

Vijay Odedra and Partners

# Abbey Lodge Care Home - Wolverhampton

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Abbey Lodge provides personal care and accommodation for up to 25 older people, some who live with dementia. There were 22 people living at the service when we carried out our inspection.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Our inspection took place on 7 and 8 December 2016 and was unannounced.

The service did not have a registered manager at the time of our inspection. The manager who was working at the home had however has applied for registration with us. 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.

At our last inspection on 11 and 12 May 2016 we asked the provider to take action to make improvements in relation to assessing and managing risks, safeguarding people from abuse, operating a safe recruitment process, ensuring sufficient staffing levels, following the principles of the mental capacity Act, developing and implementing robust monitoring processes and notifying CQC of events that affect the wellbeing of people who use the service or affect the running of the service. The provider sent us an action plan to show how they would meet the relevant legal requirements. At the time of this inspection we found that improvements had been made although further improvement was still required in relation to assessing risks, better understanding the Mental Capacity Act and delivering more person centred care (including activities). These findings were fully supported by the manager and the provider.

Overall people were supported by staff who knew how to keep them safe and free from the risk of harm. Staff could recognise problems or potential signs of abuse and would be confident to report concerns. Incidents of potential abuse were now being referred to appropriate agencies. The process of formally assessing risks was improving but more work was required to ensure assessments reflected safe care. People were now supported safely when they needed to move from one place to another.

People were supported by sufficient staff to meet their needs safely and effectively. Overall people received support promptly and when requested. Staff were recruited safely meaning that only people suitable to work in the role were appointed.

We found that improvements had been made in the management of medicines. People now received their medicines safely. This is because the registered manager had introduced safe systems for administering,

storing, recording and auditing medicines.

People were supported by staff who were gaining in confidence and developing their skills in order to provide effective support. Training opportunities for staff had improved to enable this to happen. Staff felt very well supported by the manager and their colleagues. Staff were gaining a better understanding of their roles and responsibilities to ensure people's needs were met.

Processes to ensure that people's rights were protected under the Mental Capacity Act 2005 were being developed and implemented. The manager was aware of their responsibilities in relation to ensuring people's capacity was assessed. Records of decisions around capacity and best interests however were not yet fully completed. Training for staff had been planned to enhance their understanding of this legislation. Staff involved people in decision making as far as they were able but where people could not express their wishes it was not clear how decisions were made.

People's nutritional needs were met and people enjoyed mealtimes. Their individual dietary preferences and needs were catered for. Staff worked with healthcare professionals when required to ensure people's maintained good health and wellbeing. This joint working ensured people's needs were met consistently and effectively.

People were supported by staff who were kind and caring. Staff were friendly and listened to people. This enabled staff to meet people's needs in ways that they preferred. People's independence was promoted wherever possible. People's privacy and dignity was respected.

People were now receiving a more responsive service and staff accommodated people's changing needs and wishes. People's basic care and support needs were being met and improvements were noted. However this process is on-going and people were not all receiving person centred care. People enjoyed activities and although these were not structured or individualised to people's tastes and preferences people enjoyed the interactions that activities gave them.

People told us they were able to raise concerns and felt these would be acted on by the manager. The provider had a complaints procedure that people had been confident to use. People were regularly asked if they were happy with the service provided. There were systems in place to ensure that people's views and opinions were heard and their wishes acted upon.

People and staff felt consulted in the running of the home. The newly appointed manager was providing structure, direction and leadership. Improvements had been made in relation to the quality and standards of care and as result people were living more fulfilled lives. The manager was aware of the strengths and needs of the service provided. The manager had an action plan to address shortfalls. There were systems in place to monitor improvements and the quality of the service provided. Surveys, questionnaires and audits all reflected that the service was improving and this was having a positive impact on the people who lived at the home.

## 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 fully safe.

The management of risks to people's health and wellbeing had improved although further improvements were required.

People were safe because staff knew how to protect them from the risk of harm and potential abuse.

