

# Care Matters (S.E.) Limited

## Abbey Lodge

### 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?

Inadequate



### Overall summary

Abbey Lodge provides residential care for up to five people, living with a dementia type illness. At the time of inspection there were four people living there. People had a range of conditions from mental health to cognitive impairment. As a result of their illness or disabilities, people required support with moving and handling. Some people displayed behaviours that challenged others.

This was the first inspection of the home since they registered on 30 June 2014. The inspection was unannounced and was carried out on 27 March 2015.

A registered manager was in post. However, the registered manager had recently relinquished his position and the deputy manager was in the process of applying for registration. In the interim the registered manager was providing a supporting role to the acting manager. 'A registered manager is a person who has registered with

# Summary of findings

the Care Quality Commission to manage the home. 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.'

Although people told us they felt safe at Abbey Lodge, we found some practices left people at risk. For example, there were no protocols in place for the use of medicines prescribed on an 'as required' basis. Risk assessments had not always been carried out to determine the actions required by staff to keep people safe.

There were no systems to monitor the quality of the home. There was no monitoring of the accidents and incidents that occurred in terms of trends or patterns to try to reduce occurrences. Fire drills had not been held and personal evacuation plans had not been carried out to determine the actions to be taken in the event of a fire. There were no formal systems to evaluate the care provided and to make improvements.

Whilst staff were studying for health related qualifications they had not received training in relation to meeting the individual needs of the people living at Abbey Lodge. Staff told us they felt supported and could speak with the acting manager if they had a problem. However, staff had limited opportunities to attend formal supervision meetings.

Due to a turnover in the staff team there were some vacancies. In the interim the vacant hours were covered

by the acting manager and bank staff. When the acting manager was on shift and at the weekends there were only two care staff on duty. As two people required two care staff for support with personal care needs this left no staff to attend to others for short periods of time.

There were a number of positive aspects of care at the home. Staff worked closely with healthcare professionals to assist them in meeting the changing health needs of people. Care plans included information about how people wished to be supported and about their individual preferences.

A social care visitor told us that the home was proactive in seeking advice and support when needed. They said that the, "Client always comes first," and that they had been very impressed with the care provided. A relative also told us their relative was very happy in the home. They said, "I can't fault the staff, they keep in touch with me."

Staff treated people with respect and dignity. They explained to people what they were doing and spoke in a kindly way giving clear instructions. When a person displayed behaviours that challenged others, they spoke calmly and reassured them they were safe.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Whilst staffing levels were generally sufficient to meet people's needs there were times when staff levels left people at risk. Risk assessments had not always been carried out to determine the actions required by staff to keep people safe.

Recruitment procedures were not consistently robust.

There were good systems for the management of people's medicines with one exception. There were no protocols for the use of medicines prescribed on an 'as required' basis.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

Although staff felt supported in their role they had limited opportunities to attend supervision meetings.

Although staff had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards they were not clear about the subject. Staff did not have opportunities to attend specialist training to meet the needs of people living at Abbey Lodge.

Whilst menus were varied and well balanced, some people rarely ate what was on the menu and there were no systems in place to monitor that their diets were nutritious and well balanced.

People attended health appointments as needed to meet their individual needs.

**Requires improvement**



### Is the service caring?

The service was caring.

Staff communicated clearly with people in a kind and reassuring manner and it was evident that they knew people well and had good relationships with them.

We observed that people were treated with respect and dignity. Staff explained to people what they were doing and spoke in a kindly way giving clear instructions when assisting with people's mobility.

**Good**



### Is the service responsive?

The service was not consistently responsive.

**Requires improvement**



# Summary of findings

People's individual care plans provided information about people's individual choices and preferences.

Whilst people were happy with the activities provided, the home had yet to carry out a full assessment of people's needs in relation to how they spent their day.

Staff were knowledgeable about people's needs and how they were to be met.

## Is the service well-led?

The service was not consistently well-led.

There were no systems to assess the quality of the service provided.

Accidents and incidents were not monitored to identify any trends or patterns.

Although we were told that the provider was monitoring the home regularly there was limited written evidence that this was the case.

Fire drills had not been held and personal evacuations plans had not been carried out to determine the actions to be taken by staff to support people in the event of a fire.

