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# Abbey Lodge Care Home

## UNIT 1

### Inspection report

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#### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

The inspection took place on 22 September 2015 and was unannounced. When we last inspected the service on 18 April 2013 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the standards.

Abbey Lodge Care Home is registered to provide accommodation for up to three people with mental health needs. At the time of our inspection there were three people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

# Summary of findings

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.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that one person who lived at the service required DoLS and the manager had made the application to the local authority.

Staff were clear on how to identify and report any concerns relating to a person's safety and welfare. They were recruited through a robust procedure and provided with regular training to ensure their knowledge was up to date. Staff was clear on what their role was. People and staff were positive about the leadership of the service.

People had access to information about safeguarding procedures, they had a list in their bedroom with all the important contact telephone numbers for their GP, care

coordinator, manager, local authority and CQC in case they wanted to contact them directly. Staff were also confident in how to safeguard people who used the service

People were supported to attend appointments at the hospital, see their own GP, optician and dentist if it was needed. They were encouraged to manage their own medicines where this was possible. Where people were unable to manage their medicines staff ensured they received them in accordance with their needs.

People were encouraged to live an independent life. This included working, to engage in activities and make decisions regarding their future. The risks linked to these activities were discussed with people and plans were developed to positively manage these.

People were involved in planning and reviewing their care and were encouraged to provide feedback on the service. The support provided was subject to on-going review and care plans identified people's particular preferences and choices.

There were robust systems in place to ensure that the quality of the service was monitored and improved if the need was identified.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff knew how to safeguard people from abuse and people had easy access to information about safeguarding.

People were involved in decisions regarding risk management. They were encouraged to live an independent life.

Robust recruitment procedures were in place which helped to ensure staff who worked at the service was suitable to do so.

People were supported to administer their own medicines and where this was not possible staff administered medicines safely.

Good



### Is the service effective?

The service was effective.

People received support from staff who were qualified and well trained.

Staff discussed with people what support they needed and obtained their consent before providing any support.

People were supported to eat a healthy balanced diet; they were involved in developing the menu which they helped to cook.

People had access to health care services and were supported to attend appointments.

Good



### Is the service caring?

The service was caring.

People developed close relationships with staff which was built on trust and respect.

Staff respected people's choices and preferences.

People had access to advocacy services in case they were not able to manage their affairs independently.

People's dignity and privacy was promoted.

Good



### Is the service responsive?

The service was responsive.

People received support from staff when and how they needed it.

People were encouraged to pursue their interests and hobbies, to work and integrate in the community.

People knew how to complain and they were confident in raising any issues with staff and management.

Good



# Summary of findings

People were given the opportunity to discuss any issues in regular meetings with the provider and one to one meetings with staff.

## Is the service well-led?

The service was well led.

Robust systems were used to monitor the quality of the service provided.

People and staff had confidence in the management team at the home.

Staff understood their roles and responsibilities.

The manager was knowledgeable about people`s needs and goals, they were working closely with the care coordinators for people to help them achieve these goals.

Good



# Abbey Lodge Care Home

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### **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 met 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 under the Care Act 2014.

This inspection took place on 22 September 2015 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with two people who used the service, three support staff and the manager. We spoke with one relative subsequent to the inspection visit to obtain their feedback on how people were supported to live their lives.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits. We also reviewed three staff employment files.

# Is the service safe?

## Our findings

People told us that they felt safe and well supported in Abbey Lodge Unit1. One person said, “I like it here I feel safe.”

Staff were confident to describe the concept of safeguarding vulnerable adults. They were able to explain their understanding on how to protect people from the risk of abuse and what form this may take. They were familiar with the whistleblowing procedure and were able to tell us in what circumstances they would report to the local authority safeguarding team or the Care Quality Commission (CQC).

People had easy access to all the contact details for the safeguarding team, CQC, their GP and care-coordinator if they wished to contact them in person. This information was displayed in every person`s bedroom and around the home. This showed us that the provider had taken reasonable steps to identify the possibility of abuse and prevent it before it occurred.

Risks to people`s well-being were identified after analysing individual support needs. A management plan was developed in agreement with the person to ensure they could live as independently as possible and they were safe at the same time. For example, we saw that a person was at risk of self-neglect if not prompted by staff to change their clothes and deal with personal hygiene needs. The management plan detailed that staff needed to prompt this person and offer help as and when it was needed. We observed this person was appropriately dressed and they told us, “Staff always makes sure I change my clothes and I am clean.”

