

Care Matters (S.E.) Limited

Abbey 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?	Requires Improvement ●

Summary of findings

Overall summary

Abbey Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Abbey Lodge provides care and support for up to 18 people living with past and present mental health needs and people who are living with a dementia. People cared for also have additional physical and health care needs. This included people living with a learning disability, multiple sclerosis and Huntington's Chorea. The care home comprises of two separate buildings one known as the House and one as the Bungalow. These are used flexibly to accommodate people with similar care needs and to ensure people with physical needs are accommodated in rooms of a suitable size and design. At the time of this inspection six people were living in the Bungalow and 11 were living in the House.

This inspection took place on 17 and 22 January 2019. The first day of the inspection was unannounced, this meant staff did not know we were coming. The previous three inspections rated Abbey Lodge as Requires Improvement.

We had previously carried out an inspection in March 2015 where we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We returned in August 2016 where we found improvements had been made and regulations had been met. However, further improvements were needed in relation to staff training and supervision. We inspected the home again in November 2017 and we found improvements had not been embedded into practice and additional concerns were identified. The provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff training and practice followed in the service did not ensure all types of possible and potential abuse were recognised and reported to the appropriate authorities. Accidents and incidents were not used effectively to reduce risks for people. Suitable guidelines were not always in place to guide staff on the safe and consistent administration of medicines. The level of training provided had not ensured all staff had the required skills and competencies to look after people effectively. The care documentation and records did not always provide staff with the information and guidelines to provide person centred care. The quality monitoring systems did not always establish best practice or identify all areas for improvement.

Following the last inspection, we met with the provider and registered manager. The provider sent us an action plan and regular updates on the progress being made to ensure the regulations were being met. At this inspection we found a number of improvements had been made and the regulations had been met. We asked the provider to make further improvements to ensure people's records were consistently well completed. We rated the service Good.

The service had a registered manager. 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.

Improvements were needed to ensure people's records were accurate and always reflected the care and support people needed and received. This would ensure information about people was used appropriately to inform the care provided. Despite this, staff knew people well and had a good understanding of them as individuals and the care and support they needed. People received care that was person-centred and met their individual needs and choices.

Staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse or discrimination. Staff understood the risk associated with people's care and support. Risk assessments were used to minimise any risk and any accidents were responded to appropriately. Staff reacted to behaviour that challenged in consistent way to support people's safety. Systems were in place to ensure medicines were ordered, stored, given and disposed of safely. Individual guidelines for people's medicines were now in place. There were enough staff, who had a good understanding of people's needs, working to provide the support needed.

Staff training had been developed and improved and now ensured staff received a varied programme to provide them with the skills required to support people safely and effectively. For example, staff had undertaken additional training on dementia that had included the use of virtual reality goggles to give them a deeper understanding of people's experiences.

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff understood DoLS and what may constitute a deprivation of liberty and followed correct procedures to protect people's rights.

People told us they were satisfied with their care and support and were looked after by staff who knew and understood their individual needs well. Staff were kind and treated people with respect, promoted their individuality and independence whenever possible. People's comments included, "The staff are excellent, they can't do enough for you," "It has made a difference to the quality of our life living here," and "The staff have a real understanding of my medical condition here which is very helpful and encouraged me to come here."

People and relatives were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be.

Staff supported people to eat what they wanted but monitored the suitability and safety of what they ate. Preferences and specific diets were provided to ensure people's health and safety was maintained. People were supported and encouraged to take part in a range of activities maintain their own friendships and relationships with whoever they wanted to. There was a focus on enhancing people's lives with activities that were special to them. For example, staff were contacting a number of stables so a person could go and be with horses again which had always been part of their life.

The provider had established improved quality monitoring systems. These had been used to identify areas for improvement, which had been documented through monthly reports.

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 safe.

Staff handled medicines safely.

Staff understood the risks associated with the people. Risk assessments were used to minimise risks and any accidents were recorded and responded to.

Staff understood how to safeguard people from the risk of abuse and discrimination.

