

# Reliance Care Homes Limited

# Abbegale Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

This unannounced inspection of Abbegayle Lodge took place on 15 & 26 May 2017.

Abbegayle Lodge is a residential home which can accommodate up to 41 people. The home is split into three sections, residential, referred to as 'The Lodge' residential EMI referred to as 'The Unit' and younger adults with mental health needs, referred to as 'The Villa.' At the time of our inspection there were 27 people living across the three separate areas of 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. The registered manager was on leave during our inspection.

We raised some concerns during the first day of our inspection with regards to the maintenance records in one part of the home, the Lodge. We were unable to locate some of the checks which we would expect to see, for example, the water temperatures and legionella checks. We were able to view some these on the second day of our inspection however, we identified some concerns. We have since been sent some additional information from the registered manager.

Some of the quality assurance procedures were of good standard, and audits (checks) were completed in care planning, falls, safeguarding's, cleaning and health and safety. However, these audits failed to highlight some of the issues concerning health and safety checks that we found during our inspection.

There were mixed responses with regards to staffing in all parts of the home. Our observations showed that there were enough staff to support people safely, however, some staff raised they were often short in numbers and found it difficult to manage. People we spoke with who lived at the home told us there was enough staff to support them with their day to day needs. We have made a recommendation regarding this.

We received mixed responses regarding the food served at the home. Some comments indicated there was not always enough variety of food being served and the food was not always good quality. We sampled the food ourselves and found it to be of a good standard, and menus were varied and balanced.

The home was working in accordance to the principles of the Mental Capacity Act and DoLS (Deprivation of Liberty Safeguards) however, some information recorded in care plans was not always accurate. We have made a recommendation regarding this.

There was a process in place to ensure staff were suitably recruited to enable them to work with vulnerable people. This included a police check, (referred to as a DBS) which standards for disclosing and barring service. Two verified references for staff, and proof of identification.

Staff were able to describe the course of action they would take if they felt someone was being harmed or abused, and all staff had been trained in safeguarding.

Risk assessments were reviewed every month, and written in way which explained what the risk was to the person and how the staff should manage the risk.

Medications were well managed and stored safely. Regular stock balance audits took place on medication by the registered manager and supporting pharmacist.

Training was recorded for each staff member in the home's training matrix. Training was a mixture of classroom based courses and E-learning sets. All new staff completed a twelve week induction processes.

People had regular input from district nurses when they needed it as well as other medical professionals. The home was member of the Care Home Innovation Programme (CHIP) and made use of this facility.

We observed kind and caring interactions between staff and people who lived at the home. Staff spoke kindly and fondly about people, and demonstrated a good knowledge about them, their likes and their needs. People told us they liked the staff and felt that they were kind to them.

There was information recorded in people's care plans which was person centred. Person centred means based around the needs of the person and not the service. Information we looked at described what the person liked to do and how they liked their routine to be followed.

There had been three formal complaints documented in the last 12 months. We saw the complaints procedure clearly displayed, and everyone we spoke with told us they knew how to make a complaint.

People confirmed they knew who the registered manager was. Team meetings and resident meetings took place, however everyone we spoke with told us they had not attended a resident meeting. Feedback was gathered from people who used the service and their families.

We saw all notifications with the exception of one had been sent to CQC. We discussed this with the registered manager after our inspection and spoke to the senior care staff at the time of the inspection.

You can see what action we told the provider to take at the back of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Some maintenance checks in the home were not being completed accurately. Some of these concerns were addressed on day two of our inspection and afterwards.

There was mixed responses regarding the number of staff on duty at the home. Staff told us they sometimes struggled to manage with the current numbers and gave examples of when this was the case. We have made a recommendation regarding this.

Staff understood what constituted as abuse and when and how they should report safeguarding concerns.

Staff only commenced employment once suitable checks had taken place and references had been received.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

The principles of the MCA were not always being followed in the most effective way. We have made a recommendation regarding this.

There were some mixed responses in relation to the quality and choice of the food at the home.

Staff training was up to date and staff were regularly sent on course refreshers. New starters completed an induction programme.

Staff were regularly supervised and had received an appraisal in the last twelve months.

**Requires Improvement** 

### Is the service caring?

**Good** 

The service was caring.

