisions about their care and support.

People's privacy and dignity was upheld and they were supported to maintain as much independence as possible.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

There was little time available to support people socially.

People knew who to raise any concerns with and were confident that any matters raised would be dealt with to their satisfaction.

**Is the service well-led?**

The service was not consistently well led.

Medicines auditing arrangements were not sufficiently robust.

The provider had failed to take suitable action to remedy the ongoing concerns about people not receiving suitable social support.

The new manager had the full support of people in the service and the staff.

**Requires Improvement** 

# Abbeville Lodge

## 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 checked 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 October 2017 and was unannounced. The inspection team consisted of three inspectors, one of whom specialised in medicines.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us over the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also liaised with the local authority.

Before the inspection, we had sent the provider a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, the provider did not ensure that this form was completed and returned. We also contacted the local authority for their views on the service.

During our inspection we spoke with five people living in the home. We also spoke with the manager, two care staff and the cook. We viewed the care records for two people in depth, records relating to incidents for seven people and the medicines records for all 17 people living in the home. We also looked at records in relation to the management of the home. These included the recruitment files for three staff members, staff training records, compliments and complaints, quality monitoring audits and minutes from meetings held.

# Is the service safe?

## Our findings

A member of the CQC medicines team looked at how the service managed people's medicines and how information in medicine administration records and care notes supported the safe handling of their medicines.

Audits were in place to enable staff to monitor medicine administration and their records. The service had recently identified and reported four medicine errors where people had not received their medicines as prescribed. However, whilst overall records showed that people were receiving their medicines as prescribed we noted some further discrepancies in records indicating occasions where people had not been given their medicines correctly.

Records showed that one person may not have received one dose of a short three day antibiotic course they had been prescribed. The records and stock levels of medicines for another person for the relief of pain indicated that errors may have been made at some point in the current four weekly medicine cycle.

The service had previously reported that one person's pain-relief patch had been missed. However, we noted there was a further more recent two-day delay in the application of their pain-relief skin patch because they had refused it. There were no records showing further attempts to apply the patch before two days later. This meant the person did not receive their pain relief as prescribed.

For some medicines prescribed for application to people's eyes, staff were following procedures to ensure they were only used for their limited period of time once opened and were safe for use. However, we found two containers of eye drops available for use that had just expired.

When people were prescribed medicines on a when-required basis, there was not always sufficient written information available to show staff how and when to give them to people to ensure they were given consistently and appropriately. In addition, some information was available for medicines which were no longer prescribed with the potential for misleading staff and error.

Consequently, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored securely for the protection of people who used the service and at correct temperatures.

Supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification, information about known allergies and medicine sensitivities. For people prescribed skin patches there were also additional records showing they were applied to people's bodies in a rotational manner and also confirming they were later removed before the next patch was applied. Records showed overall that when people were regularly refusing their medicines there was contact with their GPs about this.

There were satisfactory records for medicines prescribed for external use such as creams and ointment, and charts showing the areas of people's bodies they were to be applied to.

There were enough staff to meet people's physical needs. One person told us, "They come when I press my bell. I don't wait long." Another person said, "They come very quickly, as soon as I call."

At the time of our inspection there were 17 people living in the home. Throughout the day there were three care staff, including a senior carer. Overnight there were two staff on duty. The manager told us that they were implementing an additional 12pm to 6pm shift. The needs of people living in the home were changing and more assistance from staff was required to support people with mobilising and nutrition.

Recruitment procedures were in place. Relevant checks on prospective staff's suitability had been completed, including obtaining two references, proof of identity and a Disclosure and Barring Service (DBS) check. The DBS check identifies if prospective staff have a criminal record or are barred from working with children or adults. Application forms and work history had been discussed with the applicants at interview.

However, for one applicant a reference had not been obtained from their most recent employer for whom they had worked as a carer before they started work at the home. Some references obtained for other staff members did not clearly show what the relationship was between the referee and the applicant or whether the reference was professional or personal. Consequently, the provider could not be sure that references were obtained from the most appropriate referees.

People living in the home told us that they felt safe. One person who was at the home on a temporary basis told us, "I've felt safe in here." Another person told us, "I like it here, I feel perfectly safe." Staff were up to date with their safeguarding training and understood what concerns might necessitate a referral to the local authority's safeguarding team. We saw that appropriate referrals were made.

Staff we spoke with demonstrated a good knowledge of people's needs. They were aware of the risks specific to individuals and how these were reduced as far as possible by the way that care was provided for them. We found that risks to people's welfare were well managed. Risk assessments specific to each person were in place with guidance for staff to follow to reduce risk. These included mobility and risk of falls, continence, nutrition, skin integrity and for behaviour that challenged.

Accident and incident forms were completed and reviewed by the manager. They were regularly analysed to determine whether there were any patterns or repeat occurrences that could be reduced by changing the way that care was provided.