Recruitment practices ensured all the required checks on staff had been completed before they worked unsupervised. There were enough staff to meet people's care and support needs.

The provider had established systems that promoted a safe environment.

Is the service effective?

Good 

The service was effective.

Staff received training and supervision to deliver care in a way that responded to people's individual needs.

Staff had an understanding of the Mental Capacity Act 2005 and DoLS and the registered manager involved the appropriate authorities when people were thought not to have capacity to make specific decision.

Staff ensured people had access to external healthcare professionals, such as the GP and specialist nurses as necessary and had established good links with local community resources.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were kind and caring staff. Relatives were made to feel welcome and encouraged to stay.

People were supported to maintain relationships and friendships that were important to them.

People had their privacy and dignity respected.

Is the service responsive?

Good ●

The service was responsive.

People received support that was person-centred and met their individual needs and choices. Staff knew people well and understood their needs.

People took part in a range of activities that were tailored to their individual needs and that they enjoyed.

A complaints procedure was in place and complaints were responded to appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Some records were not accurate and did not always reflect the care and support people needed. The provider had not identified how the needs of people with a learning disability were being met.

The registered manager was well thought of and supportive to people and staff.

Quality assurance systems helped to identify where improvements were needed across the service.

Abbey 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.

The first day of inspection visit took place on 17 January 2019 and was unannounced. The inspection team consisted of two inspectors, 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. The second day of inspection took place on 22 January 2019 and the registered manager was advised of this visit.

Before our inspection we reviewed the information, we held about the service. We considered information we had been given, including telephone contacts, share your experience forms which are generated when people contact us online, safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider completed 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.

Before the inspection we spoke with the local authority who commissioned care for people from the service. During the inspection we talked with 10 people who used the service and three visiting health care professionals, including a GP and two specialist nurses. We spoke with the provider and various staff members including the registered manager, training and activities co-ordinator and eight care staff. Following the inspection, we spoke with two people's representatives and one further social care professional.

We spent time observing staff providing care and support to people in areas throughout the service and observed people having lunch in the dining room. We reviewed a variety of documents, which included people's care plans and associated risk and individual need assessments. This included 'pathway tracking' people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture

information about a sample of people receiving care. We looked at five recruitment files, and records of staff training and supervision. We viewed medicine records, policies and procedures, systems for recording complaints, accidents and incidents and quality assurance records.

Is the service safe?

Our findings

At our inspection in November 2017 this key question was rated Requires Improvement because staff training and practice followed in the service did not ensure all types of possible and potential abuse were recognised and reported appropriately. Accidents and incidents were not reviewed and used to reduce future risk to people. Clear procedures to support the safe administration of PRN medicine were not in place. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection found appropriate procedures were being followed and staff practice had improved. We found the regulation had been met.

Staff had received training on safeguarding adults and understood their individual responsibilities to safeguard people. Staff were confident in recognising and reporting any safeguarding concern. Care staff told us they would raise any concern initially with the registered manager. If they were not available they would approach the provider and knew the appropriate referrals and contacts to make, to ensure concerns were dealt with appropriately. The registered manager worked with relevant organisations to ensure appropriate outcomes were achieved and people remained safe. Information about safeguarding concerns and outcomes were shared with staff where appropriate. This helped to ensure they were aware of what steps to take to prevent a reoccurrence.

There was a system to record any accident or incident. Forms used were fully and clearly completed confirming the action taken by staff following the event. The forms were also reviewed by the registered manager to ensure appropriate actions were taken and included appropriate referral to other organisations as necessary. This demonstrated accidents and incidents were used to review any risks that could be minimised or removed. For example, one accident documented led to a person agreeing to use protective equipment.

Staff had a good understanding of the risks associated with supporting people, there was a range of risk assessments to guide and support staff. These included risks related to behaviours that may challenge, nutrition and safety. Staff knew the importance of supporting people in a consistent way. A visiting professional told us staff were vigilant to the risks associated to one person's behaviour and ensured they were safe inside and outside of the service. Staff ensured any items that could be used inappropriately were not available. Some risks meant two staff needed to be with people at particular times. We saw this was reflected in the people's care plans and in practice.