People's needs were met by sufficient numbers of staff who provided a service that met people's needs.

People were supported by staff who had undergone pre-employment checks to ensure they were suitable to work with vulnerable people.

People were supported by staff to take their medicines as prescribed.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

People who could express their wishes were being supported to make choices and decisions. Formal capacity assessments were now being carried out to support people who were unable to do this. Further improvements in relation to staff's understanding of the Mental Capacity Act and its implications in practice will provide better protection.

People felt staff supported them well and met their personal care needs.

People were supported by staff who were becoming increasingly skilled and knowledgeable in relation to meeting their needs effectively and safely.

People enjoyed a varied diet that met their individual needs and preferences.

**Requires Improvement** 

People had access to appropriate services and on-going health care support. Staff worked with professionals to ensure people's continued good health.

### Is the service caring?

Good 

The service was caring

People received care and support from staff who were caring, kind and friendly. '

People were listened to and this helped them feel in control of how they were supported.

People's privacy, dignity and independence was respected and promoted.

### Is the service responsive?

Requires Improvement 

Is the service responsive?

The service was responsive

People were supported by staff who were responsive to their changing needs. Not everyone was receiving person centred care.

People enjoyed impromptu activities and a more structured approach was planned.

People were confident that their complaints would be listened to, taken seriously and acted on.

### Is the service well-led?

Requires Improvement 

The service was well led

The manager had made improvements to the quality of the service provided at the home. This was having a positive impact on the people who lived there. Further improvements were required and the manger had an action plan to achieve this.

People, visitors and staff were consulted in relation to the running of the home. Their views were sought and their suggestions were acted upon.

There were procedures in place to monitor and review the quality of the service. These were identifying where improvements were required.

# Abbey Lodge Care Home - Wolverhampton

## **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 inspection took place on 7 and 8 December 2016 and was unannounced. The inspection team consisted of two inspectors. This inspection was carried out to review the actions taken by the provider to make improvements to the service. At the time of our last inspection the service was rated as inadequate with 6 breaches of the regulations associated with the Health and Social care Act 2008.

Before the inspection we reviewed the information we held about the service including statutory notifications the provider had sent us. Statutory notifications contain information about events the provider is required to tell us about. For example, serious injuries to people who live at the service. We also spoke with other agencies, for example the local authority quality assurance team and the local safeguarding authority. We considered this information when we planned our inspection.

We spoke with four people who used the service and two relatives. We also spoke with the registered provider, the manager, the deputy manager, four care staff, the cook, the domestic assistant and the maintenance worker. Throughout the inspection we carried out observations of how staff interacted with the people who used the service.

We looked at five people's care records to see if they were accurate, up to date and supported what we were told and saw during the inspection. We looked at two staff recruitment files and other records relating to the management of the service. These included minutes of meetings with people and staff, service improvement plans, audits and quality assurance surveys.

# Is the service safe?

## Our findings

At the last inspection completed in May 2016 we found the provider was not meeting the regulations around safeguarding people from abuse, assessing and managing risks (especially in relation to moving people), ensuring sufficient staffing levels and operating a safe recruitment process. At this most recent inspection completed in December 2016 we found improvements had been made and the provider was now meeting these regulations.

People told us they felt safe living at Abbey Lodge. One person told us, "They [the staff] look out for us here. We are safe". People were protected from harm because staff could recognise and report abuse or poor practice. Staff told us that they would not tolerate abuse in any form. They all said that if they witnessed potential abuse they would immediately report it to the deputy manager or the manager. They were confident that they would take appropriate action to protect people if required.

The manager was very clear about their role and responsibility in reporting poor or abusive practice. They told us how they worked with the local safeguarding team to investigate issues regarding maintaining people's safety. At the time of our last inspection an incident of potential abuse had not been reported as required. We spoke with a representative from the local authority safeguarding team who told us that referrals were now being made appropriately and the manager was confident to contact them for advice and guidance. This meant that potential abuse was now being appropriately identified, escalated and investigated.

