

Abbottswood Lodge Residential Care Home

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

The service was last inspected in November 2016 where the Commission highlighted a number of concerns. This service was in 'Special Measures' at the time of this inspection.

The provider wrote to us with actions they had taken to improve the service. The service was previously rated inadequate overall and placed in special measures. Although improvements had been made since our last inspection, at this inspection the service has been rated as requires improvement, as the provider will need to show they can sustain the improvements and continue to provide good care for the rating to be changed.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although the service had a number of quality monitoring processes in place to ensure the service maintained its standards, these were new systems and not completely embedded in the service. The service had made improvements to ensure staff delivered support that was effective and caring and this was in a way which promoted people's independence and wellbeing, whilst people's safety was ensured.

Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient numbers of staff enabled people's individual needs to be met adequately. Trained staff dispensed medications and monitored people's health satisfactorily.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers, community mental health nurses and GPs to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks.

Systems were in place to make sure that people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals.

A complaints procedure was in place and had been implemented appropriately by the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People felt safe using the service, risks were suitably managed to ensure people's safety and wellbeing.

Sufficient numbers of staff were available to meet people's needs.

People were supported with their medicines in a safe way.

Is the service effective?

Requires Improvement 

The service was effective. However the rating remains as requires improvement until such time as the provider can show sustained improvements and continued effective care.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

The dining experience for people was suitable to meet their needs and people's nutritional requirements were being met.

Is the service caring?

Good 

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be.

Is the service responsive?

Requires Improvement 

The service was responsive. However the rating remains as requires improvement until such time as the provider can show sustained improvements and continued responsive care.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs.

People knew how to complain if required and felt the manager would address any issues raised.

Is the service well-led?

The service was not consistently well-led.

Staff felt valued and were provided with the support to carry out their roles

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There were systems in place to seek the views of people who used the service and their relatives and this had been used to make improvements.

Although service had a number of quality monitoring processes in place to ensure the service maintained its standards, these were new systems and not completely embedded in the service.

Requires Improvement ●

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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 checked 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 was a comprehensive inspection. The inspection was completed on 10 and 11 August 2017 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

Due to their complex needs, we were unable to speak with the majority of people using the service about their views and experiences. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with people's relatives or those acting on their behalf to ascertain their views about the quality of the service provided for their member of family.

We spoke with three people who used the service, four people's relatives, four members of care staff team, the registered manager and a visiting health professional.

We looked at a range of records which included four people's care records, four staff recruitment, training and support records and records in relation to the safe management of the service, such as policies, audits, staff rotas, complaint and compliment records, medication records and quality assurance records.

We reviewed four people's support plans and support records. We looked at the service's staff personnel

records for four members of staff. Additionally, we reviewed four staff members training and supervision records. We reviewed the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and quality assurance records.

Is the service safe?

Our findings

At our last inspection in November 2016 the provider was in breach of regulation 12 Safe Care and Treatment. We found that risks to people had not always been identified and suitable measures were not in place to mitigate risk or potential risk of harm for people using the service. Improvements were needed to ensure people's safety. The provider sent us an action plan and told us what they were going to do to improve. At this inspection we found that necessary improvements had been made.

We found that risk assessments were in place and information recorded within people's care records identified risks associated with individual's care and support needs. For example, these related to people's manual handling needs and people's personal care needs. Staff were aware of people's individual risks and how to help keep them safe whilst ensuring any restriction on people's freedom was minimised. Our observations showed that staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. Another example, the records for another person detailed that they were at high risk of developing pressure ulcers, we found that risk assessments had been completed and detailed how to manage this risk. This meant suitable measures were in place to mitigate risk to people.

People we spoke with and their relatives told us that they felt safe living at Abbottswood Lodge. One person told us, "Yes, I feel very safe here; the staff are always here for me." A relative also told us, "Peace of mind knowing [relative] is here and being cared for safely."

Appropriate arrangements were in place to protect people from the risk of abuse. Staff had received safeguarding training and knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "I would firstly report to my manager, but I know that I can report to CQC or Local Authority." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. At our last inspection we found that the registered manager did not have a copy of the latest 'Southend, Thurrock and Essex Safeguarding Adults' guidelines; but at this inspection we found there was a copy of the guidelines available.

The service had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

Adequate numbers of staff were available to provide the care and support as detailed within people's individual support plan. This ensured that the delivery of care by staff was appropriate in meeting their specific needs. People and their relatives we spoke with told us that there were enough staff on each shift. One person said, "They [staff] are always around and you do not wait for anything." A relative told us, "There always seems to be enough staff when I visit the home, I can say that I have never seen anyone waiting for a member of staff to help them." The deployment of staff throughout the inspection showed that people's care and support needs were met and care and support was provided in a timely manner.

People were cared for in a safe environment. The provider employed a general maintenance person for the day to day up keep of the service and for the monitoring of environmental health and safety. The registered manager told us that the maintenance person had recently left employment but another maintenance person from another of the provider's service was available to assist the service. There was a fire plan in place and each person had a fire evacuation plan completed. Regular fire evacuation drills were completed by the registered manager and they reviewed staff response and actions during drills for any improvements needed.

