

Mrs Meetranee Chintaram

# Abbey Lodge Care Home - St Albans

## Inspection report

53-55 Harvey Road  
London Colney  
St Albans  
Hertfordshire  
AL2 1NA  
Tel: 01727 825899

Date of inspection visit: 22 September 2015  
Date of publication: 06/11/2015

### 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 eight people with mental health needs. At the time of our inspection there were eight 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. People living in Abbey Lodge Care home were not deprived of their liberty in any way and they did not require DoLS.

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 had received appropriate training to ensure they were skilled and knowledgeable to deliver care to the people living at the service.

People were encouraged and supported to take their own medication and where this was not possible staff administered their medication following best practice guidelines.

People had their needs assessed effectively and where any risks were identified these were positively managed and enabled people to be independent.

People were involved in duties around the home like cleaning, laundry, cooking meals. Some people were working as volunteers in local shops.

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

Staff 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 management of the service.

There were robust systems in place to ensure 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 demonstrated a good understanding of how to safeguard people from abuse.

People`s needs were assessed and risks were positively managed which enabled people to live as independently as possible.

Staff working at the service were recruited through robust procedures.

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

Good



### Is the service effective?

The service was effective.

People received support from staff who were appropriately trained and supported to meet people`s needs.

Staff sought people`s consent before providing care and support.

People were supported with their dietary needs and they were involved in cooking the food they liked or ordered.

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

Good



### Is the service caring?

The service was caring.

People were treated with respect and kindness; they built long standing relationships with staff who worked at the service.

Staff had a good understanding of people`s needs and wishes and respected their views and choices.

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

People felt that staff promoted their privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People received personalised support from staff who knew their needs and preferences.

People were provided with a wide range of activities, outings and were encouraged to pursue their interest and hobbies.

People knew how and to whom they should complain if they had reasons to do so; however people were happy and they had no complaints against the service.

People had regular meetings with the service provider where they could discuss any issues they wanted.

Good



# Summary of findings

## **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 were complimentary about the leadership in the home and they had confidence in the manager and staff.

Staff told us they understood their roles and responsibilities and had confidence in taking matters to management.

The manager was knowledgeable about people`s needs and goals, they were actively supporting people to be part of the community.

# Abbey Lodge Care Home - St Albans

## 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 six people who lived at the home, 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 three 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 Care Home. One person said, “It is incredible here. I moved around a bit before I came here. It is lovely. I feel free and safe at the same time.”

Staff were able to confidently explain their understanding on how to protect people from the risk of abuse and what form this may take. They were knowledgeable about the safeguarding adult’s procedure, the whistleblowing policy and where to find information on how to contact external agencies such as the local safeguarding team or the Care Quality Commission.

People had a list with contact numbers for their GP, care coordinator, local safeguarding team and CQC in their room to enable them to contact these services independently. Information about safeguarding procedures, contact numbers for the local authority safeguarding team and CQC was also displayed 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 each person’s support needs. The identified risks were managed positively; involved and helped people overcome any obstacles and enabled them to be as independent as possible. For example, we saw that each person had a mobile phone when they went out on their own so the staff were able to contact them or they could contact the home. People also had a personal file with contact details of family and friends and their mobile phones and also a picture in case they did not return to the home. The manager told us, “[Name] sometimes forgets to come back

in time and then we will call their mobile. We also contact the police and give them a recent photograph and all the contact details we hold. We need to give people a sense of independence and encourage them to be responsible.”

People told us there were enough staff to meet their needs. One person said, “They [staff] are always around, we can ring the bell or come down and ask for anything, they [staff] will help straight away.” There were enough staff on duty to meet people’s needs and staffing was adjusted depending on the needs of the people who used the service. The manager ensured if people had appointments or had to be accompanied to any events by staff this was planned an extra staff member was available. One staff member said, “Staffing is adjusted taking into account if we have full occupancy, or if a person needs a staff member to go out this is arranged as well.”