Surveys received from people and professionals were positive and showed that people were happy.

**Inadequate**



# 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.

This inspection took place on 27 March 2015 and was unannounced. This was the first inspection of the home since the home registered in June 2014.

On 1 April 2015 the Care Act 2014 came into force. To accommodate the introduction of this new Legislation there is a short transition period. Therefore within this inspection report two sets of Regulations are referred to. These are, The Health and Social Care Act 2008 (Regulated

Activities) Regulations 2010 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All new inspections will only be completed against the new Regulations - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Due to the size of the home the inspection was carried out by one inspector. Before our inspection, we reviewed the information we held about the home. This included notifications that the provider is required to send us by law. During the inspection we spoke with a relative of one person and with an adult social care professional to obtain their views about the care provided.

We spoke with the acting manager, four people who used the service and two care staff. We observed care and support in communal areas and also looked at people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care plans for three people, the staff training and induction records, people's medicine's records, staff meeting minutes and health and safety documentation.

# Is the service safe?

## Our findings

One person told us they went out when there were enough staff, but they would like to go out more often. People told us they felt safe, well cared for and liked living at Abbey Lodge.

Despite the positive information people gave us we found several areas that were not safe.

During our inspection there was an incident where a person displayed behaviours that were challenging for staff and they were managed safely. Staff spoke calmly, reassured the person and offered to take them to a quiet place. Within another person's care plan there was a pre admission assessment that stated the person could present in a threatening manner that could be deescalated. There were no strategies for deescalating behaviours and no risk assessment had been completed. Staff told us how they tried to deescalate behaviour and said sometimes this worked and other times it did not, and then medicine was administered. Without clear guidance for a consistent approach to deescalating behaviours that challenge others there is a risk people will receive medicine as a first rather than last resort.

There was a room risk assessment for one person. However, since the assessment had been written the person had changed to a new bedroom and a new assessment had yet to be written. The person's bedroom was cluttered. We were told they were awaiting additional shelving to be fitted. The person's care plan stated they should be reminded not to spread their belongings on the floor. When the person was low in mood they were considered to be at risk and were known to have unpredictable mood changes. There was no specific advice other than to encourage chatting and trying to lift the mood. We saw there were toiletries including razors left in their room and a risk assessment had not been completed to determine if it was safe to do so. Although this person liked to use the garden independently there was no risk assessment in place for this activity. The lack of assessment in relation to this person could leave them at risk.

A local authority support plan completed as part of admission stated that the person 'can go out at inappropriate times.' We discussed this with the acting manager who said that the person required staff support outside of Abbey Lodge. They said that since moving to

Abbey Lodge they had not tried to leave the premises on their own. When we arrived at the home the front door was open as a shopping order was being delivered. The door was open for at least ten minutes and was unobserved for periods within this timeframe. There was no risk assessment in the folder about what to do if this person left. Whilst this person did not choose to leave the building at this stage, the home had not considered the consequences to the person's safety if they had.

We found that the provider had failed to ensure that care and treatment was always provided safely. The paragraphs above were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, (now Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

The rotas showed there were two staff on duty throughout the day and night. In addition, the acting manager worked office hours Monday to Friday. Two people required the assistance of two care staff to meet their personal care needs. Some people displayed behaviours that challenged. Care staff also did all the cooking and cleaning tasks. We asked staff if they felt they needed additional staff on shift. One staff member said that as the number of admissions to the home had increased the acting manager had checked regularly with them about their views on the staff levels, and they felt they were sufficient. Another staff member said that when asked by the managers, they had recommended that an additional care staff member was required for the afternoons so they could provide more activities. They were awaiting a response to this.

As the acting manager would normally be a third person in the home when people who required two staff to support them, this meant that there would be no staff on the floor to support others when the acting manager was working on shift. There were only two staff on duty throughout the day at weekends. Given that people were living with a dementia type illness, this presented a risk as people would be left unattended for short periods of time and left them at risk of injury. This was an area that requires improvement.

Staff told us they had received medicine's training and a competency check had been completed to ensure they continued to follow the agreed procedures. Medicines were stored appropriately. Stock checks were completed when medicines were delivered to the home to ensure people received their medicines as prescribed. Medication

## Is the service safe?

administration records (MAR) were completed appropriately. However, we noted at 1.20pm that although one person had received their morning medicines the staff member had not signed the MAR chart. This indicated that the home's procedure for signing medicines had not been followed.

