Abbeygale Lodge (2006) Limited

Abbegale Lodge

Inspection report

9-11 Merton Road
Bootle
Merseyside
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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

This unannounced inspection took place on 19 February 2016 and was unannounced. We completed this inspection to follow up on concerns we had received regarding medication issues and safeguardings which had recently taken place within the home. As part of this inspection we followed up these concerns.

Abbegale Lodge is a residential care home providing accommodation for up to 41 people. The home consists of two converted Victorian villas with a two storey modern extension and supports people with mental health and dementia care needs. There is a passenger lift in the main building with a stair lift in place at the other villa and extension. The service provides upper and ground floor accommodation. There is a large garden to the rear of all three buildings. It is within easy walking distance of The Strand shopping centre in Bootle

A manager was in post who was in the process of registering with CQC. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Process relating to the safe administration of medications were in place within the home, and the home was addressing any issues to help mitigate risks.

People and relatives we spoke with told us they felt safe living at the home.

Risk assessments were in place and personalised.

The staff we spoke with were aware of what constituted abuse and how to report an alleged incident.

Recruitment procedures were robust to ensure staff were suitable to work with vulnerable people. Systems were in place to maintain the safety of the home. This included health and safety checks of the equipment and building

Staff told us they were well supported in the home and had an induction when they first started work, and had regular supervision and appraisal.

People had a plan of care in place which was personalised and contained information such as their likes, dislikes and backgrounds.

The registered manager and the staff had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. Staff support was available to assist people to make key decisions regarding their care.

The home had aids and equipment to meet people's needs and promote their independence.

We found the home to be clean, warm and homely, although the décor required attention in some places. There was a strong smell of smoke which was present in most of the areas of the home.

Everyone told us the staff were caring and we could see evidence that the staff genuinely cared about the people they supported.

Food was fresh and home cooked. Everyone we spoke with told us that they enjoyed the food.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals promptly for advice and support.

A process was in place for managing complaints and the home's complaints procedure was available so people had access to this information.

People and relatives told us that the manager was approachable and supportive.

Staff were aware of the homes whistleblowing policy and told us they would not hesitate to report any concerns or bad practice.

Systems were in place to monitor the standard of the service and drive forward improvements. This included a number of audits for different areas of practice.

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 good.

Some procedures relating to medication were currently being improved in the home, and we saw medication was managed and administered safely.

People told us they felt safe living in the home.

Staff understood safeguarding and there were procedures in place to protect people who lived in the home from abuse.

Staff were recruited appropriately and the relevant checks were undertaken before they started work.

Is the service effective?

Good

The service was effective.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People got plenty to eat and drink.

Staff were trained, and underwent regular supervision and appraisal.

People received access to other medical professionals when they needed too.

Is the service caring?

Good

The service was caring

People told us that they felt the staff were caring.

Staff gave us examples of how they protected people's privacy and dignity when they provided personal care.

Records relating to people and staff were stored confidentially in

the office.

Care plans we looked at were signed by people or their relatives.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and contained information about people's likes, dislikes and preferences.

There was a complaint procedure in place, and it was accessible for people who lived at the home. People and their relatives told us that they knew how to complain.

There were activities and people could choose what they did with their time.

Is the service well-led?

Good

The service was well led
The manager was in the process of registering with the Care Quality Commission (CQC).

People and staff told us they felt the home was run well, and they liked the manager.

There were quality assurance systems in place, and people were regularly asked for feedback to help improve the service.

There was regular auditing taking place of care files, medication, and other documentation relating to the running of the service.

Abbegale 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 February 2016 and was unannounced.

The inspection team consisted of one adult social care inspector a specialist pharmacy advisor 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.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR 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. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home. We contacted the commissioners of the service to see if they had any updates about the home.

During the inspection we spent time with five people who were living at the home and two family members who were visiting their relatives at the time of our inspection. We also spoke with the manager, the senior care staff and three other care staff. We spoke with the chef. We also looked at three care files, three staff folders as well as other documentation relating to the running of the home. We looked around the building, including bathrooms, lounges the dining room and some people's bedrooms.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Comments included "The staff make me feel safe, if I have any problems the staff would sort them out." Another person said "You get looked after." One relative told us "They [person who lives at the home] get their medications on time."

We looked at the personnel records for three members of staff. We could see that all required recruitment checks had been carried out to confirm that the staff were suitable to work with vulnerable adults. Two references had been obtained for each member of staff. Interview notes were retained on the personnel records. Disclosure and Barring Service (DBS) checks had been carried out and identification was obtained from staff.