People received their medications as prescribed. Care staff who had received training in medication administration and management dispensed the medication to people. We reviewed medication records and saw that these were clear and in good order.

Is the service effective?

Our findings

At our last inspection in November 2016 the provider was in breach of regulations 9, 11 and 18. The failings at the previous inspection related to staff training and support, assessment of people's mental capacity and how the provider supported people to access healthcare professionals when they needed these interventions. The provider sent us an action plan to show they would improve. We found that improvements had been made in all areas of previous failings, however, the rating has been changed to Requires Improvement, although improvements have been made, this will need to be sustained and safe care delivered over time.

At our previous inspection we found arrangements in place were not effective to ensure that staff employed at the service received appropriate training. This referred specially to training relating to specific medical conditions and dealing with people who could be anxious and distressed as a result of their behaviours. Training of staff has improved since our last inspection and staff competencies were good. Staff we spoke with told us that they had undergone training courses since the last inspection and felt confident that they could respond to people's needs. One member of staff told us, "We have had lots of training recently and I personally feel we have enough training to carry out our jobs." We saw training records for four members of staff and found training had been provided for specific health needs such as diabetes and challenging behaviour.

Staff now received adequate supervision and support. We viewed staff supervision records and found that regular supervisions were being undertaken and staff we spoke to told us that these supervisions were beneficial to them and it was now a two way process. One member of staff told us, "I feel entirely supported by the manager and I can discuss anything with her." Another staff member said, "Supervisions are good and we are able to speak about different subjects freely."

People and relatives we spoke with told us that staff met their needs and that they were happy with the care provided. Comments included, "I believe the staff are well trained as they are knowledgeable on how to care for my [relative] and they care for him very well." We observed staff interactions with people in a kind, caring and sensitive manner. Staff had the skills to meet people's individual needs. They communicated and interacted well with people and provided help and support where needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received appropriate training and were able to demonstrate a good knowledge of the Mental Capacity Act 2005. Records showed people's capacity had been assessed and where appropriate applications had been submitted. At our last inspection we found that the service had not acted in accordance with the Mental Capacity Act 2005 with regards to a person receiving covert medication. 'Covert' refers to where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink. At this inspection we found that the registered manager had resolved this issue and appropriate documentation was now in place and it was detailed with

clear directions on how the staff would manage this.

At our last inspection we found that it was difficult to determine if people had received appropriate healthcare interventions due to recording of outcomes and the involvement of healthcare professionals had not been clear. At this inspection we found people were supported to access healthcare as required. The service had good links with other healthcare professionals, such as district nurses, GP and nurse practitioners. The registered manager told us that the GP would visit the service if requested. People told us that staff would call the GP if they did not feel well. A relative we spoke with told us, "The staff are very good at getting the doctor in if they feel that [relative] is unwell." We spoke with a GP who was visiting the service at the time of our inspection and they told us that staff will contact the surgery in a timely way for people. We saw records that clearly showed when people had received interventions from healthcare professionals and advice given were being followed.

Our observations of the lunchtime meal showed that the dining experience for people was positive and sociable. People chose where they wanted to sit and eat their meals. People were offered a choice of meals and drinks. One person told us, "The food is always nice and well cooked." A relative told us, "The food always looks very appetising and my [relative] is always complimentary about the food."

Is the service caring?

Our findings

At our last inspection in November 2016 the provider was in breach of regulation 9 Person-centred care. We found that end of life care plans did not detail people's needs and required support they required fully. The provider sent us an action plan and told us what they were going to do to improve. At this inspection we found that necessary improvements had been made.

At this inspection the provider told us that one person using the service was deemed to be on end of life care. We saw that this person's care records detailed how to deliver care in a safe way whilst respecting the person's preferences. A Preferred Priority of Care (PPC) had been completed to show the preferences and wishes of the person and this was completed with involvement of the person's family. This meant that people's end of life wishes were recorded and adhered to. We spoke with a GP who was visiting the home at the time of our inspection and they were complimentary about the care provided at Abbottswood Lodge. Comments included, "One person is on end of life care and this has been for a long period of time, it is a testimony to the staff that care for her as she had been stable for quite a long time."

People told us that they were happy living at the service. One person said, "I really do like it here, they [staff] are so very caring." Another person said, "I think it's a lovely place, the staff really do care for us." Relatives we spoke with were also complimentary of the service. "All the staff are so lovely and I always see them chatting away with residents and they are so friendly to families too."

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. We saw many occasions when staff engaged with people by talking to them face on and at their level. Staff were friendly and relaxed during their interactions with people and were unhurried when reassuring people and assisting them.

Staff knew people well including their preferences for care and their personal histories. The service had documentation in people's notes which told the story of their life and described what is important to them and how they liked to be supported. People were supported to spend their time at the service as they wished. For example staff knew who preferred to spend their time in their rooms and who liked to socialise with others. Staff knew people's preferences for carrying out every day activities, for example when they liked to go to bed and when they liked to get up.