One person was prescribed medicine on an 'as required' basis for agitation. However, there was no protocol in place to determine when it should be given. The medicine was given on a regular basis; it was not always clear within records how the agitation presented and what if any attempts had been made to distract or reduce the person's anxiety prior to administering medicine. Without appropriate monitoring, this could lead to the person being over medicated. In addition, it would not help the person's GP when reviewing if the person needed to be prescribed this medicine on a regular basis.

We checked three staff records. Each file had a completed application form which included details of staff skills and

qualifications. There were forms of identification and criminal records checks were in all staff files. In two files there were gaps in the staff members' employment history. The acting manager told us the gaps had been discussed with the staff members, but the reasons given had not been recorded. There was only one reference each for two of the staff members. It was thought that this was more a filing problem and therefore had little impact on people. This is an area that requires improvement

Staff had a good understanding of safeguarding and what actions to take if they suspected abuse. Although they had not had to raise any issues, they were confident any matters raised with the acting manager would be dealt with appropriately. We were told staff had completed training in safeguarding adults at risk. The policies and procedures for safeguarding and whistleblowing had been written in September 2013 and were due for review.

# Is the service effective?

## Our findings

People told us the food was good and they could have what they wanted, when they wanted it. On the day of inspection staff regularly offered people a choice of hot and cold drinks.

When people required specialist advice and support this was arranged. Although we observed areas of care that were effective we also found areas of practice that were not.

We were told all staff had completed training on a range of courses including food hygiene, basic emergency first aid, safeguarding, equality and diversity, the principles of moving and handling the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The acting manager said each staff member had completed a question and answer booklet and these had been sent to the training organisation for marking. Although staff told us that they had completed question and answer booklets, there were no records to confirm this or that the documents had been sent. The manager had completed a 'train the trainer' course in moving and handling. She said she had provided this training to all staff in August 2014. Although staff confirmed they had received practical training on the use of the hoist, there were no records to confirm this.

Two staff told us they had attended supervision meetings. One said they were, "Very much supported. You can't fault the acting manager. She does her very best." Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. The acting manager told us they were behind with formal supervision, but said as the home was small she had regular opportunities to meet with staff to hear their views. We checked the supervision chart and confirmed staff had not had the opportunity to attend supervision meetings in line with the provider's policy. The chart had been started in November 2014. One staff member had attended a meeting in November 2014 and four staff attended in December 2014. Three staff had not attended a meeting during this time. The provider had not given staff suitable opportunities to express concerns and consider their training, therefore staff may not have had the training necessary to deliver care effectively.

Staff induction consisted of spending time with another staff member learning about policies and procedures and the way the home was run. A staff member told us they had learnt that people were always to be the priority. They said the induction process was detailed. There was an induction checklist that all new staff ticked to confirm they had received a briefing about each topic. We were told the checklist was completed within the first few weeks of employment. One staff member had a checklist that was incomplete. The checklist was an in-house system; it was not linked to any formal induction process, and there was no system in place to check that staff had understood the content of the induction process.

All of the staff team either had, or were working towards a level 2, or above, health related qualification. The acting manager was studying for a level five qualification. We asked staff if they had received any specialist training to meet the specific needs of the people living in the home. One of the staff had completed training on dementia in a previous employment, but said that they would welcome the opportunity to attend a more detailed course. No formal training had been provided on caring for people with dementia or on caring for people whose behaviours challenged. In addition to dementia, people living at Abbey Lodge have a range of health needs. No specialist training had been provided for staff to ensure they understood the conditions and how people should be supported. We asked a staff member what they knew about one of the conditions and their knowledge was limited. During the inspection the manager printed information on multiple sclerosis, cerebral palsy and bi polar illness to be included in relevant care plans. We were not assured that staff had the knowledge and skills to meet people's needs effectively.

Staff were unclear about DoLS. One of the staff said it was referred to briefly in the safeguarding training and another said they thought a face to face course was to be arranged. The acting manager confirmed she had completed training on both MCA and DoLS, but this had been before changes were made to legislation. Since then she had met with the DoLS officer to ensure they were meeting people's needs effectively. However, all staff need to have a clear understanding of both the MCA and DoLS and without this people could potentially be at risk of being deprived of their liberty unlawfully.