People received their prescribed medicines safely. Medicines were stored and disposed appropriately with senior care staff member was allocated the responsibility of ordering medicines. Staff were trained on the handling of medicines and the competency of staff was assessed routinely. Staff told us they only gave medicines once trained and assessed as competent to do so. We observed medicines being given safely. When giving medicines staff introduced themselves to the person, and explained what they were doing. Medicines were administered on an individual basis with the Medicine Administration Record (MAR) chart

only completed once people had taken their medicines. Staff gave people time and support to take their medicines without rushing. There was guidance for staff about how each person liked to take their medicines. Individual requirements were responded to. For example, one person had their medicines at particular times and staff adhered to these. Some people had been prescribed 'as required' (PRN) medicine. People only took this when they needed it, for example if they were in pain or anxious. There was guidance to ensure these were given in a consistent way by staff.

People told us they felt safe living at Abbey Lodge. They felt secure with the service being well maintained and told us there was enough staff. They felt attention was given to the safety them and their environment. One person said, "I feel very safe. The attention to detail is good. There is security in the home and in our rooms." Another person said, "There are enough staff, regular staff too. They come quickly if you ring your bell." A third person said, "There is always someone around, there are regular fire alarms." Visiting professionals told us the service was safe with the environment adapted to support people's safety.

Both buildings were light, airy and tidy. The provider had ensured the service was clean and assessed for possible environmental risks with maintenance issues identified and responded to. Systems were in place to ensure the service was secure. There was a system that identified maintenance and repairs required which were progressed in a timely fashion. Equipment was checked and maintained and included fire safety equipment. Risks associated with fire were assessed and minimised. For example, people only smoked in designated areas. Personal emergency evacuation plans (PEEPs) had been completed on each person and ensured staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. Staff received training on infection control and followed procedures that reduced the risk of cross infection. For example, staff used protective personal equipment (PPE) such as aprons and gloves when needed. Hand hygiene was promoted with hand washing and sanitizers placed at key areas in the service. A cleaner worked with staff to maintain a clean and safe environment. For example, care staff were seen to respond to spillages to reduce the risk of slipping.

Staff recruitment records showed a number of checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the service. These checks included obtaining references, identity checks and completing a Disclosure and Barring Service (DBS) background check. The DBS identify if prospective staff had a criminal record or were barred from working with children or adults. Staff completed an application form, showed proof of identity and the right to work in the UK. Potential staff underwent a formal interview as part of their recruitment and written references from previous employers had been obtained.

There were enough staff to provide the support people wanted. The staffing levels were flexible and the registered manager was able to change these levels taking into account people's changing needs. Extra staff were provided to ensure people's emotional and recreational needs were responded to. The bungalow and house were staffed separately, however staff could be deployed in either area of the service. People and staff told us there were enough staff to respond to people's needs on an individual basis. One person said, "There is always staff around." The registered manager was satisfied that the staffing was suitable to respond to all needs, additional cover was provided by an on-call arrangement. This was to respond to emergency situations. Visiting relatives told us there was always staff available to talk to and respond to any questions.

Is the service effective?

Our findings

At our inspection in November 2017 this key question was rated Requires Improvement because the staffing team was not consistent and had not received thorough training and supervision to ensure they had the appropriate skills, qualifications, competence and experience to undertake their designated role in the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection found that a stable work force had been established. Staff now working in the service had been trained and supervised to establish expected skills and competencies. We found the regulation had been met.

Staff recruitment had been successful and a team of regular staff was now working in the service. A dedicated training and activities co-ordinator had been employed and had reviewed the training provided. This had included a review of staffs' competency and skills. They had worked closely with Skills for Care who had provided support and advise on tailoring suitable training frame works. Skills for Care are an organisation that provide resources on training and development. Promoting appropriate training to ensure health and social care workers working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

A training schedule had been established and delivered to ensure all staff had completed a rolling programme of essential training. New staff received a full induction that included an assessment of their knowledge and understanding through written assessment and observations. They worked with senior staff until they were confident to work unsupervised. Training was varied and included practical training and support to enable effective care. For example, moving and handling included the use of equipment in the service. We saw this training had been transferred into practice when watching staff use this equipment safely. Virtual reality headsets had also been used when training staff. These were an excellent training tool and gave staff a greater understanding of people's reality, a useful tool when supporting people with a dementia.

