

Christ The King Residential Care Homes Limited

Abbey Lodge - Coulsdon

Inspection report

60 Brighton Road
Coulsdon
Surrey
CR5 2BB

Tel: 02087649045
Website: www.ctkresidentialcarehomes.co.uk

Date of inspection visit:
13 May 2021
14 May 2021

Date of publication:
12 August 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Abbey Lodge - Coulsdon is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Abbey Lodge - Coulsdon does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service supports up to nine people with mental health issues, learning disability and autism. There were eight people using the service at the time of our inspection.

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

Health and safety checks were carried out regularly however, we found that some environmental issues had not been identified during these audits. The house was tidy but there were several areas of the service which required repair or replacement furniture. There was a cleaning schedule in place which included additional cleaning of regular touch points to minimise the spread of infection specifically COVID-19.

Recruitment procedures were not robust enough and we found some staff had been working without providing full employment history and had an expired disclosure barring service (DBS). Since the inspection, the provider assured us that a new process would be introduced to ensure safe recruitment practices. People were safe and supported well by staff. Staff had received training in safeguarding people from abuse and knew when and how to report concerns if this was necessary.

There was a registered manager in place who was responsible for three residential homes for the provider. Within each service was a deputy manager who supported with the management oversight daily. At the time of inspection, Abbey Lodge did not have a deputy manager however, they were actively recruiting. During the inspection it was identified that the provider did not have the correct service user banding in place. This banding is used to clarify the type of service and the support that could be provided. This information is used to regulate services appropriately. The provider has since rectified this. Due to the issues found, it was clear that the governance and oversight arrangements were insufficient.

Individual risk assessments were detailed, personalised and included people's voice and opinions clearly. Staff understood the risks to people and knew how to mitigate these. During the inspection, one person was in pain and was very upset. Staff demonstrated how to support this person during this period to ensure they received regular pain relief and appropriate medical treatment.

People were supported to take their medication as prescribed.

The provider had arrangements in place to make sure any accidents and incidents were investigated, and people kept involved and informed of the outcome.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting how they were meeting the underpinning principles of Right support, right care, right culture. The model of care maximises people's choice, control and independence as far as possible. This is done in a way that maintains people's safety but also takes risks positively. Care is person-centred and promotes people's dignity, privacy and human rights.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

Rating at last inspection was Good (published 2nd August 2018)

Why we inspected

We received concerns in relation to the support people received, particularly regarding the interaction between staff and people, their diet and Nutrition, also the safety of the environment and recruitment practices. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led and a targeted in Effective only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey Lodge - Coulsdon on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, staffing, and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Abbey Lodge - Coulsdon

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 inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff and the registered manager.

We reviewed a range of records. This included two people's care records and 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 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.

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 Good. At this inspection this key question has now deteriorated to Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The service's approach to assessing and managing environmental and equipment-related risks was inconsistent.
- We found environmental issues during inspection which had not been picked up during routine audits of the environment. There was no hot water in all the bedrooms including the upstairs bathroom. There were broken tiles in the kitchen and downstairs bathroom, mould in the downstairs bathroom, damaged mattresses in three bedrooms, windows would not close in another bedroom and in another bedroom, there was broken furniture.
- Radiator covers were in place in bedrooms however, these were not suitably fixed to the wall. The registered manager was informed that the upstairs bathroom required a radiator cover to minimise the risk of burns/scalds from the hot surface.

Due to the issues with the environment, the provider was in breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Cleaning chemicals were left in an unlocked cupboard when company policy stated that they should be locked away.
- There were two fridges, one in the cellar which was full but had stored some out of date food. The fridge in the kitchen didn't have a lot of food in and had some out of date food which was thrown away on the day of inspection.

Due to the issues with the environment, chemicals left unlocked and out of date food, risks to people were not suitably mitigated. The provider was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reported these issues to the registered manager. After the inspection, we received information that these issues had been rectified. ☐
- Individual and environmental risk assessments were detailed and personalised according to individual and service needs.
- There was evidence that people had inputted into their assessments and support plans. There was a clear description on how to support a person according to their individual needs, preferences, likes and dislikes and particularly what to do if they were struggling with their mental health. ☐

Staffing and recruitment

- The provider did not always practice safe recruitment.
- Not all staff had a full work history and evidence of up to date disclosure and barring service (DBS) checks which is required by law.

Due to this, the provider was in breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, we received information that the DBS for staff were now up to date in line with company policy. The provider also said that they would improve the recruitment process to ensure all work history is noted.
- There were enough competent staff on shift. Staffing numbers were reviewed regularly and were able to respond to unforeseen incidents.

Systems and processes to safeguard people from the risk of abuse

- Individual risks to people were suitably managed by the provider
- Staff had received training in safeguarding and could identify the types of abuse. Staff felt that they were able to report concerns to the registered manager and they would be dealt with appropriately.
- The registered manager maintained regular dialogue with the local authority and reported safeguarding incidents appropriately.

