

Tamaris Healthcare (England) Limited

Abigail Lodge Care Home - Consett

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Abigail Lodge Care Home is a care home which can provide nursing and personal care for up to 60 people. The care home accommodates people over two floors in one adapted building. At the time of this inspection there were 56 people living at the service, some of who were living with a dementia type illness.

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

People told us they felt safe at Abigail Lodge Care Home. Effective recruitment procedures were in place and people received care in a timely way. The environment and equipment were safe and well maintained. Arrangements were in place to protect people from risks to their safety and welfare. Staff understood how to keep people safe and used information following accidents and incidents to reduce the likelihood of future harm. Arrangements were in place to protect people from the risks associated with the management of medicines and the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough to maintain their health and welfare. Staff received appropriate training and supervision to maintain and develop their skills and knowledge to care for people in a person-centred way. People's health was well managed, and staff worked closely with other professionals to provide effective care.

Staff had developed caring relationships with people and respected their privacy and dignity. People's independence was promoted, and staff ensured people maintained links with their friends and family.

People's care was based on detailed assessments and person-centred care plans. A range of activities were available. People felt confident raising concerns and complaints had been dealt with effectively. Staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

Effective management systems were in place to monitor the quality of the care provided and feedback was used to make continuous improvements to the service. The registered manager worked well to lead the staff team in their roles and ensure people received a good service.

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

Rating at last inspection

The last rating for this service was good (published 25 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Abigail Lodge Care Home - Consett

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.

Inspection team

The inspection was carried out by one inspector, a specialist adviser in nursing and an Expert by Experience. The Expert by Experience had personal experience of caring for someone who used this type of care service.

Service and service type

Abigail Lodge Care Home 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 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. This included details about complaints, concerns and incidents the provider must notify us about. We sought feedback from the local authority, professionals who worked with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England.

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.

During the inspection

We spoke with six people who used the service, one relative and one friend. We spoke with the registered manager, the regional manager, deputy manager/nurse, one care home assistant practitioner, two care staff, the cook, a kitchen assistant, a domestic and a visiting professional.

We observed how people were being cared for and reviewed a range of records. This included three people's care records and four people's medication records. We looked at four staff files in relation to recruitment and supervision and we reviewed records related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies.

Is the service safe?

Our findings

Safe – this means 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the presence of staff and that their needs were met safely. Comments included, "I feel safe in this home" and "I feel the home is secure and the staff make it safe for me."
- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse.

Staffing and recruitment

- There were suitable numbers of staff on duty and people received care in a timely way. People's comments included, "Staff are pushed a little, but I still get what I want" and "Staff find the time to sit and talk to you at quieter times."
- The provider followed safe recruitment procedures. They completed suitable pre-employment checks to ensure new staff were suitable to work at the home.

Assessing risk, safety monitoring and management

- Risks were well managed. Individual risks to people were assessed and contained explanations of the control measures for staff to follow to keep people safe. Records were kept under review.
- The environment and equipment were safe and well maintained.
- The provider had a business continuity plan in place to cover any emergency situations, so people would continue to receive safe and effective care.

Using medicines safely

- Appropriate arrangements were in place for the safe management of medicines.
- People were happy with the support they received to take their medicines.
- Staff were knowledgeable about people's medicines. Staff who administered medicines were suitably trained.
- Medicine audits were completed regularly and were effective in highlighting areas for improvement.

Preventing and controlling infection

- Staff followed good infection control practices. Personal protective equipment (PPE) to help prevent the spread of healthcare related infections was in use. Checks were carried out to ensure people lived in a clean and safe environment.

Learning lessons when things go wrong

- The service responded appropriately when accidents and incidents occurred. Records were analysed for

patterns or trends and incidents were used as a learning opportunity.

Is the service effective?

Our findings

Effective – this means 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. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to eat and maintain a balanced diet.
- People's weight and fluid intake was monitored closely, if necessary, and detailed records were completed and regularly reviewed.
- Staff were knowledgeable about people's special dietary needs and preferences. Professionals were involved as appropriate.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled, and carried out their roles effectively.
- New staff completed a comprehensive induction to the service.
- Staff received regular supervision and appraisal and told us they felt supported.

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

- Information about people's needs and choices had been obtained through pre-admission assessments. This ensured the service could meet people's needs and develop relevant care plans.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager followed all the principles and guidance related to MCA and DoLS.
- Staff knew what they needed to do to make sure decisions were taken in people's best interests.

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

- People told us they received health care support when needed.
- People's care records showed relevant health care professionals were involved with their care, when needed.