## Is the service effective?

We found that the provider failed to ensure that there were suitable arrangements in place to ensure that staff were suitably trained or supervised for the work they performed. The above paragraphs were a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, (now Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

People did not always receive varied and well balanced diets. It was noted that whilst people were offered what was on the menu which was varied and well balanced, generally they had what they wanted at each mealtime. People's fluid intake was recorded, but not totalled and in relation to one person it was not clear from records that they always received sufficient fluids to keep them appropriately hydrated. This person regularly chose to miss meals and there was a heavy dependency on high calorie foods and drinks. The home had no facility to monitor this person's weight. We were told that a visiting health professional had referred this person to a nutritionist for advice and support. The person's capacity to make decisions about their diet had not been assessed.

Another person's food lacked variety. It was not clear if this had been discussed with the person or if the person had capacity to make decisions about their diet. There were no robust systems in place to monitor that people received varied and well balanced diets.

We found that the provider failed to ensure that there were robust systems in place to monitor people's dietary intake and to ensure that people received varied well balanced diets. The above paragraphs were a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, (now Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

In March 2014, changes were made by a court ruling to the Deprivation Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. DoLS provides a process

by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. In one care plan it was noted that a DoLS authorisation had been refused. We were told this was because the person had capacity to decide where they lived and could consent to care. Whilst there was no formal capacity assessment within the person's care plan, there were records to show that since admission to the home the person had made a wide range of complex decisions about their life and the support they wanted to receive. We were told that an application had been made for a Deprivation of Liberty Safeguard authorisation (DoLS) in respect of another person, but there was no copy of the application on file. Later in the inspection a copy of the DoLS application was added to the care plan folder.

The principle of the Mental Capacity Act 2005 is that every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. Within care plans there was a tool to assess each person's ability to make decisions, but these had not been completed. Good dementia care also involves a clear and robust understanding of the MCA; staff who provide care and support are legally required to work within the framework of the MCA and to have regard to the MCA Code of Practice. Whilst we observed staff encouraging people to make decisions during our inspection, there was no robust system in place to ensure that this routinely happened. We have therefore identified this as an area of practice that requires improvement.

Staff had worked closely with healthcare professionals to assist them in meeting the changing health needs of people. One person received support from local nurses. It was noted people attended appointment to ensure that equipment, for example, wheelchairs, continued to meet their needs. People told us that they also attended a range of health related appointments to meet their needs. They said if they wanted to see their GP an appointment would be made.

# Is the service caring?

## Our findings

People told us they were looked after well. A relative told us, “The staff are very caring.” During the inspection we observed and heard staff speaking with people in a kind and caring manner. They clearly explained to people what they were doing and gave regular reassurance.

Throughout the inspection staff spent time with each person individually. One person was taken to the local town for a haircut. When they returned, it was obvious they had enjoyed their outing as they were keen to talk to staff about where they had been and what they had done. They had bought polish when they were out and spent time in the afternoon polishing their shoes and reminiscing about their past.

We were told and people confirmed they got up and went to bed when they chose. This meant that meal times varied for each person. On the day of our inspection people did not eat their meals together. One person was in bed all day and another was in bed most of the day. Both confirmed this was their choice. One was awaiting a new wheelchair and said that their current wheelchair was uncomfortable so they only got up for short periods. This person was due to have a fitting for a new wheelchair the day after our inspection.

A staff member told us that one person had asked for a lawn mower for the garden. They said, “Within a week a mower and gardening tools had been purchased and (the person) is regularly supported to use them.”

During the inspection one person asked the acting manager for time to speak with them in private to talk about what was going well in their life. Time was given so this person could share their views. When one person used their call bell, staff attended to them promptly. People told us they never had to wait long.

Staff knew people’s needs well and knew their likes and dislikes and how they wanted to be supported. A staff member said, “I love it here, we have time to give to people.” They said everyone was different and liked to be supported differently. Staff were able to tell us about people’s preferences. We observed how care staff communicated with a person who was less able to express themselves verbally. It was clear they knew this person well and were also able to anticipate some of their needs. People’s preferences for the way they wanted to be supported were clearly documented. For example, one person liked the TV on at night.