Using medicines safely

- People's records contained information about their prescribed medicines and how they should be supported with these, to help staff support people to take these in a timely and appropriate way.
- Our checks of medicines stocks, balances and records showed people received the medicines prescribed to them. Medicines were stored safely and appropriately.
- Managers regularly audited medicines stock and records and checked staff's competency to make sure they were managing and administering medicines safely.

Preventing and controlling infection

- 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 where possible.
- 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.

Learning lessons when things go wrong

- Following an incident lessons were learned and communicated to the appropriate agencies when required.

- There was a system in place to audit accidents and incidents to identify patterns or trends. There was evidence that the provider had identified a pattern with a person's behaviour and had put additional support and adapted the environment to keep the person safe. This minimised the risk of future incidents occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

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

- People were able to exercise choice around what they had for their meals however, they were not allowed in the kitchen without staff presence but it was unclear as to why this was in place.
- We saw staff entering the kitchen with people throughout the inspection.
- It was apparent that some people had gained weight since being at the service. The registered manager told us people's weight was monitored weekly and referrals to appropriate health professionals was made when required.
- When asked about mealtimes and snacks, there appeared to be a tea break around mid-morning and another mid-afternoon. People were offered tea and biscuits at these times. There were a few brown bananas on the countertop and some chopped melon in the fridge but very little in the way of fresh food. Staff told us yogurts and other snacks were kept in the cellar.
- One person said they were able to access snacks in the evening and that staff encouraged fruit rather than healthier options.
- There was a weekly menu in place which was created with people, considering their wishes. There was also a vegetarian option to accommodate for different needs.
- One person's relative said "[Relative] is a vegetarian and they have been satisfied by the care taken to ensure they have an adequate diet".

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 Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred 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; Continuous learning and improving care

- Quality audits were not always robust enough to identify areas that needed improvement.
- There were daily, weekly and monthly audits in place to monitor things such as water temperatures, medicine audits and health and safety. However, these audits had failed to pick up on environmental issues which were identified in the safe section of this report.
- Since the inspection, we received information that the provider had implemented a new environmental auditing tool which would ensure other areas are checked regularly. □□□□
- There was a lack of oversight of recruitment procedures as detailed in the safe section of this report. This meant people could be supported by staff who are unsuitable.
- Concerns were investigated in a sensitive and confidential way, and lessons were shared and acted on.
- The registered manager investigated accidents and incidents and kept relevant authorities informed where required.

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

- The registered manager and staff were clear about their roles and responsibilities and had confidence in their leaders however, the daily management oversight of the service was insufficient.
- The registered manager was responsible for overseeing three services including Abbey Lodge and allocated time each week to support. The deputy manager had recently left however, recruitment was underway to fill this position.
- Staff supervisions were carried out and this covered well-being, any concerns that needed to be raised and any training needs to enhance staff development. The most recent supervisions for staff were slightly overdue due to the absence of the deputy manager. The registered manager was aware and told us these would be scheduled for the near future.
- The senior management regularly visited the service out of hours to ensure the service was running smoothly. These visits were positive for management to assure themselves however, they were not recorded anywhere. □□□□□
- Staff told us they felt confident with the level of training and they would raise concerns as and when needed.

From the evidence above, we were not assured that an effective governance system was in place to review the quality and safety of service delivery. The provider was in breach of Regulation 17 (Good Governance) of the HSCA 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the service was overall consistently well led. However, communication could improve.
- One person's relative said, "There is little communication from the service and would appreciate more". The relative felt unable to express views and opinions as none of the management team had introduced themselves. Another said they don't have a lot of communication with the home.
- Staff said, "The teamwork is perfect, the management is perfect, they treat everybody equally".
- One person's relative said, "The staff are very caring and patient, [relative] seems to very much enjoy it and is grateful for the help and support".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's opinions and wishes were listened to however; relative's involvement varied. One relative said, "I have very little involvement, it would be nice to have more regular updates on [relative] status".
- People's voice was noted throughout care plans which details the persons view on each topic of care and what their response and wishes were.
- The provider had obtained feedback from people through surveys. They told us that surveys had also been sent to families and professionals but responses to these are variable.
- The provider worked positively with external professionals to achieve outcomes for people and eventually support them to move on into the community when they were ready to do so.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured people received safe care and treatment. Risks in the environment had not been adequately mitigated. Regulation 12 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured that the premises and equipment were appropriately maintained, secure and had not taken appropriate action where short falls were identified. Regulation 15 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured there were appropriate systems in place to assess, monitor and improve the quality and safety of the service. Regulation 17 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured staff had provided a full employment history or ensure their DBS was up to date. Regulation 19 (2)