Risk assessments were in place for people who lived in the home. These included risk assessments relating to falls and skin condition for the prevention of pressure sores. There were also moving and handling risk assessments in place, which instructed staff on the correct procedure for helping people move from one place to the other, including what equipment they required. We could see these assessments had been personalised to take into the account the individual needs of the person and how they liked to be supported.

We had receiving information concerning the use of medications in the home prior to our inspection. As part of this inspection we spent time talking to the staff who administer the medications, including looking in depth at their training and observing them administering medications. We also looked at the ordering and stock check procedure of the medications, and other documentation relating to medications, such as Medication Administration Records [MAR] charts, and medication plans. We saw that staff followed the correct procedure when administering medications and staff were able to explain this process to us in detail. Medication was stored securely, and there were procedures in place in relation to PRN (medication to be used as when required) which contained detailed guidance for staff to follow. We saw that the procedure for controlled drugs (CD) was being followed. CD's are prescription medicines that have controls in place under the Misuse of Drugs legislation. Topical medicines (creams) were being stored correctly. We saw that the homes current ordering system could be causing problems, one of the problems identified was that it was difficult for staff to monitor when medications were running low, however when we highlighted this to the manager, they had already identified this through their own quality assurance systems and there was an action plan in place to address this. One of the concerns we were notified of was still being investigated by the local authority, however we saw that the home had followed up recommendations in relation to other concerns raised, and steps had been put into place to mitigate risks and reoccurrence.

There was a safeguarding policy in place, and staff we spoke with could clearly describe the action that they would take if they felt someone was being abused. There was also a whistleblowing policy in place which we were able to view. Staff we spoke with understood the whistleblowing procedure and told us they would have no problem enforcing this policy.

We looked at staff rotas. Rotas recorded the number of staff required to be on shift. We saw that rotas were

consistent and people told us they felt there was enough staff on shift to meet their needs. Staff we observed did not appear hurried or under pressure, and people were encouraged to take their time during lunch. We saw the home used a dependency scoring system which accessed how much support each person who lived at the home required with certain tasks, this then determined the correct staffing level which was required to be in place a various points during the day.

We checked to see what safety checks were undertaken on the environment. We saw a range of assessments and service contracts which included gas, fire safety, electric and legionella compliance. We spot checked some of the safety certificates, and saw they were in date. For example, the gas was last checked 5 May 2015, the electrics were checked 17 November 2015, and the fire extinguishers were checked 21 January 2016.

There were PEEPs (personal emergency evacuation plans) in place for people who lived at the home and they were personalised to include the level of support each person would need when they are evacuated. In addition, there was a buddy house nearby in the case of an emergency evacuation.

Good

Is the service effective?

Our findings

People who lived at the home told us they felt that the staff had the skills to support them. Comments included "The staff will listen to you, they are all approachable." And "They're nice, they know what they are doing."

We looked at the training matrix. All of the training was recorded using an excel spreadsheet and was colour coded depending on whether the staff were trained, due refreshers, or needed to be booked on to training. We saw that training was outsourced to an external training provider. Staff told us that training was face to face classroom based. Staff also told us they enjoyed the training provided by the home. 60% of the staff in the home had QCF level two or three, and the remaining staff were registered to undertake this qualification. The Qualifications and Credit Framework (QCF) is a new credit transfer system which has replaced the National vocational Qualification (NVQF).

We looked at the induction process for new staff. Staff we spoke with told us they received an induction when they started working in the home, which included shadowing more experienced members of staff until they got to know people.

We checked to see if the home was working within the legal framework of The Mental Capacity Act 2005. We found staff had a good understanding and knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 decision's and are helped to do so when needed. When they lack mental capacity to make 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see whether the service was working within the principles of the MCA, and whether the conditions identified in the authorisations to deprive a person of their liberty were being met. The registered manager showed us one application they had recently submitted to the 'Supervisory Body' to deprive someone of their liberty. We had received all notifications as required. The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS). We saw the home was working within these principles.

We could see the service had gained consent from people who lived at the home to be able to share their records, support them with medications and provide their care. For any person who did not have the capacity to consent to care we could see the principles of the MCA were followed and the least restrictive option was chosen. Throughout the day we continuously heard staff asking people for their consent to go into their rooms or help them sit or stand.

We looked at the arrangements for planning and provision of food and drink. We ate lunch with the people who lived at the home and found it was an enjoyable experience. The lunch was well presented and tasted flavoursome and people told us they enjoyed the food. People had regular access to drinks throughout the day. We observed the staff asking people throughout the day if they would like anything to drink. We saw from looking in people's care plans that anyone who was required to have their food and drink intake monitored for health reasons had a suitable tracking tool in place which the staff were completing.