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the complex needs of people who used the service

People were encouraged to manage their own medicines. Staff had carried out assessments to establish the level of support each person needed to take their medicines safely. For example, we found that a person was going to visit their relative for a few days and they were given the medicines for the period of time they were spending there. They were able to administer their own medicines. Although people were taking their own medicines staff checked weekly if they had taken them correctly.

Staff administered medicines for people who lacked capacity to take their own medicines or they were not confident in doing so. We saw that medicines were ordered, stored and administered safely by staff who had been appropriately trained.

# Is the service effective?

## Our findings

People told us that staff were knowledgeable about and met their needs. One person said, "Staff are very knowledgeable about me. I always get a detailed answer and explanation about anything I ask."

Staff told us they received the appropriate training and support for their role. We saw, and staff told us, that they had regular one to one supervisions to discuss their role and development needs. Staff were also monitored for their competency in different areas of their role. For example, the managers regularly monitored staff competencies in administering medicines.

We found that most of the staff had achieved national vocational training relevant to their job roles and the ones who didn't were enrolled and supported to achieve this. The manager told us, "I make sure staff are developing further because this will benefit the home and the people."

Staff received training and regular updates in areas that helped them do their jobs effectively, such as moving and handling, infection control, safeguarding. One staff member told us, "We are well trained. We have yearly updates and more in-between."

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 like, finances, medicines and going out. For example, a mental capacity assessment was carried out for one person and established that they lacked capacity to deal with their own finances. Although they were allocated a social worker to deal with most of the finances the staff worked closely with them to try and develop their understanding. The person received a small amount of finances weekly and staff helped them to save for a night out or cinema tickets or other things they wanted. This meant that this person had a routine which they followed and this enabled them to be independent and make decisions even if they lacked capacity to understand the whole concept of managing finances.

People told us that the staff always asked them what they wanted and for their consent. We observed that people were asked how they planned to spend their days. For

example, on the day of the inspection one person went out to the shops, staff asked them when they would return and when they wanted to get prepared for a party they were organising at the service later that day.

People told us they were involved in discussions about their care, they had a choice to keep a copy of their care plan if they wanted. We saw that often people themselves updated their care plan or signed to agree that the plan was current and reflected their needs. One person said, "I have the opportunity to discuss anything I want about my care, I have regular one to one meetings with staff. I can also have my care plan if I want, but I don't want it."

People told us the food was very good and they liked the fact that it was cooked by staff and they could help in the kitchen to prepare the meals. One person said, "I like it here because I can choose my own food and I can help in the kitchen." Another person said, "The food is very nice, sometimes too much." Meal times were calm and sociable events, usually three people from a nearby sister service joined people for meals because they enjoyed being part of a bigger group. The menu was designed by the people who lived there. They were asked individually to choose what they wished to eat and from the requests a two week menu was created which captured the choices of all the people. In case they did not like what the menu offered on a particular day they could have alternatives.

We also saw that people's weight was regularly monitored and they were encouraged to eat a healthy diet. For example, a person who was overweight had been encouraged to maintain a diet as detailed in the 'eat well plate' which detailed different types of food and the amount the person should eat daily to maintain a healthy body weight.

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. For example on the day of the inspection a person was taken to an appointment by a manager from a smaller sister home who had known the person well.

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.

## Is the service effective?

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

Some people told us they had long standing relationships with staff, other people said they were made to feel very welcome when they moved into Abbey Lodge Care home and quickly settled in. One person said, "I am very happy here. Staff were introduced to me when I moved in and the other people as well. They made me feel very welcomed." Another person said, "I really like the staff here, I know them very well."

People referred to the service as their home and told us they where they were happy. One person said, "This is a family home and we are all part of it." Another person said, "This is my stable home. I have a job as a volunteer locally. I don't want to change this because I am very happy."

We saw that people and staff knew each other well; they were comfortable in each other's company, smiled and joked together. People were confident in approaching managers and staff to communicate their views, discuss plans for the day or raise any questions they had.