We asked if any adaptations had been made to the building to assist people with a dementia type illness. Attention had been given to making sure that colours contrasted so people could easily identify places. For example, toilet seats were blue in contrast to their bathroom suites. Plain wooden flooring had been used instead of carpets. Some people had specialist equipment to assist them to be more independent with eating and drinking and to respect their dignity. Photographs of people were gradually being added to help people locate their bedrooms easily. Where people used wheelchairs the layout of their room was clearly designed with this in mind.

# Is the service responsive?

## Our findings

People liked to spend time with staff on a one to one basis but record keeping relating to these sessions were not detailed. People told us they had no worries or concerns. One person told us, "If I had any worries I would raise them with (the manager). It's a good home, on the whole the place is excellent, I am so happy here." The home had not received any formal complaints since opening. A relative told us they were very happy with the care. They said, "I can't fault the staff, they keep in touch with me."

The home had a clear complaint's policy in place, a copy of which was on display. This detailed how complaints would be dealt with. The complaint's procedure contained timescales so people were informed about how and when a complaint would be handled and responded to. There had been no formal complaints to the home since the home opened.

Within daily records there had been an incident where one person had become aggressive. Staff had documented that the incident had 'not been (the person's) fault, not enough staff to take (them) out.' We asked if this had been looked at as a complaint by this person as their needs had not been met. We were told, "No." People were not always able to raise concerns verbally. Staff need to be able to pick up on cues that indicate people's happiness or otherwise. Staff had clearly identified the person was unhappy about the situation that day, but the manager had failed to recognise that this was their way of making their needs known. We identified this as an area that required improvement.

The home had not carried out an assessment of how each person wished to spend their day.

There was no structured activity programme, or no programme of activities based on individual's likes and dislikes. People told us they spent their day as they wanted. Daily records referred to a limited use of local facilities and amenities.

We spoke with the acting manager who acknowledged that further work was needed to ensure that people had opportunities to be involved in meaningful activities. This process had been started in that they had looked at day centres for two people and a referral had been made for one person to use a hydro pool. They were also starting to

look for a work placement for one person. Most of this work had been carried out outside of the care planning process so it was not recorded. This was identified as an area that required improvement.

One person told us they liked to spend time in the garden. They said they were going to have a vegetable and flower patch in the garden and were looking forward to the summer months so they could spend more time outside. Staff said this person was able to use the garden independently. It was evident in daily notes that this person spent a lot of time in the garden. Staff told us that this person also liked to help around the house with tasks such as vegetable preparation and loading and unloading the dishwasher. This person was engaged in meaningful activities throughout our inspection.

Another person had hanging baskets in the garden and staff told us that they supported them to spend time tending to the baskets. This person liked to spend time in the lounge and to watch television. One person told us that they chose to spend time in their room on their laptop. They said that they also had their TV and music and were happy with the arrangements in place. Another person told us that they liked to spend a lot of time in their room. They were happy with their iPad and TV and said that they got up when they wanted to. We asked them if they had regular opportunities to go out and they said, "Sometimes and that they would like to go out more when there were more staff. They said that they had a look at a day centre."

We were told that people went out when staffing levels allowed and on occasions additional staff were brought in to facilitate outings. A staff member told us the home needed some form of transport as they had to rely on taxis. We were told there were plans to have transport, but there was no clear timescale for this.

As the home was small, staff saw each other regularly and there was a good system of verbally passing on information from one shift to the next. One person had an adapted phone that they could use independently. They told us they liked this as it meant they could call their relative when they wanted to without having to ask staff for support. The person's relative also told us they valued the regular contact.

Staff told us that they had read people's care plans. They said that changes to care plans were communicated to them at handover. Staff were knowledgeable about

## Is the service responsive?

people's needs and could tell us about recent changes to care plans. One person's care plan clearly described how they should be supported when well. As this person had regular periods when they were low in mood there was also advice about the support required when this was the case. Staff were clear about the different approaches used.

A social care visitor told us the home was proactive in seeking advice and support when needed. They said that the, "Client always comes first," and they had been very impressed with the care provided.