Staff training was used to develop staff skills and interests along with meeting people's individual needs. For example, one person had a specific disease that was progressive changing their dependency. A specialist nurse came to the service regularly to provide tailored training on meeting their individual needs in person centred way. Other staff were being developed to take lead roles(champions). For example, one staff member was completing additional training on infection control and another staff member was to take forward a special interest in 'end of life care'.

There was a supervision program and staff received regular supervision. Supervision was seen as an important tool to monitor, support, assess, and evaluate staff performance and identify any areas where further support or development was required. In this way staff support and training was tailored to individual staff. For example, when staff had different learning styles these were accommodated with additional one to one training and support if required. Staff told us they felt well trained and supported, and

could discuss any concerns with the registered manager during supervision. One told us, "Very supportive staff and management. Training is helpful and I am doing dysphasia training this week." Another said, "Very happy here, really good training, very good, both classroom and on-line. Mandatory training is completed, some is e-learning. We have had dementia training and stress management. Supervision is every six weeks."

Staff had completed training on the Mental Capacity Act 2005 (MCA) and on the Deprivation of Liberty Safeguards (DoLS). The service had appropriate policies and procedures on this subject that staff could refer to for advice and guidance. The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of consent and were clear how they would ensure people understood and had agreed to any care or support offered before providing it. Staff told us they often had to return to people who had declined care to offer again. In this way people were encouraged and supported to receive the care they needed. The registered manager discussed when DoLS applications had been applied for. She had made a number of applications where people had been assessed not to have capacity to make certain decisions about their care, support and safety and were under constant supervision. These applications had been accepted and she was in contact with the DoLS assessment team with regard to their approval. Throughout the inspection we saw people were asked for their consent and supported to make their own decisions.

The services environment was adapted to meet people's individual needs. Most rooms were large and corridors were wide to accommodate people with poor mobility and the use of mobility aides including electric wheel chairs. Good planning and design can help in making it easier for people to interpret and navigate a service in safety, and the use of colour and contrast can be used in different ways to assist in this. Colours had been used to highlight areas within the service, including doorways and hand rails. Signs around the service were also used to orientate people as to where they were.

People were supported to have enough to eat and drink when and where they wanted. For example, breakfast was provided on an individual basis and included a cooked breakfast if wanted. One person chose to have a bacon sandwich. Staff were available to support people with their meals and encourage them to eat safely. For example, one person rushed their meals and staff were patient with them reminding them to eat and drink slowly. Individual food choices were promoted and people were involved in planning the weekly menus. The main evening meal was a frozen ready-made meal which was provided by an outside catering company. One person had their own fridge and freezer and was in control of varying their daily diet. Mealtimes were relaxed and informal and ensured people participated in meal times as they wanted. For example, eating as a group or in private. People were positive about the food and the choices provided. One person said, "Food is wonderful, we get a choice, good quality, very nice, they would soon know if it wasn't!" Another said, "There is plenty to eat, snacks in-between too. I can make some things, a cup of tea supervised by staff is encouraged." A third said, "We eat in the dining room usually, mealtimes are a positive experience, we have china dishes."

Peoples nutritional and dietary needs of people were assessed and responded to. When people had specific needs, professional advice was sought. Additional support and monitoring was put in place and recommended changes to food and drinks were implemented. For example, meals were softened according

to the Speech and Language Therapist's directions and meals were supervised to reduce the risk of choking. Staff had a good knowledge of people's dietary choices and needs.