People told us they were enjoying spending their days together with people living at the neighbouring sister home and there was enough staff to meet their needs. One person said, “Staff are always around, I get on with everybody.” The management ensured that staffing numbers were adjusted depending on occupancy and in case staff had to support people to attend appointments. One staff member said, “We are plenty of us [staff] It is a small home and we can adjust quickly if we need anybody to go out with a person.”

Recruitment practices were safe and effective. These helped to ensure that all staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the needs of people who used the service.

People were encouraged to manage their own medicines. Assessments had been carried out to establish the level of support each person needed to take their medicines safely. For example, staff were working with a person to enable them to move out from the home and live independently. They had a lockable cabinet fitted in their bedroom and they were managing their own medicines and this was checked by staff regularly to ensure they were doing so safely.

Staff followed best practice guidelines when administering medicines for people who were not able to take their own medicines. They locked the medicine trolley every time they had to take medicines to a person and they signed the medication administration records (MAR) after they ensured people took their medicines.

This meant that the risks associated with administering medicines to people were well managed and people received their medicines safely.

# Is the service effective?

## Our findings

People told us that staff were knowledgeable about and met their needs. One person said, “I got help and support from staff when I need it and how I need it. They know what I need.”

Staff had comprehensive induction training when they joined the service and regular annual updates. This covered topics including fire training, infection control, medication and other training relevant to their role. For example, we saw that a member of staff had been trained in safe administration of medicines after employment; however they were regularly observed by the managers to ensure they were competent in administering medicines for people. We found that most of the staff had achieved national vocational qualification (NVQ) and were supported to develop their knowledge and skills. For example, where a staff member had finished their NVQ Level two and they were scheduled to start NVQ Level three. This meant that the provider aimed to deliver high quality care and ensured staff had a continuous development and enhanced their skills to benefit people at the home.

People were supported to make their own decisions and choices. Staff were knowledgeable and understood their role in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. We saw that people’s capacity was monitored in different areas including finances, medication and going out. People at Abbey Lodge Unit1 had been assessed as having capacity to make their own decisions.

People told us they liked the food which was prepared and cooked on the premises. One person said, “The food is very nice and more than enough.” Another person said, “I really like the food here and we have plenty of choice.” Meal times were calm and relaxed. People helped set the tables and served themselves with freshly cooked food. The menu was developed by the people who lived there and changed every two weeks. In case people did not like what the menu offered on a particular day, they could have alternatives.

People had their weight, blood pressure and pulse monitored regularly to ensure they were healthy. They were encouraged to live a healthy life and helped to control any addictions. One person told us, “I used to smoke a lot but now I only have a few.”

People were supported to access health services as and when they required. People attended regular hospital appointments, blood tests and they were accompanied by staff if it was needed. They were also visited regularly by their social worker or care coordinator to discuss their well-being. People had been seen by opticians, dentists and GP’s when and if required. Their mental health was monitored and regularly reviewed by mental health specialists. For example, we saw that a person recently had a review by the mental health specialist of their medication which they were taking for their mental health issues and because of the good progress they had this was reduced.

This meant that people’s health needs were reviewed regularly and changes responded to in a way that helped to promote their health and well-being.

# Is the service caring?

## Our findings

People had positive relationships with the staff who were supporting them. One person told us, “Staff are very nice and they always have time for me. They really listen.” Another person told us, “I felt very welcomed when I moved in; staff are very nice and kind. I am very happy here and I want to stay here as long as I need and ready to live independently.”

Staff communicated well with people and knew them well. They listened to what people had to say and responded appropriately. People and staff were comfortable in each other's company, smiled and joked together. People were confident in approaching managers and staff to communicate with them and plan what they wanted to do.

Staff told us they enjoyed working at Abbey Lodge Unit1. One member of staff said, “I wouldn't want to work anywhere else. I want to work here as long as I can. I really like it here.” Another staff member said, “Everybody is so friendly, staff, managers and people. I like working here.”

People were involved in the planning of their care and in monthly reviews. There were regular one to one meeting with staff where people had the opportunity to discuss any issues they may had, if they felt their care plan was still relevant and reflected their needs.