At the time of our last inspection we found that support to mobilise was not always being managed in a safe way. During this inspection we noted improvements. People told us that they felt safe when they were being assisted to mobilise. We spoke with one person after they had been moved into a comfortable chair and they said that they had felt safe and comfortable while being moved. We observed staff support people to mobilise safely and in line with good practice guidance and care plans. Staff used appropriate equipment and offered people reassurance throughout, explaining what they were doing at every stage. All of the staff we spoke with told us that they had received training in moving and handling people and they spoke positively about the training. They told us it had given them confidence that they were supporting people safely.

We saw risk assessments were in place to support safe moving and handling although they were not always up to date. For example one person's needs had increased and their assessment had not been updated to reflect the equipment they now needed to use to mobilise safely. Staff we spoke with were aware of the new equipment and we observed them using this safely. The manager acknowledged that further improvements were required to reviewing and updating risk assessments. However, we saw that this process had started. Where risks had been identified, staff were mostly aware of the risks and the actions required to reduce them. For example one person was at risk of falling out of bed and bed rails were in place to keep them safe. Another person was at risk of their skin becoming damaged so they had a pressure relieving mattress. These improvements meant that people now received safer support.

Overall people were supported by staff who had sufficient time to carry out tasks required of them safely. People told us that staff had time to meet their needs. People told us that staff did not rush them and responded to requests for support promptly. We saw staff were mostly able to spend time with people as well as carry out their required duties. Staff told us that they thought there were enough staff on duty to meet people's needs. Staff did however say that staff sickness was an issue and this impacted on the hours staff worked. On two occasions at lunch time we saw staff did not have time to attend to people promptly and thus they had to wait for support.

We asked the manager about night time staffing levels after we saw the home's fire risk assessment did not identify staffing numbers required to keep people safe in the event of an emergency at night. Although the manager felt that night time staffing levels were sufficient (and they had reviewed them since the time of our last inspection in line with people's assessed needs). They said they would complete a risk assessment to demonstrate this.

Systems in place for the recruitment of staff had improved since the time of our last inspection. The new manager was aware of the requirements for safe recruitment and there was evidence that the latest person to be appointed had received all required checks completed prior to their appointment. Both files we reviewed contained references and Disclosure and Barring checks (DBS) which had been carried out on staff before they began work at the home. DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision. People were supported by staff who had been recruited safely.

People's medicines were given to them in a safe way. We found that improvements had been made in this area since the time of our last inspection. For example plans were now in place for people that had medicines prescribed to be given when they required them (PRN), for example pain relieving medicines. Plans described the circumstances in which the medicines may be required and the types of pain the person experienced. The deputy manager had also implemented additional checks to monitor these medicines. Records showed these checks to be effective.

We observed staff administering medicines. People were seen to have their medicines as prescribed and in ways that they preferred. For example, one person liked all their tablets in one mouthful. Another person liked to have a drink first. People told us that staff brought their medicines when they were ready for them.

The staff member administering medicines told us they had received training before they did so and this gave them confidence to do it safely. They also told us how they had been observed in practice to ensure they were administering medicines safely. There were systems in place to check that people were given their medicines safely and these were effective at identifying concerns or improvements.

We saw that medicines were being stored safely for example in a locked trolley and at the correct temperatures.



## Is the service effective?

### Our findings

At the last inspection completed in May 2016 we found the provider was not meeting the regulation around following the principles of the mental capacity Act. At this most recent inspection completed in December 2016 we found improvements had been made and the provider was now meeting this regulation. Further improvements were required in relation to staff's understanding of capacity and DOLS to ensure they supported people in line with legislation and good practice. Decisions about care for people who lacked capacity needed to be made formally and documented.