People were supported to maintain and improve their physical and mental health. One person said, "A doctor comes here and the chiropodist visits regularly, she is brilliant." Staff recognised the importance of responding to both and supporting people in maintaining all their health needs. Staff supported people to attend health appointments. On the day of inspection, a staff member accompanied a person to an optician's appointment. Staff had a good relationship with the local GPs and involved them at an early stage with any changes in people's health. A visiting GP told us staff were vigilant and always contacted them if they had a concern. Staff worked with a variety of health care professionals to support people's health. This included the district nurse, community nurses, specialist nurses who gave valued input for people with complex care needs. Staff shared information with each and ensured any advice from health care professionals was followed by staff. A specialist nurse told us, "I feel the staff work with me understanding when my client needs extra health support from me."

Is the service caring?

Our findings

People were supported by staff they knew and liked. Staff demonstrated a cheerful and caring approach. People told us they enjoyed the company of staff. People said, "The staff are excellent, they can't do enough for you," and "I have a laugh and a joke with them, they are great." A relative said, "Staff could not be nicer." People had developed positive relationships with staff and they shared meaningful conversations. Another relative said, "They like the staff, they have got to know them well and they can talk to them about anything." Staff showed a genuine interest in people and in promoting their welfare. One staff member said, "I love working here with the residents. It is rewarding seeing them achieve things." A visiting health care professional told us staff, "Showed a real caring approach to people."

Staff supported people to maintain contact with family and friends and to develop new relationships. Staff recognised that maintaining these links were important to people and facilitated contact and private time. Relatives told us staff were caring, attentive and always made them feel very welcome during their visits. One relative told us, "Staff take account of my feelings during my visits. They make sure my daughter is ready, looking nice and respect our time together."

People's privacy and dignity was promoted. People's bedrooms were seen as people's own personal area and staff respected this, only entering with permission. Rooms were provided with locks so people could secure their own room if they wished. Rooms reflected people's choices and how they wanted their own room to look. Some were individually decorated with vibrant colours. Others had personal pictures and individual possessions. For example, one person had important items to them spread over their floor. Staff recognised this was their individual choice and important to them.

Peoples' equality and diversity was respected. People's rights to form new relationships was respected and supported. People were given time alone and staff did not put unnecessary restrictions in place. Staff adapted their approach to meet peoples' individualised needs and preferences. People had access to all areas in the service including the garden and café area. This ensured equitable access to facilities and activities provided in the service.

Staff had a good knowledge and understanding of the people they supported and knew about their past life's and interests. This enabled staff to engage with people in a meaningful way and to understand what was important to them. For example, staff supported people to look the way they wanted to. Some people liked to have their hair dyed and their nails painted. A relative told us this individual attention made them feel 'special'. People were supported to be as independent as possible and make their own choices and decisions. Staff used their knowledge of people to enable them to make choices and decisions throughout the day. This included how people spent their day and what time they did things. Staff prompted and encouraged people to do what they could for themselves and develop their skills and abilities. A visiting health professional told us staff supported one person to help with food preparation. This had had a positive outcome with this person 'feeling useful and gaining a sense of purpose'.

Staff enjoyed their work and were well supported. They felt valued as a team member and as an individual.

The provider had promoted caring principles throughout its service this included the support for staff. A staff member told us, "I absolutely love it here. Supportive staff, provider and manager, everybody looks out for each other." A supportive team was evident. One staff member suffered with anxiety and this was highlighted with the inspectors. The staff member wanted this raised and had asked another staff member to do this. Taking account of people's and staffs differences showed a caring service. Confidential information was handled appropriately by staff and this included the use of any electronic information. Staff understood their responsibilities in managing people's confidentiality. The office computers were secure and access to the office was limited to ensure people's written information and any confidential conversations between staff were not overheard by people.

Is the service responsive?

Our findings

At our inspection in November 2017 this key question was rated Requires Improvement because the care documentation did not always provide clear information on the care and support needed. Or guidelines for staff to follow to provide person centred care and support. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection found the care documentation had improved and now supported staff to provide care and support in a more person-centred way. We found the regulation had been met.

People received support that was responsive to their needs. When people showed signs of agitation staff responded appropriately. Their approach was measured, patient and kind. They used their skills to calm any situation and engage people with something that interested them.