## Is the service effective?

### Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. This requires that a mental capacity assessment is needed when a person is unable to make a particular decision at a particular time. However, the service was not formally assessing people's ability to make the decision before coming to the conclusion that the person could not make the decision. For example, the service had made a best interests decision that one person needed bedrails without assessing the person's capacity to make this decision for themselves. For another person, there was a best interests decision to administer medicines covertly. However, the associated mental capacity assessment required updating, which the service subsequently advised us had been done.

However, we were satisfied that the best interests decision records showed that relevant people were consulted about decisions needing to be made.

The service was awaiting the outcome of several DoLS applications that had been made to the local authority. The outstanding applications did not always include details of the restrictions in place that were the basis for the applications. We saw that the service liaised with the local authority's DoLS team when people's needs changed which could impact upon the application that had been made.

Some improvements had been made in this area since our last inspection in April 2017, but there remained limited understanding of the processes required to ensure that the service was working within the principles of the MCA.

We saw that staff sought people's agreement before providing them with day to day assistance. This was done in a pleasant and conversational way which ensured people were aware that the decision was theirs to make. One person told us, "Staff ask my permission to make the bed, that sort of thing. They always knock first too."

People told us that staff were competent. One person said, "They seem trained to do their job." Another person said, "They are very good, I couldn't give them a black mark." A third person told us, "The staff are on the ball here." Staff told us that their training was up to date. Records we saw confirmed that most staff had completed the necessary training. However, a few staff were significantly overdue for health and safety and

infection control training. The manager told us that they would ensure that staff completed this training.

Staff received appropriate reviews and support through staff supervisions and appraisals. Staff told us that the management team were approachable and supportive. They told us that they were supported to carry out their duties so that people received a safe and effective standard of care. They were supported to increase their skills and study for and acquire relevant qualifications for their role. A clear training and induction plan was in place for new staff members.

People were satisfied with the food they received. One person said, "It's as good as you can expect." Another person told us how staff encouraged them to eat after they had been poorly and lost some weight. They told us, "The food is good, I'm eating well now." We observed one person asking for a different snack to what was available on the tea trolley. This was readily provided. One person said that occasionally the service ran out of some items and felt that whilst they were offered choices more imagination was required to vary the options available.

We observed lunchtime in the dining area where four people were eating their lunch. Three of the four people there required some practical support and encouragement to eat. This was provided by one staff member who was seen to be assisting several people very quickly. Whilst people were not rushed with their meals the support people received was fleeting. However, the staff member was attentive and noticed when people's plates needed turning round so they could access the other side of their plate more easily or when their drink was running low. They maintained a good dialogue with all four people and helped create a friendly atmosphere. The manager said they were aware that they needed more staff support at mealtimes and a new shift was being introduced to help address this.

We saw that people were offered choices. For example, everyone had a different dessert. We saw from records in the kitchen that people were routinely offered choices about what to eat and drink. The cook had a good knowledge of people's nutritional requirements and their likes and dislikes. Where people's nutritional intake needed recording and monitoring this was done. One person needed staff to be present during mealtimes for their safety as they were at risk of choking. This was done discreetly, but the staff member made sure the person was always in their sight.

People were supported to maintain good health and staff ensured they received appropriate and timely healthcare support. People told us that they had good access to their GP and other health care professionals, for example chiropodists. We found that appropriate referrals were made to health care professionals such as the falls prevention team, dieticians and the Speech and Language Therapist (SALT) service.

# Is the service caring?

## Our findings

People were predominately positive about the staff that supported them. One person who was receiving respite care told us, "The carers are kind. If I was unwell again and offered here, I would come back." We saw that staff had developed a good rapport with the person in the time they had been in the home and they shared lots of laughs and jokes.

Another person told us, "The staff change a lot, but they are okay, they are kind." A third person said, "I have a very good opinion of the staff here." A fourth person told us, "I am lost for words about the staff. They are guardian angels. A few of them need some work, but the most love and care for you." One person said, "We have banter with the staff all the time. Most of them have a good sense of humour."

People felt listened to by staff. One person told us, "They listen to me. I do feel that I can give my views here and they will act on them." Another person said, "I choose not to attend the resident meetings, but I still get asked my views about the home." We noted minutes from the last two residents and relatives meetings. People and their relatives had opportunities to ask questions and make suggestions. The provider updated people in relation to upcoming changes to the service.

People we spoke with were aware of their care plans to differing extents, but all felt that they were involved in making decisions about their care. The person receiving respite care told us that staff had involved them in discussing timescales and plans for them to return home. Another person told us they had seen their care records, but were not overly interested in reviewing them. A third person said, "I have a care plan and I am involved in it. It's all done properly here."

Staff respected people's dignity and privacy. One person said, "When they help me wash they take their time. I wash down below because it causes less embarrassment. They give me my privacy when I want it." Another person who preferred to spend time in their room told us, "Privacy is always good. Staff always knock and they don't bother me unnecessarily."

People's individual preferences and differences were respected. One person told us how they liked a cup of tea at 4am and then again at 7am and that they always received this. They told us, "That means a lot to me." We saw from care records that one lady liked her hair plaited in a certain style and staff assisted her with this.