At the time of our last inspection we found that people's capacity had not always been assessed and they had not always been involved in making decisions about their care and support. 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 new manager had started to address the issues we identified as required improvement at the last inspection. For example, people's capacity was now being assessed and the manager had worked with family members and health professionals to complete assessments. Where people had lacked capacity we saw paperwork had been drawn up to support decisions that had been made in the person's best interest. Where the manager had made DOLS applications we saw that interim safeguards were in place to protect the person prior to the decision been made and agreed formally.

Staff did not understand the legislation in relation to capacity and consent. Two staff could not tell us why people's capacity needed to be assessed. One staff member did not understand the definition of capacity. Likewise staff could not tell us if there was anyone having their liberty deprived. This could mean that staff did not recognise that they were restricting people unlawfully. The manager told us that training had been arranged for staff to help them to understand the legal framework around decision making.

Staff we spoke with understood that people should be involved in making decisions and choices in their everyday lives. We observed staff asking people for their consent before they supported them. They also offered people who were able to express their wishes, choices in relation to what people did, how they wanted their support needs met, where they sat and what they ate. When people were unable to make decisions staff were not sure how plans had been agreed for people. This meant that staff may not be acting in accordance with their wishes or in their best interests. The manager told us how they had identified this as a learning need for staff and training was being arranged.

People who spoke with us said that staff supported them well. One person said, "They are very nice. They do a good job." Staff told us that training opportunities had improved. One staff member said, "Training is

increasing. I am enjoying it." The manager told us that they checked staff's understanding of what they had learnt on training courses. In relation to training, the provider told us, "We've got the basics and now it is time to improve. We've done lots of training." All of the staff we spoke with told us that the moving and handling training they had received had given them the skills and confidence to move people safely. We observed staff supporting people effectively when moving them. The manager had identified, through working alongside staff, that basic care needs were being met. They now planned to develop staff further to give them specialist knowledge. For example, training to support people living with dementia had been planned.

Newly appointed staff received an induction when they started working. One staff member told us they had asked to have more information as they hadn't felt confident to work unsupported. This had been provided and as a result they felt more confident. Although staff were not familiar with the Care Certificate the manager told us that all staff had now signed up to complete it. The Certificate has been developed by a recognised workforce development body for adult social care in England. It is a set of standards that health and social care workers are expected to adhere to in their daily working life.

People had sufficient to eat and drink. People told us that they were satisfied with the quality and variety of meals. One person told us, "The meals are alright. You can eat where u like. If you don't like it you can ask for something else." Another person told us, "They will cook you what you fancy. Yesterday I asked for new potatoes and the cook said yes. I had them and they were lovely." We observed lunch time. Although staff were busy they had opportunities to offer people the support they needed to enjoy their meals. One person had waited for their lunch but overall requests for food, drink and support were managed promptly. We saw that people had access to drinks throughout the day and the cook was very accommodating to individual requests at any time.

Staff told us that people always had a choice of meals and that any requests would be catered for. The cook and support staff knew people's likes and preferences in terms of what they ate. They also knew what people could not eat. For example staff told us that one person had a food allergy that they had to be mindful of. Staff told us that they offered the person choices that did not contain the identified food. The cook was able to plan meals round people's health and medical conditions to make sure people only ate what was healthy for them. One relative told us that the cook had introduced positive changes to their family member's diet in response to a reassessment of their needs. For example following a reassessment of the person's needs their food was now being mashed rather than pureed. The person was enjoying their meals more as a result.

People were supported to maintain their health. Everyone we spoke with told us that their health care needs were met. People gave examples of being supported by a range of health professionals that included, doctors, nurses, dieticians, opticians and chiropodists.

We saw that one person had been prescribed diet supplements as weight monitoring by staff had identified weight loss. There was evidence that a doctor had visited the person in response to the weight loss and diet supplements had been prescribed. A referral had also been made to a dietician and a later review by the dietician showed that the person had gained weight and so the supplements had been stopped. One person told us how the manager had chased up their recent medical intervention after becoming aware that there had been a delay in treatment. As a result the person was recovering well from a condition that had affected their wellbeing. We saw staff were attentive to people health needs. We saw staff report concerns promptly to the manager. We saw the manager phone health professionals to seek advice and support. This joint working between the staff and the health care professionals ensure that people's needs were effectively met and people remained in good health.