People told us they felt staff protected their privacy and gave them space if the needed it. One person said, “Staff knock on my door and I have my privacy.” People were able to voice their preferred ways of support from staff. They were enabled to take decisions and they were free to do what they liked but were also encouraged to respect the house rules and be organised. For example, we saw that people were encouraged to keep their room tidy and make their beds by noon each day. They were also prompted to smoke in the designated smoking area, under no circumstances they were allowed to smoke indoors due to the fire risks. We saw that the care plans for people were reviewed regularly and captured people's opinions, thoughts and wishes. We found that personal documents and records for people were held securely and people had a say in who had access to the information in their care plans.

People had short and long term goals agreed by them and staff were helping people achieve these. One person said, “Eventually I would like to be independent and support myself. Staff here are helping me to achieve my goals.” People had regular meetings with their care coordinators and staff to ensure they had planned how to achieve their goals.

This meant that people were in control of their life, they were empowered to take decisions and motivated to set goals which they were helped by staff to achieve.



# Is the service responsive?

## Our findings

People felt that they received the appropriate support. One person said, “Staff help me when I need it and they do what I ask.” People’s needs were assessed before they moved into the service. Areas where people needed support were clearly identified and plans were in place to detail what support they needed from staff. For example, one person who had diabetes was identified at risk of having high or low blood sugar levels. We saw that staff had information at hand to be able to recognise the signs and symptoms associated with high and low blood sugar levels. They also had action plans to follow for each issue. They also prompted the person to eat a healthy diet and ensured they had regular blood tests done.

People were encouraged to live a full and active life, have a job, go out shopping, administer their own medicines, go on holidays and participate in activities with staff. The manager in consultation with people had agreed and re-organised the tasks around laundry, cleaning and tidying rooms. These were done mainly by people using the service in conjunction with staff during weekdays and more outings and activities were organised for the weekends.

One person said, “We go out to the shops and the cinema. We have days out and we can also go on holidays if we want.” Another person said, “I watch TV, play Bingo, go out when I can.”

People told us that there were regular events organised by the service and birthday parties which they enjoyed. We saw that the provider asked people’s views about the events organised to ensure that anything needing improving was improved for the next one. For example, we saw they asked people about the BBQ they organised and the Easter party and all the comments were very positive.

The manager told us they had organised a trip to the seaside in August and several outings to the cinema. They were organising a trip to China Town in London as people expressed their wish to go there.

People told us that they felt confident to raise any issues or concerns with staff and management. One person said, “If I have a complaint I talk to the manager.” Another person said, “If I would have a complaint I trust to talk to staff or management. They sort everything out.”

We saw that people had been given a complaints procedure and they were aware who they could complain to if necessary, however people told us they had no reason to complain.

# Is the service well-led?

## Our findings

People told us they knew about the management arrangements in the home. The feedback we received from staff and one relative was all positive about how the home was managed. One person told us, “The management in this place is great. They will talk to us as any time.”

Staff described the manager as being approachable and supportive as well. One staff member said, “The manager is very good and approachable. We often have meetings where we discuss any improvements we need to make. They [management] really discuss everything with us.” Another staff member said, “I have the confidence in management. I can discuss anything with them.”

We found that arrangements were in place to ensure that management was present in the home every day to ensure staff and people had continuous support if they needed.

Staff were encouraged to develop and achieve national vocational qualifications at different levels. This meant that staff were motivated to work for the service longer and were up to date with work practices and standards. Most staff we talked to had worked for the service for several years.

The manager monitored the standards of the service provided through regular health and safety, infection control and medication audits. They also regularly monitored the standard of the service provided by sending out surveys to staff, people, relatives and professionals. The feedback received from questionnaires was very positive. One person responded to the survey and said, “I am enjoying myself in Abbey Lodge Unit1 because both staff and other people are nice. The food is good and the place is kept extremely clean.” Everyone who completed the questionnaire answered `Yes` to the question if they would recommend the home to others.

The manager collaborated with a reputable care provider association to help them deliver training for staff and they were dedicated to progress and develop the service to provide the best service for people.

The manager demonstrated a very good understanding of people`s needs and they were very passionate about delivering a high quality service.