People told us they felt staff protected their privacy and gave them space if the needed it. One person said, "Staff always knock on my door and they give me privacy when I need it." Another person said, "I like my privacy, I am a private person and staff respect this."

People were able to voice their preferred ways of support from staff. They were enabled to take decisions and organise their days as it was better for them. For example we heard staff asking a person what their plan was for the

day and if they needed any help with anything they planned. 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.

Although most of the people who lived at Abbey Lodge Care Home were young adults they were approached by staff and talked about last wishes and if they wanted to be resuscitated in case there was a need. For example we saw that a young person has expressed their wish to move to a hospital and be treated in case they were ill and also they wished to be resuscitated. This decision was regularly reviewed by the person and they were updating their plan of care and signing to state it was what they wanted.

People had short and long term goals agreed by them, their care coordinators and staff. They were helped by staff to achieve these goals and they had regularly re-visited these to ensure they were progressing. One person told us, "I went to college and did my A levels, I am a volunteer at a local coffee shop, I walk dogs. My ultimate goal is to live independently but I cannot think about it now it is too stressful." Another person said, "We are encouraged to achieve and do what we can all the time. We can go out, to work, do shopping and our own things which is great."

This meant that people were supported to live as independently as possible and they were empowered to express their fears as well as their achievements.

# Is the service responsive?

## Our findings

People had a comprehensive needs assessment before they moved into Abbey Lodge Care Home and these needs were regularly reviewed after they moved in. People were encouraged to live a full and active life, have a job, go out shopping, administer their own medicines, and control their own finances. Staff support was tailored around people's needs and was offered when and how it was needed. For example, one person had been struggling to keep their room tidy. They had regular one to one meetings with staff where this issue was discussed and they were reminded of the risks associated with building up a lot of clutter and also the fact that they could ask for help from staff. This person told us, "I will be tidying my room today. It would be best for me to finish it."

People were involved in creating and reviewing their plan of care and they were asked to provide staff with their interests and hobbies to ensure arrangements were in place to enable people to continue with these. For example, one person's hobby was to search the internet for music and read newspapers on line. The provider purchased a computer which was regularly used not just by that person but by the other people in the home as well.

People were encouraged to do what they liked when they liked. One person told us, "I play tennis." Another person said, "I go out most days very early when the shops open, I have been doing this for years. Other times I like to read a lot."

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 they improved for the next one. For example, we saw they asked people about the BBQ they organised and the Easter party. We also saw a 'Thank You' card from a relative for the staff. They expressed their gratitude for the effort the staff put in to celebrate the person's birthday, "Once again thank you so much, you made a huge difference to [name's] life not to mention us, the family."

The manager told us they were organising a trip to China Town in London as people expressed their wish to go there. We saw that people regularly went out to the pubs and cinema if they wanted.

People told us that they felt confident to raise any issues or concerns with staff and management. One person said, "The manager comes around all the time to ask if we are happy or if we have any complaints but I have nothing to complain about." Another person said, "We have monthly meetings and one to one meetings as well if we need to raise any issues. I am very happy here I have no complaints."

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 manager is very nice and very approachable.”

Staff described the manager as being approachable and supportive as well. One staff member said, “The manager is very supportive and helpful.” Another staff member said, “Management is very approachable and available every time we need them. We have a very strong team here and I am happy and proud to be part of it.”

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.

We saw that the management team encouraged staff to develop and achieve national vocational qualifications at different levels. This helped staff to be motivated to work for the service longer and to be 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 medicine 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 and contained comments like, “I have plenty of choices, I am very happy.” “The food is very good.” “Very inviting and friendly atmosphere.” “It is very clean, even my relative’s room!” 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 at much higher standard than required. For example, we saw that the MCA and DoLS training was delivered twice in a short period of time. The manager told us that they identified that staff had not gained any knowledge from the initial training and they arranged a more comprehensive training session to ensure staff had a good understanding of this important topic.

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