# Is the service well-led?

## Our findings

People, staff and a relative spoke highly of the acting manager and said they thought the home was run well. The home is still relatively new and procedures and systems are gradually evolving. However, there were no robust systems in place to assist the staff to formally review how the home was operating or to monitor the quality of the care provided.

Systems were not in place to monitor or analyse the quality of care provided. The acting manager said the provider visited the home regularly and they discussed the running of the home. We asked if there were any records of the discussions held and were told there were at present they were only in an email format. There were no internal quality assurance checks, such as audits. Audits are used to review the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people who receive care. As audits had not been completed in areas such as care planning, medicine administration, staff files or record keeping, the provider had no system to demonstrate how they had assessed, evaluated and improved the quality of care provided in the home.

We looked at a range of health and safety records. A health and safety risk assessment had been completed and had been reviewed. Servicing related to gas and portable appliances were up to date. Fire safety checks had been carried out in line with the home's policy. However, no fire drills had been held since the home opened. In addition, there were no personal evacuation plans for each person in the event of a fire. As people have varying degrees of mobility impairments it is essential that staff know what to do in the event of a fire, so that people can be quickly removed to a place of safety. Fire drills are a way of testing that staff know what action to take and have been given regular opportunities to practice for such an event. A lack of drills and clear guidance on how this could be achieved could place people and staff at risk.

We asked to see records of accidents and incidents that occurred in the home. We were told they were stored in each person's care plan folder. Within daily records for one person we noted that there were regular incidents where the person had been described as 'aggressive'. We asked if incident reports had been written for these occasions and

were told, "No." There were no systems to analyse incidents to see if any lessons could be learned as a result, or to determine if care plans or risk assessments should be reviewed and updated following incidents.

Staff meetings are an opportunity to discuss changes in care practices and to ensure that all staff receive consistent advice and support at the same time. Meetings had been held regularly. A small number of issues were repeated from one set of minutes to the next with no resolution shown. For example, the subject of whether uniforms should be worn. The acting manager said staff had failed to reach a decision on the matter, so they were going to ask people living in the home their view and go with the majority view. There was no space to record action points or to inform staff when matters had been addressed. Whilst staff told us they found meetings very helpful and could share their views, there was limited evidence in the minutes that their views had been documented. One staff member told us they had made a suggestion about a piece of equipment for one person and this had been provided. Minutes of a meeting in January 2015 showed that an extractor fan was needed. However, whilst we were told this was being arranged there was no timescale. Minutes also referred to getting costings for a minibus, but it was not clear when this was to be provided.

We found that the provider had failed to have appropriate systems to effectively monitor the quality of care provided. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, (now Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

We asked the staff about the home's vision and values. One staff member said, "Their care comes first, we aim to please in every way." Another said, "We aim to make everyone happy. The acting manager said that the aims of the home were stated in the statement of purpose and that the home used the, 'contented dementia trust' approach. There was a booklet available for all staff to read about this approach. There was no written evidence that staff had read the book or specific guidance about how the approach was to be used at Abbey Lodge. However, whilst staff did not refer to the document they gave examples of the approach used. For example, one staff member said, "We don't use phrases like, 'do you remember' as this can cause frustration." The acting manager said, We try not to ask direct questions that are likely to put people under pressure so instead we might

## Is the service well-led?

say, “I’m going to have a cup of tea would you like one.” They said this had the benefit of helping people make a decision in a relaxed and informal way. If care and treatment are to be based on using a specific approach then staff should have clear guidance on how this should be applied to Abbey Lodge.

Surveys to obtain the views of people and visiting professionals had been carried out. Surveys of relatives and staff views had yet to be carried out. The forms were

not dated but we were told that they had been sent out in February 2015. The results of the survey had not been collated as there were still some to be returned. The results to date were positive in that people had ticked that they were happy. We asked the acting manager what she had learned as a result of the process. She was clear that the form should be amended for future surveys to enable comments to be written.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not ensure that care and treatment was always provided safely. Regulation 12 (1)(2)(a)(b)(g).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

The registered person did not ensure that there were robust systems in place to monitor people's dietary intake and to ensure that people received a varied well balanced diets. Regulation (14)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have an effective system in place to maintain detailed records of people employed to work in the home. Regulation 17(1)(2)(d).

The registered person did not have an effective system to evaluate and improve practice. Regulation 17(2)(a) (f)