We observed kind and familiar interactions between people who lived at the home and the staff who supported them.

Staff were able to demonstrate a good knowledge of the people they supported.

There was advocacy information available for people who wished to access this service.

People's personal and confidential information was kept secure and people's privacy was respected.

### Is the service responsive?

Good 

The service was responsive

Information was personalised and focused on what people's preferences, likes and dislikes were. People could choose whether they wished to be supported by male or female care staff.

There was a complaints process in place and this was displayed around the home. People told us they knew how to complain.

### Is the service well-led?

Requires Improvement 

The service was not always well-led

There were processes (checks) in place to ensure service provision however the health and safety audits were not always effective. We have made a recommendation regarding this.

We had received most notifications in line with regulatory responsibility, however there was one notification the registered manager had not sent to us.

There was a process in place to gather and analyse the views of people and their family members in the form of a yearly feedback questionnaire.

Most people said they liked the registered manager. There were regular staff meetings.

# 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 15 & 26 May and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience with particular expertise in care for older people living with dementia.

Before our inspection visit, we reviewed the information we held about Abbegale Lodge. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who used the service. We also emailed some social care professionals to see if that had any information they wished to share with us. We received no feedback. We also accessed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We saw there had been a concern raised with us concerning the staffing levels at the home, so we checked this as part of this inspection.

During this inspection we spoke with ten people living at the home, three visitors, seven members of staff, the two senior care staff, the chef, the activities coordinator and the maintenance person. We looked at three people's care plans and associated documentation, four staff recruitment folders, and other documents relating to the safe running of the home.

## Is the service safe?

### Our findings

Systems were in place to maintain the safety of the home. This included health and safety checks and audits of the environment. A fire risk assessment had been completed and people who lived at the home had a PEEP (personal emergency evacuation plan). Safety checks and service agreements were in place for equipment and services such as fire prevention, hot water, legionella, gas and electric installation. We checked some of this paperwork as part of our inspection. We saw that on more than occasion throughout the month of April and May the hot water temperatures for the basins in some people's bedrooms in The Lodge was above the recommended temperature by three or four degrees. This meant that people may be at risk of scalding themselves if they used the hot taps in their bedrooms as the water could potentially become hotter. We checked to see if this had been reported and rectified, however there was no action documented. Our discussions with the senior care staff and the maintenance person confirmed that no action had been taken to attempt to rectify the problem. This was actioned on the day of our inspection and reported using the appropriate methods. We have since received an email from the registered manager confirming that this is now rectified.

We also checked the legionella risk assessment for the home. We saw there had been an action plan left for the registered manager and maintenance person to complete since the last risk assessment had been carried out. We checked the action plan and saw that only a few of the actions had been completed. We queried this on the day, as we were concerned that people who lived at the home were not being appropriately protected against the risk of legionella. We were informed on the day of our inspection that all of the actions had been completed, but they had not been marked down on the action plan as completed. The registered manager has since sent us photographs that the actions have taken place, along with an updated copy of the action plan showing this has been signed. The registered manager has also made arrangements for the legionella risk assessment to be redone by an external company.

These examples are a breach of regulation 12 (2) (d) of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014.

We received mixed responses concerning the staffing levels in the home. We had also received a concern prior to our inspection regarding the staffing levels at the home of a night, so we checked this. Rotas showed the number of staff on duty at the home appeared to be consistent. During our inspection, we observed people receiving assistance in a timely manner, and there were always staff available in the communal areas of the home to help people if they required it. However, staff told us they were often short and felt pressure to ensure everyone's needs were met. One staff member said, "We could definitely do with another pair of hands." Some examples of particularly pressured times one of the staff told us, was if someone had an appointment that day. They said it would often leave the staffing in the Lodge short, and someone from the Unit would be expected to come over if needed, but this was sometimes difficult. We looked at the dependency tool used to help determine the number of staff needed for the home as a whole, and the levels of staff were consistent and reflected this tool. Most of the staff said they had raised this; however they felt it was not addressed. We recommend the provider reviews their practice for determining staffing levels and takes action accordingly.

