Abbeygale Lodge (2006) Ltd

Abbeygale Lodge

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

Overall summary

This unannounced inspection of Abbeygale Lodge Care Home took place on 4 February 2015.

Abbeygale Lodge is a residential care home providing accommodation for up to 41 people. The service is set out as 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. There are a number of car parking spaces adjacent to the home.

A registered manager was in post. 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.

Summary of findings

People said they felt safe living at the home and were supported in a safe way by staff. Staff understood what abuse was and the action they should take to ensure actual or potential abuse was reported.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. People and their families told us there was sufficient numbers of staff on duty at all times.

Our review of a selection of care records informed us that a range of risk assessments had been undertaken depending on people's individual needs. Some of the people living at the home used bedrails and a detailed risk assessment had been undertaken for all the people who used this equipment in order to establish if it was safe for them to use.

People told us they received their medication at a time when they needed it. We observed that medication was administered to people in a safe way.

The building was clean, well-lit and clutter free. Measures were in place to monitor the safety of the environment.

People living at the service were supported to maintain optimum health and could access a range of external health care professionals when they needed to.

People we spoke with talked highly of the meals and the general meal time experience. They told us the food was very good and they got plenty to eat and drink.

People told us management and staff were caring, considerate and respectful. Staff had a good understanding of people's needs and their preferred routines. We observed warm engagement between people living at the home and staff throughout the inspection.

Staff told us they were well supported through the induction process, regular supervision and appraisal. They said they were up-to-date with the training they were required by the organisation to undertake for the job.

We reviewed paperwork which showed that the home adhered to the principles of the Mental Capacity Act (2005).

The culture within the service was and open and transparent. Staff and people living at the home told us the registered manager was approachable and inclusive. They said they felt listened to and involved in the running of the home.

A procedure was established for managing complaints and people living there and their families were aware of what to do should they have a concern or complaint. We found that complaints had been managed in accordance with complaints procedure.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it. Opportunities were in place to address lessons learnt from the outcome of incidents, complaints and other investigations.

Audits or checks to monitor the quality of care provided were in place and these were used to identify any areas of development for the service.

Summary of findings

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.

Good

Relevant risk assessments had been undertaken identifying each person's individual needs.

Staff showed a good understanding of what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

We observed that medication was administered safely.

Measures were in place to regularly check the safety of the environment.

There were enough staff on duty at all times. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?
The service was effective.

Good

Staff followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and got plenty to eat and drink.

People who lived at the home had access to external health care professionals and staff arranged appointments when they needed it.

Staff said they were well supported through induction, supervision, appraisal and on-going training.

Is the service caring?
The service was caring.

Good

People told us they were happy with the care they received. We observed warm and friendly engagement between people living at the home and staff. Staff treated people with privacy and dignity.

People told us the manager and staff communicated with them effectively.

Is the service responsive?
The service was responsive.

Good

People's care plans were regularly reviewed and reflected their current needs. Records confirmed that care was individualised and care requests were responded to in a timely way.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Is the service well-led?
The service was well led.

Good

Summary of findings

Staff spoke positively about the open and transparent culture within the home. Staff and people living at the home told us they felt listened to and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Processes for routinely monitoring the quality of the service were in place at the home.

Abbeygale 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 unannounced inspection took place on inspection took place on 4 and 13 of February 2015. The inspection was undertaken by an adult social care inspector.

Before our inspection we reviewed the information we held about the home. Prior to the inspection we looked at the notifications the Care Quality Commission had received about the service. We contacted the commissioners of the service to obtain their views and took into account the local authority contract monitoring reports.

During the inspection we spoke with nine people who lived at the home and one family member who was visiting at the time of the inspection. We spoke with the registered manager and six care staff. We sought the views of a health care professional who were visiting the home at the time of our inspection.

We looked at the care records for 14 people, eight staff recruitment files and other records relevant to the quality monitoring of the service. We undertook general observations, looked round the home, including some people's bedrooms, bathrooms and the dining rooms and lounge areas, on each of the units.

Good

Is the service safe?

Our findings

People we spoke with told us they felt secure living at the home and were supported in a safe way by the staff. A person said, "They [staff] went through my care plan with me and talked to me about risks and how to avoid them." Another person told us, "Yes, I feel safe. I like it here."