Senior staff had a good understating of people's health and medical conditions. They cascaded information to support staff and as a result people were supported effectively.

# Is the service caring?

## Our findings

People were supported by staff who were caring and kind. One person told us, "We are well looked after here. They [the staff] are lovely to us." Another person told us, "They [the staff] are very kind, very nice." That person went on to tell us how they observed staff being kind to everyone, "Even people who were becoming angry."

We saw staff show kindness to people. They spent time with people. They recognised when people needed comfort and reassurance and they provided it discreetly and sensitively. All of the staff who spoke with us told us how they were currently supporting one person with high support needs. One staff member said, "We pop in and ask if they are ok. We gently stroke their face and they smile." We saw one person was becoming anxious. Staff reassured them and started to dance with them. They began to smile and appeared to be less anxious.

People told us that staff were polite and always treated them with respect. One person told us, "They are all very polite." One staff member told us, "We give everyone patience and our time." Overall we heard staff to be positive and courteous when speaking with people. We did however hear staff routinely refer to people as 'aunty' or 'uncle' without realising this could be seen as disrespectful. The manager told us that they had identified this to be a cultural issue and was working alongside staff to address it.

People were supported to maintain their independence. We saw staff wait while people did things for themselves. They only intervened when the person asked or they could see that they were struggling. For example, one person was getting up from the chair themselves. They did this successfully although it took time. Staff stayed nearby for reassurance but did not take over. One person was able to get part of the way off the chair and then staff offered physical support when they were struggling. A staff member told us, "We ask rather than just do."

People were supported to maintain relationships that were important to them. People told us their relatives were able to visit at any time and two visitors confirmed this. One person said that their friends and relatives were always welcomed and this was important to them. People told us that they liked to sit with their friends in communal areas. They were able to do this and staff knew who people liked to spend time with. This showed people were encouraged to maintain important relationships with their friends and families.

Everyone we spoke with felt listened to by staff and the manager. They told us that staff encouraged them to state their needs and preferences and that these were then respected. For example, one person said they liked to have a nap in the afternoon. Staff supported them to their room for this. One person liked to stay up late in the evenings and they did this.

People told us that staff always promoted their dignity and respected their privacy. People told us that their personal care was always carried out in private. We heard staff discreetly ask people if they wanted to go to the bathroom. Staff were attentive to people and adjusted clothing when necessary or covered people's legs

with a blanket. Two people had their own bedroom door keys as they liked to keep their rooms secure. This was offered to everyone. Staff intervened sensitively when people were talking about others in a disrespectful way. We saw that people received their post unopened. We heard staff offer to read letters to people. One person told us that they received letters regularly and they were never opened before they got them. They said, "Staff help me to read my letters. I really look forward to this time."

Staff had a good understanding of how to promote people's privacy and dignity. They also understood that people should be offered choices about how they were supported. The manager told us that this was an area where improvements had been noted.

## Is the service responsive?

### Our findings

Overall people received a responsive service that met their basic care and support needs. However this process was on-going and people were not all receiving person centred care. Work was needed to make care more person centred. For example, one person told us that staff were not always responsive in a morning. They told us, "I get up sometimes at 7 am. Not when I want but when they [the staff] can do it. I don't mind as I know they are busy." We asked staff about this and they told us that people got up when they wanted. No one else shared the same experience. We saw how the manager was implementing more person centred care plans which documented people's history, likes and preferences as well as their support needs. Current care plans were very difficult to follow and the manager acknowledged this. Staff told us that they didn't refer to them suggesting they were currently ineffective. One staff member told us, "Previously all care plans looked the same. [The manager] has changed that. They are getting more individualised." We saw that staff were very task focussed.