When we were being shown around the home, we noticed that one of corridors in the Lodge smelt smoky. We saw there was a person who was smoking in their room. We queried this with the senior carer at the time, as we were concerned for the other people on the same corridor due to the smell of smoke and the potential fire hazard. We checked the care plan for this person to see if there was a smoking care plan in place to help keep them and other people in the home safe. We saw that the person did have a smoking care plan which stated that the person must only smoke in the designated smoking area of the home. We raised this with the senior care staff on the day of our inspection and they informed us they were taking ongoing action to address this. On day two of our inspection the corridor did not smell smoky and the person was smoking in the designated area of the home.

Some of the areas in the home were quite dark, despite lights being in place and working. We raised a concern due to the lack of stair gates in some parts in the Lodge, as one person's bedroom opened onto a main staircase. The registered manager assured us that only able bodied people were in these rooms so they could evacuate safely if there was a fire. We checked this and saw that the people in these rooms were able to mobilise. The registered manager has since updated us that waist height stair guards are being purchased for some areas of the home to help ensure people's safety at night.

Most of the areas in the home were well maintained and decorated. The Lodge was undergoing a refurbishment programme and we saw that new floors had already been laid, and there was a plan to redecorate people's bedrooms, which people were positive about. The Unit and the Villa, had already been decorated.

Staff told us that other maintenance work was completed in a timely way to ensure the home was kept in an adequate state of repair. There was a person employed to carry out repairs in the home and they kept their own record of repairs that that been reported to them to and the date they were completed.

People we spoke with told us that they considered Abbegale Lodge to be a safe place to live. One person said, "Here it is much better (compared to other care homes), safe, good food and good care." Everyone else we spoke with told us they felt the home was safe.

The senior carer provided us with an overview of how medicines were managed within the home. Processes were established for receiving and monitoring stock, and the disposal of medicines. Medicines were held in two locked trolleys. Medicines were administered individually from the trolleys to people living at the home. Medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range.

The medication administration records (MAR) included a picture that was sufficiently large enough to identify the person. We noted that the MAR charts had been completed correctly and in full.

Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation. Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

Some people were prescribed medicines only to be taken when they needed it (often referred to as PRN medicine) and had a plan in place to guide staff about when this medication should be given. PRN medicine was mostly prescribed for pain or if people became upset or anxious.

Staff records we saw demonstrated the registered manager had robust systems in place to ensure staff



recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the registered manager to assess their suitability for working with vulnerable adults. One staff member we spoke with confirmed they were unable to commence employment until all checks had been carried out. They told us they completed an application form and attended an interview. They could not start work until they had received clearance from the DBS. This confirmed there were safe procedures in place to recruit new members of staff.

Clinical risk assessments for people living at the home were concise and clearly written. We saw that where people were identified as being at risk of skin breakdown or falls they had documentation in place to ensure staff were supporting them to manage their condition. We saw that one person was at risk of falls, particularly of night due to their medication, and this was documented in their plan of care, including how the staff should support them. For example, encourage them to use the lift not the stairs, and make sure one staff member walks by the person helping them to use the grab rails.

Staff were able to describe how they would raise concerns about people's wellbeing, and who they would speak to. Staff had received training in the principles of safeguarding but also the practicalities of how to raise an alert with local safeguarding teams. Their responses were in line with procedures set out in the service's safeguarding policies. Staff also explained the organisation's approach to whistleblowing, and told us they would be encouraged to report any bad practice or concerns. We saw information regarding safeguarding for people who used the service and relatives was readily available on the noticeboards in the office and the service user guide. People we spoke with confirmed they knew how to raise concerns should they have any. This demonstrated the registered manager had ensured safeguarding principles were understood by staff and people who used the service.

We saw that incidents and accidents were well recorded, and the registered manager, as part of their auditing process, was analysing these for any trends and patterns.

We looked at the processes in place for infection control within Abbegale Lodge. We could see yellow bins where in place were needed and the provider had a contract in place for their disposal. In addition there was hand gel in the corridors, which were checked regularly and replaced when necessary. We asked the staff about PPE (personal protective equipment) and were told there was always PPE available when they needed it, and this was regularly ordered from the supplier.

The building was clean and we could see a cleaning schedule which was reviewed as part of the registered manager's quality assurance process. The senior staff member told us they were due an infection control audit from the local authority.

