

Mr & Mrs J P Rampersad

Abbey Lodge - Coulsdon

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Abbey Lodge is a care home for older people including people with dementia. At the time of our visit there were nine people living at Abbey Lodge. Abbey lodge is registered to accommodate a maximum of 11 people. The home has seven single rooms and two double rooms which are used by people who wish to share.

We carried out an inspection of Abbey lodge on 2 February 2015. The inspection was unannounced and was carried out by one inspector. During the inspection we spoke with three people who lived at the home, three

care staff and the owners. We looked at records and policies and examined procedures. We observed the care practice at the home and the interaction between staff and people.

The owner of the home is also the registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

There were qualified and skilled staff at the service. However, there were no dedicated domestic or cooking staff. Care staff carried out domestic tasks such as laundry and cleaning as well as preparing meals. This meant that there were not always sufficient numbers of suitably qualified staff available for people and could not ensure adequate safe support. The manager did not have a clear system for deciding on staffing levels or for allocating staff to appropriate roles. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe living at Abbey Lodge. We found that the staff had been trained in safeguarding adults, moving and handling and other basic training. Staff knew the different types and signs of abuse and knew how to report any concerns.

People's care plans accurately reflected their care needs and were up to date. They were written in a clear way and focussed on the perspective of the individual. Other records, including medication charts and pressure care were also up to date.

People received their medicines safely because there were appropriate systems in place for storing, administering, recording and disposing of medicines which staff followed. The provider enabled those who were able to manage their own medicines.

The home was clean and free from hazards, and enabled people to move around freely.

Staff understood the relevant requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS) and how it applied to people in their care.

People were supported to make decisions about their care, including where they went and what they chose to do with their time. People were given a choice of nutritious meals and had enough to eat and drink. People received the support they needed to maintain good health.

People were treated with respect and kindness. People's privacy and dignity were maintained by staff. People received care that met their individual needs and were fully involved in making decisions about their care. Relatives and family were also invited to be as involved as they wished.

People knew how to and felt able to raise concerns or make a complaint and felt that they could speak to the manager if they had any concerns.

The home made use of external activities co-ordinators which supplemented the support available to people. Where people wished to join in there were quizzes, music and board games.

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?

Not all aspects of the service were safe.

There were arrangements in place to protect people from the risk of abuse and harm. People we spoke with felt safe and staff knew about their responsibility to protect people.

Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe. Medicines were managed and administered safely.

However, there were not enough staff to meet people's needs. Staff had to carry out all tasks in the home, including laundry, cleaning and cooking as well as providing care and support. With only two staff on duty throughout the day and night this was not sufficient to ensure people's safety.

Requires Improvement



Is the service effective?

The service was effective.

People were cared for by staff who knew and understood their needs. Staff had the knowledge and skills required to carry out their roles effectively. Staff understood the main principles of the Mental Capacity Act 2005 and the deprivation of liberty safeguards (DOLS) and knew how it applied to people in their care.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People's health was regularly monitored and they had access to a variety of external healthcare professionals and services.

Good



Is the service caring?

The service was caring.

People told us they liked the staff and that the staff respected them. People's preferences for the way in which they preferred to be supported were clearly recorded in care plans.

Care staff knew people's background, interests and personal preferences well and understood their cultural needs.

Good



Is the service responsive?

The service was responsive.

People were involved in their care planning and felt in control of the care and support they received.

The service encouraged people to express their views and had various arrangements in place to deal with comments and complaints.

Good



Summary of findings

People were confident to discuss their care and raise any concerns. People felt listened to and their views were acted on.

Is the service well-led?

The service was well-led.

The provider had effective systems to regularly assess and monitor the quality of service that people received.

On-going audits and feedback from people using the service was used to improve the support they received.

Good



Abbey Lodge - Coulsdon

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.

We carried out an inspection of Abbey lodge on 2 February 2015. The inspection was unannounced and was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications, safeguarding alerts and outcomes and information from the local authority.

During the inspection we spoke with three people who lived at the home, three care staff and both owners. We looked at the home's policies and examined their procedures. We looked at four people's care records, four staff files and observed the care practice at the home and the interaction between staff and people.

Is the service safe?

Our findings

There were qualified and skilled staff at the service. However, there were no dedicated domestic or cooking staff. Care staff carried out domestic tasks such as laundry and cleaning as well as preparing meals. This meant that there were not always sufficient numbers of suitably qualified staff available for people and could not ensure adequate safe support. The manager did not have a clear system for deciding on staffing levels or for allocating staff to appropriate roles.

This was a breach of Regulation 22 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014..

All the people we spoke with felt safe living at Abbey Lodge. Those who were not able to provide direct feedback were able to answer direct questions and give other indications of their feelings. One person told us, "They look after us well here. I've never had any problems with anyone".

We spoke with three members of staff who confirmed they had attended training on safeguarding and who were able to describe the different types of abuse a vulnerable person was at risk of. They were able to explain the steps they would take if they suspected or saw an incident of abuse. Records of staff training showed that all staff had completed and updated their safeguarding training.

Staff were aware of the provider's whistle blowing procedures and all expressed the view that they would have no hesitation to report any concerns. One staff member said, "If this is to be a person's home the first thing is that they feel safe".

People's care records showed that the risks people may face or experience had been assessed. The assessments we looked at were clear and regularly reviewed. They provided details of how to manage risk without restricting the individual and took account of people's rights. Some examples of these included eating and drinking, personal care and managing finances.

The premises were well maintained and free from hazards. Equipment in the home was regularly serviced and inspected and the manager retained up to date records of this.

There were always two care staff on duty. The manager told us that if the numbers of residents increased staff numbers were increased to meet the need

Before staff were recruited they underwent an application procedure, a criminal record check and reference requests. Staff received an induction to the home which included policies and procedures, roles and responsibilities and familiarisation of people's life histories and support needs in the home.