People consistently said there were enough staff on duty to ensure their needs were met in a timely way. One person said, "It's ok here. Everything is fine with me. Staff are always around if I need them." Another person said, "I tell the girls if I need anything. They always sort thing out for me."

Throughout the inspection we observed staff supporting people in a discreet way that ensured their safety whilst maintaining their dignity. For example, we observed staff regularly checking on people in the lounges and supporting people to move between rooms safely.

We looked at the personnel files for eight members of staff. We saw records which confirmed that a rigorous recruitment process was in place and a formal check had been carried out to confirm each member of staff was suitable to work with vulnerable adults. Two references had been obtained for each of the staff.

We reviewed how the service handled adult safeguarding. One person living at the home told us, "The staff are really lovely, I've never heard them say a word out of place." The staff we spoke with were able to describe how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. An adult safeguarding policy was in place and it was accessible to staff. A member of staff commented, "The tam are really good here. They would report anything they saw. I know I would." Staff told us they were up-to-date with adult safeguarding training. Records we reviewed relating to training confirmed this.

People said they received their medication on time. One person we spoke with told us, "I get my medication when I should. Another person told us, they were also satisfied with the arrangements for medication.

We observed the administering of medication in the morning and at lunch time. This was done in a safe way and the medication trolley was locked when left unattended. We observed that staff stayed with each person to ensure they took their medication. We talked through the home's medicines policy with one of the staff and noted the arrangements for managing medicines was carried out in accordance with NICE guidance for managing medicines in care homes. NICE (National Institute for Health and Care Excellence) provides national guidance and advice to improve health and social care.

The 14 care records we reviewed showed that a range of risk assessments had been completed depending on people's individual needs. These included a falls risk assessment and a skin integrity assessment, and they were reviewed on a regular basis.

We had a look around the building and observed that it was well-lit, clean and clutter free. Records showed that fire alarms were tested regularly and a Personal Emergency Evacuation Plan (PEEP) had been developed for each person living at the home.

We were provided with records which confirmed that regular health and safety audits were undertaken. These took account of emergency lighting, fire systems, water temperatures, infection control and equipment, such as wheelchairs and bedrails. Checks were in place for the kitchen and included food temperature monitoring and kitchen cleaning schedules.

Good

Is the service effective?

Our findings

People told us their health needs were properly assessed and access to medical care was sought by staff when it was needed. One person said, "I tell staff if I'm not right and need to see the doctor and they arranged an appointment straight away". Another person commented; "I don't know about seeing the dentist but if I needed to I would tell the staff." Another person told us about regular specialist medical treatment they needed at the hospital and how the staff at the home had ensured they attended their appointments.

We could see from the care records we looked at that local health care professional, such as the person's GP, district nurse, chiropodist or dietician were regularly involved with people when they needed it.

The people we discussed the food and arrangements for mealtimes with were very positive about the quality of the meals served in the home. One person told us, "I decide what time I get up. I can have my breakfast in my bedroom, if I want." Another person told us "I like the food here, it's always very good

The atmosphere during the meal times we observed was relaxed and calm, with staff interacting in a respectful and professional manner. Nobody was rushed with their meal. Staff were constantly chatting to the people and supporting or prompting people to eat or drink. A choice of hot and cold meals was available. We observed a person change their mind from their initial order and they were immediately offered an alternative meal.

We noted from the care records we looked at that people's weight was monitored on a regular basis to check for any fluctuation.

Staff told us they received bi-monthly supervision and an annual appraisal. The personnel records we looked at confirmed this. The records also confirmed staff received an in-depth induction when they first started.

We could see from the care records that consent was sought from people or a family member for taking photographs and access to their care documentation. The care records we looked at showed that the person or a family member had signed to indicate they had seen their care plan.

We looked to see if the service was working within the framework of the Mental Capacity Act (2005). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We could see from the care records that advance care planning (ACP) was in place for some people. ACP is a structured discussion with people and/or their families and carers about their wishes for the future, particularly in relation to end-of-life treatment and care. These showed that the GP had discussed the plan with families if the person lacked capacity.

The staff we spoke with had limited understanding of the detail of the Mental Capacity Act and told us they had not received training in this area. We discussed this with the registered manager who advised us that training had been organised for all staff early in 2015.

The registered manager confirmed that nobody living at the home was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

Good

Is the service caring?