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

- People were involved in decisions about the premises and environment.
- The service was suitable for the people who used it. The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely. Areas of the home were decorated in ways which promoted maximum independence for people living with dementia.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were happy with the care provided and told us staff were kind and caring. Comments included, "The staff are excellent", "The home has a friendly atmosphere" and "Staff have a very caring nature."
- Relatives and friends confirmed they could visit whenever they wanted and were always made to feel welcome. One friend told us, "Staff are good to me and always ask if I want a cup of tea."
- Staff showed concern for people's wellbeing. They knew people very well and worked in a variety of ways to ensure people received care and support that suited their needs. One person told us, "I have a very good relationship with the staff and they understand my needs well."
- Equality and diversity were recognised by the provider and staff, and people were supported to maintain their religious beliefs.

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

- People could express their views and be involved in making decisions about their care. One person told us, "I can ask for anything I want, and staff just bring it to me."
- People were supported to access advocacy services, who provide impartial support to people and communicate decisions, when necessary.

Respecting and promoting people's privacy, dignity and independence

- People were respected, showed patience and understanding. One relative said, "My impressions of the staff to caring is excellent. They come in and always ask my [relative] if she is well and anything, they can do for her."
- The staff maintained the privacy and dignity of the people they cared for and were clear this was a fundamental part of their role.
- People's independence was promoted. People told us, "My independence is promoted and encouraged by staff" and "Staff promote my mobility to move around the building and go outside if I want to." One relative told us, "Staff look after my mother and they promote her independence".
- The staff team worked well together and with the people who used the service. They consistently engaged people in conversations. One person told us, "The staff are nice. They come and say good morning."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans; they clearly described the care people required to meet their needs and were reviewed regularly.
- People were empowered to make choices and have as much control in the delivery of their care, as possible. Comments included, "I have a choice to eat meals in my bedroom".
- People and relatives were aware of the plans of care and had been involved in their creation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people using the service were able communicate their needs to staff without support. One person told us, "Staff are clear and precise when they explain things to me."
- Where people had difficulties with communication, information could be made available in different formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were regular opportunities for people to participate in activities; people chose whether to participate and staff respected their decision.
- People and relatives gave positive feedback about the activities provided. People told us, "Sometimes we go on little trips around Consett and Durham", "I get to Whitely Bay, Derwent Reservoir and the Metro Centre" and "I sit in my bedroom and knit."
- Staff supported people to maintain important relationships. One person told us, "I'm still in touch with my family and staff have a good relationship with my husband when he visits me".

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints; complaints had been fully investigated and resolved.
- People and relatives knew how to make a complaint and told us any concerns were addressed promptly.

End of life care and support

- People were supported to make decisions about their preferences for end of life care; staff empowered

people and relatives in developing care plans. Professionals were involved as appropriate.

- Staff understood people's needs, were aware of good practice and guidance in end of life care; they respected people's religious beliefs and preferences.

Is the service well-led?

Our findings

Well-Led – this means 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 remained the same. 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 understand quality performance, risks and regulatory requirements

- The registered manager was visible about the service and was responsive to the needs of people and supported staff well. They told us they felt well supported by the provider with access to support and resources to manage the service effectively.
- Staff were clear about their roles and responsibilities. They were enthusiastic about ensuring people received good care and support.
- The registered manager had submitted the required statutory notifications to CQC following significant events at the home. A range of policies and procedures were in place to guide staff. Records were stored securely.

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

- The home had a positive atmosphere; staff morale and teamwork were good.
- The registered manager and the culture they created effectively supported the delivery of person-centred care. One person told us, "The manager is very helpful and approachable."
- The provider and the staff encouraged people and their relatives to be involved in day to day discussions about their care to achieve positive outcomes.

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

- People were regularly consulted and asked for feedback about the service.
- Staff had opportunities to discuss issues and make suggestions for improvements.
- Feedback from people, relatives and staff was used to continuously improve the service.

Working in partnership with others

- The registered manager worked in partnership with health and social care professionals to achieve good outcomes for people.
- The service had good links with the local community, such as schools, dementia groups, churches and other key organisations, reflecting the needs and preferences of people in its care.

Continuous learning and improving care

- The provider had an effective quality assurance system to review areas of the service and to drive improvement.
- The registered manager was responsive to people's needs. They demonstrated a positive approach to learning and development and was proactive in cascading changes in practice to staff.

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

- The provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.
- The registered manager was responsive to concerns identified and quick to put things right.