## Is the service effective?

### Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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 were being met. We saw that applications had been to the local authority to deprive people of their liberty in their best interests and these were being monitored by the registered manager and further applications had been made when needed.

We spent time with the senior care staff on the day of the inspection discussing the MCA. It was evident that there was a good amount of knowledge in relation to the MCA, and staff had received training around the MCA, as they were able to explain the key principles of the act. However, there was some inconsistent information in people's care plans relating to the MCA and best interests, which needed further clarification.

For example, we saw that one person had a mental capacity assessment in place, which clearly stated that they would not be able to make key decision regarding their care and support due to their level of cognitive ability. However, when we looked at this person's care plan we saw that they had signed their care plan in agreement and a best interest processes had not been considered. Also, we saw one person's risk assessment stated that they could follow instructions and communicate with staff. However, this person's mental capacity assessment did not specify this, or what decisions the person could make for themselves. Another person's care plan specified that they could communicate using visual aids, and therefore could make some decisions themselves, this also was not reflected in their mental capacity assessment. We recommend that the provider further improves their processes and refers to the appropriate MCA guidance.

We saw that all training had been completed in accordance with the providers training policy, and there was a system in place which tracked when refreshers or updates were due. Staff were booked on these when required. We checked a sample of certificates in staffs' files. All staff had level 2 QCF in health and social care and over half of the staff team had their level 3 QCF in health and social care or were working towards this qualification. Training was a mixture of e- learning and classroom based courses. Training courses included moving and handling, first aid, infection control and fire safety. We saw that other training such as dementia and end of life were also available for the staff team and this had been completed.

We saw that new staff were trained and inducted in accordance with the principles of the care certificate. The care certificate requires new staff to undertake a programme of learning before being observed and assessed as competent by a senior colleague. All of the staff that we spoke with confirmed that they had been given regular supervision and appraisal. We saw that this was recorded in staff records and there was a supervision schedule displayed in the office on the staff notice board.

We saw that people were being supported to choose what they ate for their meals. There was a process in place which involved the chef consulting with people who lived at the home around the menu, to ensure they were still enjoying the food. People we spoke with were mostly complimentary about the food. We did, however, speak to one person who told us they felt the food needed to be much improved and they did not feel they got enough quality food, such as fresh fruit and vegetables. We raised some of the feedback with the senior on the day of our inspection and with the registered manager after our inspection so further consultations with people could be arranged. We sampled the food during our inspection and found it tasted nice and was well presented. There was a four weekly rolling menu which had been completed with the people who lived at the home.

We asked people if they could see health professionals when necessary. We were told that they saw doctors, chiropodists, opticians and other healthcare professionals when they needed to. We saw records of these visits on care files. People were supported to maintain good health and to access healthcare services by staff. The home was member of the CHIP programme and made use of this facility. This means there is a laptop available in the home where staff and people who live at the home can have video calls with trained nurses and doctors out of hours if they are feeling unwell or need to obtain advice regarding an injury or medication.

## Is the service caring?

### Our findings

Everyone was happy with the way the staff treated them, just one person replied "Fairly good", all others said they were treated well or very well. One person told us "I do think they do things well here, very caring and helpful"

People told us they felt their privacy and dignity was respected. They said they could lock their rooms if they wished and staff always knocked before entering.

People told us they had a good relationship with the staff. People described the staff as good, very good, or marvellous. People also told us that there were no problems regarding visits, and family and friends could come when they wanted with no restrictions.

Care plans had been reviewed and signed by the person (if they were able to) themselves or their relative, if legally allowed to do so, and people told us they had been involved in their care plan. Family members said they had been involved with care planning and felt that independence was encouraged as much as possible. Everyone we spoke with agreed that there was a good understanding of peoples' likes and dislikes. Three visitors we spoke with told us that the staff were excellent, kind, and caring in their approach.

We observed kind and familiar interactions between staff and people who lived at the home which confirmed that staff knew people very well. We observed staff helping people to the toilet, talking discreetly to them, and encouraging them to move at their own pace, so they did not feel rushed.

We also observed one staff member helping a person to sit in their armchair, they said things like, "The chair is right behind your legs, just sit when you are ready." This helped the person to feel secure and they sat without any hesitation.