Medicines were managed well and accurate records maintained and checked monthly. We saw that the latest check had been carried out at the end of January. People were supported to manage their own medicines where appropriate and this was managed safely, for example through regular staff monitoring.

There were policies and procedures on infection control and the premises were clean.

Is the service effective?

Our findings

People were cared for by staff who knew and understood their needs. One person told us, “The staff know what I’m like and don’t try to force me to do anything, like join in on things I don’t want.”

People were supported to maintain good health and had access to healthcare services. At the time of our inspection a GP was visiting someone at the home. The care records we looked at provided evidence that people were supported to access a range of healthcare professionals including dentist and pressure care nurses.

Staff received supervision meetings once every two months as well as an annual appraisal. Staff told us that they worked as a team in order to make sure people received the support they required. One staff member said, “This is their home, so whatever they need you have to make sure it happens.”

The Mental Capacity Act (MCA) 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records

confirmed that people’s capacity to make decisions was assessed before they moved into the home and on a daily basis thereafter. The manager and staff had been trained in the general requirements of the MCA and the Deprivation of Liberty Safeguards (DoLS) and knew how it applied to people in their care.

We saw that the home had applied for one authorisation under DoLS.

Staff had also received basic mandatory training in moving and handling, food hygiene, safeguarding, dementia awareness and pressure care. We saw that training was regularly updated and records kept of who had been trained.

There was a balanced diet and choice of food at mealtimes. People told us that the food was good. One person said, “I make my own breakfast and decide what I want to eat.” The hot meal of the day was mainly at lunchtime, with sandwiches in the evening. A menu was displayed indicating the choice available and people were able to request something different. People’s weight and fluid intake was monitored regularly.

Is the service caring?

Our findings

People told us they were treated with kindness and respect and that they liked living at the home. One person told us, “It’s nice here. Staff do what they can and are always friendly.”

Staff knew the people they were caring for well and were able to speak knowledgeably about them. People’s Person Centred Plans considered all aspects of a person’s individual circumstances and reflected their specific needs and preferences. Care staff used these as a basis for their discussions, for example at shift handover sessions.

People told us their privacy and dignity was respected at all times. One person said, “Sometimes I like to go out and just be by myself. Same when I am here, I might like to just stay in my room. Staff are all right with that.”

We saw that staff spoke to people using their preferred name, observed people’s privacy, for example by knocking on doors before they entered and supporting people in an unhurried manner, such as when they were assisting people with walking.

People were involved in making decisions about their care and how they liked it to be delivered. This was reflected in their care notes and staff induction training emphasised the right of people to be allowed to choose how they lived.

Staff spoke positively about the care they provided. One staff member told us, “You should only work here if you really want to. You have to want to do this job if you are going to be good at it.”

Each person had a Person Centred Plan which detailed their care and support needs, preferences and wishes, risk assessments and how these would be managed. Each plan was written from the perspective of the individual and there was input from family and other people where appropriate. The plans had been regularly updated, with annual review and monthly monitoring.

Our observations throughout the day showed us that people trusted the staff and that staff were aware of people’s individual needs. One person said, “I feel as if I can ask them for anything and they will try to do it for you”. We observed a shift handover session where staff exchanged information about how the day had gone so far, what tasks remained to be done for people and any particular issue that was affecting anyone.

Is the service responsive?

Our findings

Staff understood people's needs and how they preferred to be supported. People's care records included risk assessments which looked at the risk, the possible impact on the person and how the staff should respond and manage the risk. For example, one person preferred to manage their own money but was worried that it might go missing. We saw that staff responded to these concerns by having a clear plan in place which they shared with the person.

People's health care needs were responded to by having good working relationships with the local GP practice. The GP visited people in the home and would come as required.

People were encouraged to maintain contact and links with family and friends and the home had an open visiting policy. In addition, an activities co-ordinator was used for some days in the week to support people in their chosen hobbies or activities.

People were enabled to spend their day as they pleased and told us they were given choice in their day-to-day decisions.

The home had a complaints procedure and policy and this was displayed in a clear and simplified way in communal areas.

There were systems in place to ensure people attended their hospital and other healthcare appointments and to ensure that all staff were aware of the appointments so that there was continuity of care.

Is the service well-led?

Our findings

There was a clear management structure in place at the home which people living in the home and staff understood. The owner of the home was also the registered manager and was present in the home most days.

Staff knew their roles and responsibilities within the structure. They also knew how to communicate concerns and had a good understanding of the service's policies and procedures. The provider had developed an employee handbook which each staff member had. This contained summaries of the main policies and procedures, statements about staff conduct and the philosophy of the home.

There were appropriate arrangements in place for checking the quality of the care people received. The records we reviewed confirmed the manager regularly checked care records, handling medicines, infection control and staff training and supervision. We saw confirmation that where issues were found, this was raised with staff and monitored. For example, this was reflected in monthly reviews of people's care plans where changes were made to people's changing circumstances.

We saw that surveys were sent to people in the home, relatives and external professionals. The latest survey was held in November 2014. The manager told us that one area for development that came out of the survey was to look at ways of increasing the amount of 1:1 time staff had with people.

The provider informed us that he was not part of any association or network and was unclear as to how he ensured his own personal development or that he kept up to date with best practice in care for older people. He had little contact with local care homes associations, no involvement with organisations such as Skills For Care (a body that offers workforce learning and development support, sharing best practice and raising quality standards) and had no formal quality assurance strategy.

We discussed with the provider the benefits of belonging to good networks and associations which could help develop best practice and to tap into useful training opportunities for staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation and nursing or personal care in the further education sector	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>People who use services did not have their health, safety and welfare safeguarded because the provider had not taken appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. This was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>