Staff told us how they were getting to know people well and as a result knew how they preferred to be supported. We heard staff engage in conversations with people who used the service. They demonstrated they knew people well. For example one staff member referred to a person's favourite colour. Another staff member understood why certain possessions were important to the person. Staff told us they had picked up this information by talking with people and with each other. Staff told us that communication at the home was good. We saw staff from all job roles working well together to provide a responsive service. For example, the cook responded when care staff asked them to provide a drink for one person who had requested one. The domestic assistant responded promptly when a person spilled their drink. Together staff were responsive to meeting people's needs quickly and efficiently.

People told us that staff came to their assistance when they requested or needed support. Although we saw a delay in staff response times during lunch, overall we saw that people were supported promptly. One person told us that they only had to call and a staff member would respond. We heard one person tell staff the floor was cold. The staff member immediately brought the person some thick socks to put on. They later returned to the person to ask if their feet were warming up.

People who could recall their admission to the home said that they had received an assessment of their needs. One person had moved into the home at short notice. They had received an assessment upon admission but the manager had spoken with family members prior to this to ensure the home could meet their needs. The manager had also increased staffing levels to ensure there was additional support if required. Staff told us that they had been able to meet this person's needs.

The manager had started to review people's needs and arrange reassessments if required. One staff member told us, "One person was always lying flat. When the new manger came they reviewed this. Now they sit up to see what's going on around them. They also reviewed the person's diet and made positive changes to that." This suggested that people were starting to receive the support they needed and staff were responsive to meeting people's needs as they had been appropriately identified.

We saw activities taking place on both days of our inspection. People told us that activities took place although most people could not say what they had done. One person said, "I like having my hair and nails done. I have this done every week." Staff told us that activities were better in afternoon when they had more time to spend with people. On the day of our inspection staff were engaging people in an inflatable hoopla game. Although some people were clearly not interested some people enjoyed the activity. One person was seen to laugh and joke with staff during their 'turn'. Staff made the activity fun. We asked staff about activities and they said that opportunities had increased. One staff member told us, "We sing and we are looking to bring people into the home."

Although activities were not currently structured or individualised staff were clearly trying to engage people. The manager told us that activities would improve once the latest staff appointment took place. This staff member would be taking a lead role in organising activities. The deputy manager told us how they arranged parties for people to celebrate events. Pictures displayed throughout the home demonstrated that these parties were well attended and enjoyed. One person told us, "I was sporty. I love sport still. I used to play tennis." They went on to say, "Whenever the tennis is on TV they always make sure I can watch it." One person spent a lot of time in their room. The new manager had tried to encourage the person to spend more time in communal areas with other people. They recognised that the person was becoming socially isolated. Relatives told us that this had been a positive change for the family member.

We asked people what they would do if they had a concern or a complaint about the service provided. People told us that they would speak with staff or the manager. One person told us, "I'm cheeky. If something's is not right I say." They went on to say, I would stick up for anyone. I'd say something." They were clearly confident to raise issues. They said that they were also confident that action would be taken to make improvements if a complaint was raised. Relatives told us that if they had a concern or a complaint they would be confident that it would be addressed promptly. One relative told us, "Things we have raised have been dealt with quickly. For example, we raised concerns about a door stop not working to hold the door back. This was promptly fixed. We reported a light bulb out and within hours it was fixed." This suggests the manger was responsive to complaints and concerns.

The manager told us how they regularly spoke with people to see if they were happy with the service and the care provided. The provider had a complaints procedure which was prominently displayed.

## Is the service well-led?

### Our findings

At the last inspection completed in May 2016 we found the provider was not meeting the regulations around implementing robust monitoring processes and notifying CQC of events that affect the wellbeing of people who use the service or affect the running of the service. At this most recent inspection completed in December 2016 we found improvements had been made and the provider was now meeting this regulation. During this inspection we found that further improvement was required in relation to embedding new systems and processes. The manager acknowledged this and had an action plan to achieve changes.