Staff explained why they would knock on people's doors before entering as well as supporting people with their independence. Staff said things like, "I treat people how I would want to be treated." Also "I don't just assume residents want my help, I always ask if they need me to help them."

People who lived at the home had their names placed on the front of their doors and well as being encouraged to make sure their rooms were personalised with their own belongings.

The home was making use of advocacy services and there was information provided for people with regards the local advocacy hub. There was no one making use of this service at the time of our inspection.

## Is the service responsive?

### Our findings

Care plans were personalised and encompassed the individual needs of each person living at the home. Care plans were compiled from an initial assessment form completed by the registered manager who assessed each person prior to them moving into the home. Information regarding their likes, dislikes backgrounds and histories were captured on this documented and used to form part of their care plan. We saw that care plans were reviewed regularly, and any updates were added as and when they arose. For example, we saw that one person's care plan stated that they had a particular time that they liked to be woken up in the morning, and when they liked to go to bed. The care plan also made reference to the fact that the person could sometimes forget the time, so would like staff to 'politely remind them'.

We saw that people were getting care which was suitable for their needs. For example, people who were at risk of malnutrition were being weighed weekly and actions recorded in their weight charts. Another person required staff to monitor their food intake, we saw that this was being completed for this person, and their food intake was recorded along with how much food had been consumed by the person and if any other action was needed to support them, for example, if they enjoyed the food or not.

We saw also personalised information, such as what people liked to pursue as their hobbies, and how they liked to be addressed, for example, first name or preferred name.

People told us they could have a bath or a shower when they wanted, and care was not completed according to a timetable.

Activities were organised by the staff at the home, and consisted of painting, armchair exercises and other requested activities such as games, puzzles, cards movement and music and ball activity. We saw that the home kept a log of the activities and who chose to participate. This was to ensure everyone was getting an opportunity to engage in something that they enjoyed. One person told us, "It is not too bad here, they do some activities I can go to the shop whenever I want to."

People we spoke with told us they knew how to complain, and we saw the complaints procedure was displayed in the main hallway of the home, as well as in the Service User Guide. There had been three complaints in the last 12 months, we tracked one of these complaints through to ensure the registered manager had followed the process, we saw that they had.

## Is the service well-led?

### Our findings

There was a registered manager in post who had been at the home since August 2016.

We looked at the auditing process for the home. We saw that audits had been completed in areas such as care planning, health and safety, the environment, safeguarding, falls, and medication. We saw that the registered manager had identified some areas that needed to be improved. For example, some of the paperwork in one person's file had been identified as needing to be updated, and we saw this was 'in progress.'

However, even though these auditing systems were in place they had failed to highlight some of the issues we found during our inspection in relation to the water temperatures and the legionella risk assessment actions. Therefore, some of the quality assurance systems in relation to the health and safety checks on the home were ineffective as they had failed to highlight no action had been taken in these areas. In addition, audits had failed to highlight some of the inconsistencies we found regarding the application of the MCA. We recommend that the provider reviews their approach to quality assurance and takes action accordingly.

The registered manager has since updated us and advised that this had been actioned.

The registered manager was on leave during the days we visited the home, however were supported by the two senior care staff who had worked together at the home for a long time.

People were mostly complimentary about the registered manager, and the senior care staff. People told us they felt that the home was well led. We asked about provider oversight at the home and how often the provider contacts or visits the home. Both of the senior care staff told us that the provider was supportive and visited the home often.

We saw that there was a process in place for gathering feedback from people who lived at the home, and the results of the feedback was analysed and shared with people and their families. We saw during a recent survey that no one had raised any concerns.

The home had regular resident meetings, we saw evidence of this in meeting minutes, although no one we spoke with or their families could remember going to any meetings. The last meeting was January 2017, and we were advised by the senior care staff that one was due to be booked in. We highlighted at the time of our inspection, the meeting dates were not very well advertised around the home, so people might not be aware there was one coming up.

Staff attended regular team meetings and we saw minutes of these, the last one was in March 2017.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, 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.

We saw that most notifications with the exception of one had been reported to the Care Quality Commission. We highlighted this at the time of our inspection and found it was an oversight on the registered managers behalf. Our later discussions with the registered manager assured us they fully understood what they needed to report to us by law.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Repairs were not always taking place on some aspects of the property to ensure safety.