Our findings

Throughout the inspection we observed staff supporting people in a caring, respectful and dignified way. Care was provided based on people's individual needs and this was particularly evident in the way staff supported and engaged with people during meal times. During the inspection we observed staff knocking on people's bedroom doors before entering. We also heard staff explaining to people what was happening prior to providing care or support.

The staff we spoke with as part of our inspection showed a clear understanding of the health care needs of the people who lived at the home. Staff told us how they encouraged people to make choices, such as choosing what to wear or what to eat.

A healthcare professional who was visiting at the time of our inspection was complimentary about the staff and said the staff were good and always helpful.

All the people we spoke with were very positive about the care they received at the home. One person said, "I've been in a few places but this is the best. You get lots of help and the staff are always really nice." Another person told us, "The staff are always really kind and respectful. I have never had such nice people looking after me and I've been in a few places."

People told us they could have visitors whenever they wished. A person said, "My granddaughter sees me every week; she can visit any time." A family member we spoke with supported this. The person we spoke with told us, "I can visit any time. The staff have never objected whatever time I turn up."

We heard from people that staff involved them in discussions about their care needs. One person said, "The staff went through my care plan with me. We have meetings and I can say how I feel about things. The care records we looked at confirmed this level of involvement with care planning.

Good

Is the service responsive?

Our findings

Throughout the inspection we observed staff responding to people's requests and needs in a way that was individual to them. People living at the home said they were satisfied the care was provided in a way that they liked. One person said, "I'm happy here, I have no regrets about coming to stay here. The staff always talk to me about my needs."

The majority of people were satisfied with the variety of social and recreational activities available. Chair exercise sessions, bingo and quizzes. People told us they had opportunities to have a trip out in the mini bus.

The staff we spoke with demonstrated a person-centred attitude in the way they spoke about how they supported people. A member of staff said, "If someone asks us for something we do our very best to get it for them as quickly as we can." Staff told us they reviewed people's care each month by discussing the care plan with the person it was about or their family representative. The care records we looked at confirmed the care plans were reviewed each month.

The level of person-centeredness we observed and heard was fully reflected in the care records. Information about people's lives, hobbies and interests was recorded for each person. We looked at14 current care plans and found that they captured information about what is important to the person and offered guidance to staff on how best to support the individual.

The people we spoke with said if they were concerned about anything they would not hesitate to approach the registered manager or staff. We observed that a complaints procedure was in place and the family member we spoke with was aware of this procedure. The person we spoke with told us they could also raise any concerns direct with the registered manager. The person we spoke with said; "If I had a complaint I know what to do and who to see."

Staff told us any learning from complaints or changes as a result of a complaint was shared with them at staff meetings. The registered manager confirmed this but added that feedback from complaints was also shared at staff handovers. The registered manager advised us that the home received very few formal complaints as any concerns were resolved before they became a complaint.

The registered manager maintained a log of the complaints and we observed that complaints were responded to in accordance with the procedure. The outcome of each complaint was recorded, including any further action taken.

Good

Is the service well-led?

Our findings

People living at the home were pleased with the current management arrangements of the home. They said the registered manager was approachable and involved them in decisions. A person said. “The manager is really a lovely lad.”

Residents and relatives meetings’ were held every three months. We looked at the meeting minutes from 19 June 2014 and it was clear that the views of people and their families were sought regarding developments within the service. For example, they were consulted about social activities. We could see that some of the agreed changes had been made since the meeting. In addition to these meetings, views about the service were also sought through the feedback survey. We looked at the returned survey questionnaires and the feedback was positive.

Staff told us an open and transparent culture was promoted within the home. They said they were aware of the whistle blowing process and would not hesitate to report any concerns or poor practice. They were confident the registered manager would be supportive and protective of them if they raised concerns.

We asked staff what they thought the service did well and heard there was good team work, high standards of care, plenty of entertainment and that the people living there were happy. We asked what could be improved upon and were informed that communication systems regarding change could be developed so that part-time staff received information about day-to-day changes more effectively.

We asked similar questions of the registered manager who told us the priorities since May 2014 had been staffing issues, including the recruitment of staff. Going forward, the registered manager was considering the most effective way to include people living at the home and families in the recruitment of new staff. Another priority identified concerned converting the double rooms into single room use. The registered manager recognised that work needed to be prioritised around improving the care records, most notably the care plans and the documentation associated with consent and the Mental Capacity Act (2005).