We saw people were supported to maintain their physical health and there was documentation which showed that a range of healthcare professionals regularly visited people, and people were supported by staff to attend regular appointments and check-ups. One family told us, "They are spot on with knowing when [family member] needs to see the doctor."

Good

Is the service caring?

Our findings

We asked people who lived at the home if they thought the staff were caring. We received positive comments in response which included "Yes they are kind." And "They are kind and very nice." Another person told us "They [staff] know my routine."

We observed interactions between staff and the people who lived at the home. We saw that staff treated people with respect and kindness. The atmosphere was calm and there was no one anxious or unsettled throughout the day. When people did need assistance, we saw that staff attended to them promptly.

We asked staff to give us examples of how they protect people's dignity and privacy. One staff member said "We change people in the privacy of their own rooms." Other comments included "We close doors and cover them with a towel or blanket." And "I always ask the person's permission before I do anything so I don't surprise them." We heard staff addressing people by their preferred title throughout the day. A staff member told us "We never discuss other residents in communal areas, so we don't break their confidence."

A relative we spoke with told us "They [staff] knock on the door and they are always polite." Another relative told us "They [staff] take [family member] to the toilet and they always close the door."

We saw that people's records and care plans were stored securely in a lockable room which was occupied throughout the duration of our inspection. We did not see any confidential information displayed in any of the communal areas and staff spoke to people discreetly about personal things, such as taking medication or going to the toilet or asking them if they wanted help to go to their rooms.

Staff told us the care plans had recently been changed so they were now more in depth. We could see from looking at care plans they had been signed by the person themselves or their family member which suggested they had been in involved in compiling the care plan. People told us they were happy with the care and support they received.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. We saw the no one was accessing these services during our inspection.

Good

Is the service responsive?

Our findings

People we spoke with told us they were able to choose how they spent their day. One person said "They don't stop you if you want to go out, and I can have my tea later." A relative told us "[Family member] tells them if she wants to go to lie down, and they help her."

We saw by looking at care plans that they were individualised and any preferences identified at the point of admission to the home were referred to throughout the care plan. For example, we saw from looking at one person's care that they had type two diabetes, this was documented in the person's nutrition care plan as well as what support that person needed to manage their diabetes. We saw this person had lost weight recently, so they home had made a referral to the dietician and were monitoring this person's weight weekly.

Information such as what people did for a job in the past, and what music they liked were also documented in their care plans. Staff were knowledgeable regarding people's care needs and how people wished to be supported. Daily records were maintained and these provided an overview of people's support and health in accordance with their plan of care.

We looked at complaints and how the complaints procedure was managed in the home. We saw that the complaints procedure was displayed in the hallway of the home and was accessible for people to be able to view. People and relatives we spoke with told us they were aware of the complaints procedure and knew who they would go to if they wanted to complain. We looked at the complaints log and saw that no complaints had been raised since our last inspection.

People had mixed responses when we asked them if they were involved in the completion of their care plans, however, the care plans we saw were signed by the people who lived in the home, and the level of detail included in the plans indicated that the person or someone who knew them well had been involved.

We saw that resident's meets were taking place and the next one was planned for March.

We looked at how social activities were organised and how people who lived at the home spent their day. People we spoke with told us activities take place in the home which they get involved in. Some of the people we spoke with told us they prefer to do their own thing, and the staff respect their privacy. One person said "I tell them [staff] when I am going out and what time I'll be back."

Good

Is the service well-led?

Our findings

There was a manager in post who was in the process of registering with the commission.

People we spoke with and the staff were complimentary about the manager and said they were well known in the home for getting involved, and were always visible throughout the day. We observed the registered manager talking to people who lived at the home by name, and asking them how they were.

Staff we spoke with told us the culture of the home was caring and the manager led by example. Staff told us they were supervised regularly, and had regular team meetings; we were able to see minutes of these, the last team meeting had taken place in January 2016.

The quality assurance systems in place were of good standard. The manager recently had an external auditing company attend Abbegale Lodge and complete a full audit of all paperwork and health and safety information. We saw any recommendations were being followed up with a plan of action by the manager. The manager did their own weekly audit of the building and regular care plan checks. There were audits for the safety of the building, finances, care plans medication and more regular checks like the water temperatures.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

The manager was aware of their responsibilities concerning reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken.

We looked at how the manager used feedback from people living at the home and their relatives to improve the service at Abbegale Lodge. We saw that the manager had sent out multiple choice questionnaires. We were provided with a report dated 11 February 2016, and saw the feedback was mostly positive.

We saw that incidents and accidents were well recorded, and the manager as part of their auditing process was analysing these for any trends and patterns, however there were few incidents to be analysed.