We saw that staff were careful to explain what was happening to someone being assisted to mobilise with a hoist. Staff attentively and gently talked them through each stage of the process. One staff member told us how they sought to keep two people apart who did not get on. They said, "We tend to seat them at the other end of the room to each other. It seems to work out better for them that way. They are less upset."

People received support in a way that helped them maintain as much independence as possible. For example, we saw records showing that people were prompted to wash themselves where they could. At lunchtime a staff member said to one person who sometimes needed support to eat their lunch, "I'll let you

get on, but I'm here if you want some help."

## Is the service responsive?

### Our findings

Our previous comprehensive inspection in April 2017 identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to assessing and ensuring that people's social needs were met.

This October 2017 inspection found that there had been no improvement in the social support provided to people. We were advised that support for people's social needs took place between 12pm and 3pm two days a week. Our inspection was on one of these days.

We found that in practice the staff member allocated to provide this support was helping assist people with their lunch until 1:15pm. We observed the activities support provided. The staff member had a game of dominoes with one person which lasted for ten minutes. The staff member moved to play a card game with another person who was clearly enjoying this. At this point the person who the staff member had been playing dominoes with fell asleep. Within five minutes the staff member got up from the card game with one person to attend to another person. By the time they returned this person too had fallen asleep. Sufficient time and attention was not provided to people to enable them to enjoy and fully participate in the activities available.

The people we were able to communicate with in detail tended to prefer to spend their time in their rooms, where they could pursue their own interests and hobbies. They were happy to do this. Some regularly went out and did not require the support of staff to do so. Some of these people told us that activities planned were not to their liking and were "...too easy."

However, for those who were less cognitively able the support to enable them to engage socially was not adequate. This was the fourth inspection in a row where we had found insufficient social support for people. One staff member told us, "We need to find better ways to stimulate people mentally. We are trying to get more people in to the lounge to socialise with each other."

Consequently, the provider remained in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed one person having their nails painted which they were enjoying. The staff member sought to encourage another person to have their nails done as they usually liked this too. People told us that they were asked if they wished to participate when events were planned. A 'funday' had recently been held which people had enjoyed. One person told us that they had recently been involved in discussions about a Halloween event.

People's care records were comprehensive, up-to-date and were based on assessments of people's individual needs. Guidance was available for staff to respond to risks to people's welfare. We also found appropriate and clear behavioural management strategies were in place. Care records detailed the equipment required to support people effectively and safely, for example, pressure

relieving cushions. We found that these were in use as required. Records indicated that people were repositioned as required and dietary charts were satisfactorily completed.

The provider had responded to the escalating needs of people living in the home by increasing staffing numbers at critical times of the day.

People told us that staff were responsive to requests and knew them well enough to be able to pre-empt when they might become distressed or unhappy about something and took action in advance to prevent this.

People we spoke with had no complaints about the care they received, but everyone knew what action to take if they did have concerns. One person told us, "I've no complaints here, but I know who the manager is and would speak with them if I felt it was necessary." Another person said, "I've not had any problems. If I did I could speak with any of the staff." People also told us that they had confidence that any concerns raised would be resolved to their satisfaction.

# Is the service well-led?

## Our findings

This October 2017 inspection found that whilst safeguarding referrals had been made to the local authority appropriately, the necessary statutory notifications had not been made to us.

This meant that the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We looked at the quality assurance systems in place within the service. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. These help ensure they provide people with a good service which meets appropriate quality standards and legal obligations.

This October 2017 inspection found that the arrangements for the management of medicines in the home represented a deterioration from our findings from the previous inspection in April 2017. Whilst medicines audits had identified some errors we noted some further discrepancies in records indicating occasions where people had not been given their medicines correctly that had not been previously identified. Consequently, the auditing arrangements in relation to the management of medicines were not sufficiently robust.

The provider had not implemented or been able to sustain suitable social support for people for the last four inspections. This was detrimental to people's wellbeing.

Consequently, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notwithstanding the auditing arrangements in relation to medicines, other audits in place were carried out to good effect. Regular checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. The areas covered included infection control, pressure care, laundry and equipment audits. The audits generated improvement plans, if needed, which recorded the remedial action needed, who was responsible and when it should be completed by.

Since our last inspection in April 2017 there had been a change of manager. The new manager in post was yet to register with CQC. We received favourable comments about them from people in the home and the staff we spoke with. "I know the manager. [Manager's name] is very nice, very approachable." One staff member told us, "It's gotten better here now we have a better manager." Another staff member told us, "This manager is the best we've had for some time. The atmosphere in the home is a lot more relaxed."

There was a friendly and pleasant atmosphere in the home. People living in the home and staff were relaxed and went about their day throughout the inspection. Staff told us that there was an open culture within the home and as a result they would be confident to raise concerns directly with the manager. Staff knew about

the whistle blowing policy and said they would be confident to use it if necessary. The whistle blowing policy enabled staff to report any concerns or poor practice.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection in the entrance hall of the home.