A relative told us, "Staff look after people really well. They know and understand people and their wishes." Another said, "They know her needs well, they work with the specialist nurse to ensure care is correct. They have also involved a SALT for concerns around choking." People felt they were supported in an individual way. One person said, "I have personal care provided. This is as I want it and when I want it." Visiting professionals told us staff were in regular contact with them for advice and guidance.

Staff were vigilant to people's needs and took action to respond to any changes in people's health. For example, staff had contacted a GP to review the health of one person who seemed to be less mobile and 'just not himself'. One staff member recognised when a person's behaviour or mood changed and contacted the mental health team for support. This ensured suitable early interventions were started. When professional advice was given this was shared with staff and recorded within the care documentation. For example, clear guidelines were in place to respond to a person's risk of choking and included guidelines for staff to follow that included the need for close supervision. Care plans were individual and recorded people's own comments on the content of the care plan. Where people had specific conditions, information on these were held within the care records to inform staff. This included information on medicines people were taking. Staff talked about the individual approach they took with people and one said when talking about a person. "It's important she is in control so we have to find the balance between caring and her independent actions and thoughts. She wants space and it's not for us to take that away. Her care plan shows what a full life she has had and we must respect that, as for everyone here."

People's needs were fully assessed before they moved into the service. Consideration was given to how any new admission would impact on other people living at Abbey Lodge. The service promoted a home like environment where people felt comfortable. It was key that people living in the service got on well and their health needs did not impact on each other in a negative way. The registered manager took account of this during the admission process and when people's needs changed.

There were systems in place to record any compliments, concerns or complaints. The complaints procedure was displayed in the service. People and their representatives were confident that complaints were listened to and responded to appropriately. One relative told us, "Anything you raise is sorted quickly. For example,

we bought a TV. It had not been mounted on the wall when we visited. The maintenance man said that he should have done it and did it straight away."

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training staff had identified the communication needs of people. Communication was a key area of the assessment tool used. The care plan described how communication needs were to be addressed. Staff had tailored individual communication skills with people. One relative told us, "As they know them so well they understand what they are saying more than I do." Any written information was explained to people in an individual way and easy read documents were available.

Engagement with meaningful activities is important for people to promote their level of wellbeing. The provider recognised this need, and had developed activities and opportunities for people to enjoy social and emotional interactions. The activities co-ordinator worked closely with people and staff to tailor specific activity and entertainment that met people's individual need. They were motivated and committed to identifying interests for people to ensure they could all benefit from different forms of engagement. Individual assessments were completed and included information on people's interests, hobbies, vocation, beliefs, goals and aims. These assessments took account of people's diversity and how people were different. Individual goals explored included a visit to a brewery and plans were being arranged for one person to visit the local fire station. One person told us, "We have done some wonderful things here over the past year." Another said, "They encourage our own interests like music." A third said, "I am going shopping to M and S tomorrow."

People at Abbey Lodge benefitted from a café' facility adjacent to the care home where people could spend time listening to music and chatting while having a drink. A mini bus was also provided and had been used for group and individual trips. People enjoyed contact with animals and a group of small animals were brought to the service each month. A chicken coop was being built and people were to be involved in the rearing and caring for the chickens. One person said, "We are getting chickens soon which will be lovely." An activity programme was arranged and recorded on a weekly planner. The activities co-ordinator told us, "The weekly planner is not always adhered to depending on what people want to do. Daily activities include, card games, table games, music, adult colouring, pottery, and cooking. We acknowledge important days, for example, some of us made poppies for remembrance Sunday."

Staff were receiving support and training to respond to peoples end of life needs. Staff told us people had expressed a wish to stay at Abbey Lodge for the rest of their life and to die there. Some staff had recently attended end of life care training provided by the local hospice. The plan was to role this training out and to allocate a staff member to become a champion for end of life care. This would support people to end their lives where they wanted to whenever possible.

Is the service well-led?

Our findings

At our inspection in November 2017 this key question was rated Requires Improvement because the management systems, that included quality monitoring, did not support, safe and best practice was followed in all areas. Quality monitoring systems had not identified when records were not completed in a consistent way or that staff training was not being maintained to a level that ensured staff had the required skills and competency to look after people effectively.