People who used the service thought the home was well run by the manager although they acknowledged that further improvements were required to ensure they provided a quality service. Staff, visitors and social care professionals all told us since the arrival of the new manager they had seen significant improvements in relation to the quality and standards of care within the home. We found the new manager had been instrumental in ensuring that improvements required by CQC at the time of the last inspection had been made. Practices were safer and staff had a better understanding of their roles and remits.

One relative told us, "We have seen a significant improvement since [manager's name] arrived. Interactions between [family member's name] and staff is much better." Another relative told us, "[manager's name] door is always open. You can pop in and discuss anything on your way in or out."

Staff told us, "Everything has changed [since the arrival of the manager]. Previously nobody listened. It feels more professional now. There are lots of improvements." Another staff member said, "Discipline has come since [manager's name] arrived; I feel a lot of difference. This has brought everyone together. You see happy faces now."

Staff told us that they felt well supported and had opportunities to meet as a team to discuss their work practice and the running of the home. One staff member said, "We are doing really well. There have been a lot of improvements and relatives and people who use the service are happy." Another staff member said, "The manager sets standards and we follow. She's brilliant." All staff felt that communication had improved and this was having a positive impact on the quality of the service provided. The manager told us, "I am now giving positive feedback to staff. Trying to raise their confidence." Staff reflected this approach was effective. One staff member told us, "There is good support for us here. We are a good team and have a good manager."

A social care professional who visited the home to check on quality told us, "There have been quite a lot of improvements" Another professional told us, "They are going in the right direction."

All of the staff we spoke with said they would now share worries or concerns with the manager. Not all staff were aware of the formal whistle blowing process but they were all confident to speak out about poor practice. The whistle blowing policy enables staff to share concerns formally without fear of reprisal.

Since the time of the last inspection we noted a number of improvements made to systems and processes.



In particular the manager had introduced regular audits as well as a program of reviewing paperwork to improve recording practices. For example, care plans were all being reviewed and risk assessments were being prioritised.

The provider told us that they had confidence in the new manager and had given them the time and resources to make changes and improvements to the home. The provider acknowledged that further improvements were required to ensure they provided a quality service. They told us they had set the manager objectives and was liaising with them regularly to ensure action was being taken. They told us they had made funds available to assist the manager, for example the training budget has been increased significantly and investment into the fabric of the building had been made. Areas identified within this report as requiring improvement had been acknowledged (and previously identified) by the manager and the provider. They had already produced an action plan to address shortfalls.

We saw detailed audits were being carried out by the deputy manager and the manager to check that staff were supporting people as required to keep them safe. We saw audits of medication practices, health and safety issues and safety equipment. The audits identified areas where improvement was required and areas that were working well. For example we saw four bedroom and bathroom audits took place in November. As a result maintenance issues had been identified and addressed. Spot checks of equipment and rooms were documented also. The audits reflected current monitoring arrangements were driving improvement. Our finding reflected those of the audits suggesting they were effective.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. The registered manager was aware of their responsibilities in relation to this. A notification is information about important events which the provider is required to send us by law. We had been notified of an event that affected the wellbeing of a person who used the service demonstrating they were using the process appropriately.

Some of the people we spoke with said they had completed questionnaires about the running of the home and had been happy to complete them. One person told us, "I don't wait to be asked. If I've got something to say I will say it." This meant that people had opportunities to share their views about the running of the home, formally or informally, as they preferred. For example, we saw that people shared their views about meal times and suggested ideas for improvements which had been implemented.

The manager had recently sent out surveys to staff and to visitors and relatives. We saw that overall responses were positive. One issue raised in relation to access to drinks had been actioned to improve the service. Staff responded by saying Abbey Lodge was a supportive place to work. Staff also spoke positively about the input of the provider. One staff member told us, "The provider has had a positive input into the home. We are supporting them and they are supporting us."