People and their relatives were actively involved in making decisions about their care. One relative told us, "I am often approached by either the manager or one of the staff to speak about my [relative] to ask for my opinion on different things to do with their care." Another relative said, "The staff always keep us up to date with any changes to [relative] care needs."

Staff treated people with dignity and respect. People told us that staff always respected their privacy. Staff knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions with people. We saw that the service had a dignity champion to promote people's dignity and

independence. A relative we spoke with told us, "All the care is individualised and [relative] respected for her preferences. The staff encouraged her independence all the time."

People's diverse needs were respected. People had access to individual religious support should they require this. For example; some people choose to attend a church service weekly and they are supported to do this. We saw the registered manager information displayed regarding advocacy service, if people required this service. People were supported to maintain relationships. Staff told us that people's relatives and friends were welcome at all times.

Is the service responsive?

Our findings

At our last inspection in November 2016 the provider was in breach of regulation 9 Person- Centred Care. We found that assessments of people's care did not include all of their care and support needs. The provider sent us an action plan and told us what they were going to do to improve. At this inspection we found that necessary improvements had been made.

At this inspection we found staff had made an improvement in understanding people's care and support needs. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals. Support plans included photographs of the person being supported with some aspects of their care, so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed, in the way the person preferred. The support plan had been regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. The registered manager and staff used the information they gathered to inform people's support plans. They had spoken with, and in some instances worked with, everyone already involved in caring for and supporting the person, in order to learn as much about the person as they could. Staff used this information to devise the person's support plan. Support plans were reviewed and changed as staff learnt more about each person change in needs, for example when a person's mobility had reduced the care plan was changed to reflect how the person's needs would be best met. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they came to live at the service.

During our inspection a person became anxious and distressed. Staff told us that this anxiety and distress is a frequent occurrence due to the person's diagnosis of Dementia. Staff were observed and found to be knowledgeable on what steps to take to reassure this person in a dignified way. This showed us staff were responsive to this person's needs.

People told us they had a choice to join in with activities one person told us, "They [staff] do lots of different things for us to join in with." A relative also told us, "[name of relative] loves to read and they make sure he has plenty of choice of reading material." The registered manager told us that care staff are responsible for activities as part of their shift duties. The registered manager showed us activities planner displayed in the communal lounge which is reviewed every two weeks, this included bowling, card games and sing-a-longs. During our inspection we observed staff to be sitting with people assisting them with word puzzles and others were enjoying music which was playing in the communal lounge.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager or person in charge, to address the issue. There had not been any complaints made since our inspection in November 2016.

Is the service well-led?

Our findings

At the last inspection in November 2016 the provider did not have effective arrangements in place to check and ensure the service was being effectively run on a day-to-day basis and to assess progress was being made to identify non-compliance or any risk of non-compliance with regulatory requirements (long sentence – had to read a couple of times). Improvements had been made since then and observed these changes throughout the service during this inspection. The rating for this key question has been changed to Requires Improvement, although improvements have been made, this will need to be sustained and the management of the service in terms of quality and safety maintained over time.

At our inspection in November 2016 we found quality assurance systems and processes which assessed, monitored or improved the quality of the service were not effective or established. At this inspection we found improvements had been made as the registered manager had implemented a number of monitoring systems which were continually reviewed to ensure they were effective in highlighting issues that had previously been missed. The registered manager had carried out regular audits such as health and safety, medication, falls, care plans, risk assessments and staff recruitment. Actions arising from the audits were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. These quality assurance checks were newly implemented into the service and the registered manager told us that it would take time to completely embed the processes into the service. This showed us that the registered manager had an insight to the day to day running of the service and also recognised that new processes will require time to ensure they are robust and effective

The registered manager told us that the Local Authority had been assisting them to ensure the service was being well- led. The Local Authority had completed a monitoring visit in May 2017 and although they found the service to be 'good' they had given the registered manager some recommendations and actions to be completed. We reviewed the recommendations and found the registered manager had addressed all action that they were required to take.

At the inspection in November 2016 it was found that no Personal Emergency Evacuation Plans [PEEP] had been considered for people using the service. This is a bespoke plan for people who are unable to reach an ultimate place of safety unaided in the event of an emergency. There was also no emergency contingency plan for the service detailing the actions required during or immediately following an emergency or incident that threatens to disrupt the normal running of the service. At this inspection PEEPs had been completed for each of the people living at the service and we also reviewed and updated when required.

The registered manager was visible within the service daily and was part of the care team if required. People and relatives informed that they were very approachable and could speak to them at any time. The registered manager had worked in the home for a number of years and had a very good knowledge of the service and the people that used the service. People and their relatives felt at ease discussing any issues with the registered manager and her staff. They informed us the service had a family feeling and this was due the service being a family run business. A relative said, "The home is run in a warm and friendly way which is very comforting to us as a family."

Surveys had been sent to people who lived at the service, their relatives and health professionals to gain feedback on the service that is delivered at Abbottswood Lodge, we saw that 50% of the surveys sent had been completed and returned. All feedback given was positive and included comments such as, "After having experienced other care homes, Abbottswood provides a very safe environment and there is always someone around to keep residents safe." And "The care home is excellent and the staff are first class, I cannot fault it in anyway."