The provider and registered manager had not ensured areas raised in previous inspection reports had been fully addressed. They had not established systems to ensure the service was compliant with the regulations. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection found the management systems and quality assurance measures had improved. They were being used to monitor and improve the service and to measure the service against the regulations. We found the regulation had been met.

However, we found some areas needed further improvement and time for improvements made to be embedded into practice. Some records were not accurate or up to date. For example, one person needed additional care and support to ensure the risk of skin damage was reduced. Although suitable measures including advice from a specialist nurse had been sought. This had not been reflected within the care documentation. Risk assessments and body maps were completed but not always used to inform the care records. For example, risks associated with skin damage were not reflected within the care plans. Each person had a record of their medicines within their care documentation. These were not accurate as they had not been updated when medicines were changed. Some people were prescribed topical creams. Records relating to these were not accurate for everyone and details on how they were to be applied were not clear. These areas were identified to the registered manager for improvement. We did not find that this inconsistency in records had impacted on the care provided at the time of this inspection. Following the first inspection day the registered manager reviewed the medicine records to ensure they were up to date.

Some people admitted to Abbey Lodge with mental health conditions also lived with a learning disability. CQC have developed guidance for services who look after people with a learning disability. This is called Registering the Right Support. The service worked with the community learning disabilities team to ensure these additional needs were responded to. However, the registered manager was not familiar with the guidance and the Statement of purpose (SOP) did not address how the provider would ensure the service embraced the values that underpin Registering the Right Support. These values include choice, promotion of independence and inclusion. This is so people with learning disabilities and autism using the service, can live as ordinary a life as any citizen. The provider was advised of this area that needed improvement. The SOP is a document the provider must produce. It contains key information on the provider's aims and objectives, the kind of service and the range of service users. Following the inspection, the provider confirmed the SOP was being updated.

There had been changes to the management team and structure. This had provided the opportunity to develop a cohesive team that worked well together with delegated roles of responsibility. The registered manager was central to this team and worked at the service most days. They had a high profile in the service and demonstrated a commitment to improving and developing a quality service. She knew people well and was respected by staff. People, visitors and staff spoke highly of the registered manager and how the service was managed. One person said, "We see a lot of the manager. She is approachable and sorts things out quickly. Another said, "I know the manager, she is great." A relative told us, "I am very confident the management."

The service had a clear set of values and a philosophy of care that staff were familiar with. The values included enabling people to have the best quality of life possible in a safe and comfortable environment with dignity and respect. The service's values were explained during induction training and revisited at staff meetings, supervision and general contact with staff. Staff could tell us what the values meant to them. For example, "We provide person centred care that allows people to do what they want, but in a safe way."

There was a positive culture in the service. Staff told us they were happy in their work. They demonstrated a clear commitment to improving people's lives and ensuring Abbey Lodge was a place where people enjoyed their lives. Staff felt supported and appreciated, they were positive about the management and their colleagues. There were regular staff meetings and these were used to identify any concerns, inform staff about changes and planned improvements. These meetings allowed for discussion and communication with staff. One staff member said, "I love working here, every day is different. We all work together." There was an on-call arrangement and staff were confident that if they contacted senior staff or the provider for support and guidance they would be available. Staff knew about 'whistleblowing' and how to contact external agencies if they needed to. People benefitted from a relaxed and supportive culture. One person said, "The atmosphere is brilliant here, I am very happy."

The provider was involved in the management and monitoring the quality of the service, and had established a number of quality tools to enable this in an effective way. The registered manager oversaw the completion of some audits and ensured health and safety checks were completed. The provider completed a full monthly report and spoke to people and staff to gain their experience. They had also commissioned a quality report by an external organisation that had assessed the service against the regulations and the CQC standards. The provider used information gathered to improve the service. For example, a recent monthly audit had identified the need to record verbal complaints fully to improve the service's handling of complaints and compliments. The provider had also identified the need for further improvement on the use and completion of the care documentation. A new electronic care planning system was to be introduced in the near future.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.