

Mrs Lorraine Mutch

# Abbi Lodge Residential Home

## 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 ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection on 22 November 2017.

The previous comprehensive inspection was undertaken in August 2016. At the inspection in August 2016 the provider had breached one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach related to safe care and treatment. Following the previous inspection the provider sent us an action plan telling us how they were going to address the breach. The service was rated as 'Requires Improvement.'

You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Abbi Lodge Residential Home, on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Abbi Lodge Residential Home is registered to provide accommodation and personal care for up to seven older people. At the time of our inspection there were seven people living at the service.

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

Following the previous inspection conducted in August 2016 we raised concerns relating to medicines management, lone working risk assessments, environment risks and recruitment checks. At this inspection we found sufficient improvements had been made.

Care plans contained risk assessments for areas such as mobility, falls, personal care needs and bathing. These had all been reviewed regularly and when risks had been identified, the plans provided guidance for staff on how to reduce the risk of harm to people.

Environmental checks had been undertaken regularly to help ensure the premises were safe. People were cared for in a safe and clean environment and regular infection control audits were undertaken.

At our previous inspection people were at risk of having their human rights breached because Deprivation of Liberty Safeguards (DoLS) were not always followed. At this inspection we found sufficient improvements had been made. The provider had met their responsibilities with regard to the DoLS. DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and, need protecting from harm.

People received effective support from staff that had the skills and knowledge to meet their needs. Staff said they felt well supported and all had regular appraisal and supervision sessions. Supervision is where staff

meet one to one with their line manager.

People's nutrition and hydration needs were met. People were supported to maintain their well-being and good health and had access to on-going healthcare

People told us that they felt well cared for and the staff were caring. We observed positive interactions between staff and people using the service. People seemed relaxed around the staff, they were smiling and chatting. Staff spoke positively about their roles and knew people well. They were aware of people's personal history and demonstrated an in-depth understanding of their needs and preferences. We observed that people's privacy and dignity was respected at all times.

Care plans contained details of people's preferences and choices regarding the care and support they needed. Care plans had been regularly reviewed. They were written in conjunction with the person and where appropriate family members.

The provider had systems in place to receive and monitor any complaints that were made. The service had not received any formal complaints in 2017. People told us they would speak to the registered manager if they unhappy with the level of service they were receiving.

People had access to a limited range of activities. The registered manager told us they are addressing this issue by appointing an activities coordinator who would be arranging activities inside and outside of the service.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.

The provider had systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service. Staff felt well supported by the registered manager. People were encouraged to provide their views and actions were taken as a result.

## 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.

Medicines were managed safely.

People told us they felt safe living at the service.

Recruitment procedures now ensured all pre-employment checks were completed before new staff were appointed and commenced their employment.

Staff told us they had received safeguarding training and demonstrated a good knowledge of what abuse was and how to report any concerns.

### Is the service effective?

Good ●

The service was effective.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS).

People received effective support from staff that had the skills and knowledge to meet their needs.

People's nutrition and hydration needs were met.

### Is the service caring?

Good ●

The service is caring

People told us that they felt well cared for and the staff were caring.

We observed that people's privacy and dignity was respected at all times.

Staff spoke positively about their roles and knew people well.

### Is the service responsive?

Good ●

The service was responsive.

Care plans contained details of people's preferences and choices regarding the care and support they needed.

The provider had systems in place to receive and monitor any complaints that were made.

Relatives were welcomed to the service and could visit people at times that were convenient to them.

### Is the service well-led?

The service was well-led

The provider had systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service.

Staff felt well supported by the registered manager.

People were encouraged to provide their views and actions were taken where required.

Good 

# Abbi Lodge Residential Home

## **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 comprehensive unannounced inspection took place on 22 November 2017. This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the intelligence we held internally about the service. On the day of the inspection we spoke with seven people, one visitor, two members of staff and the registered manager.

We looked at three people's care and support plans and medicine administration records. We also looked at records relating to the management of the service such as the incident reports, meeting minutes, audits, recruitment, staff supervision and training records.

# Is the service safe?

## Our findings

Following the previous inspection conducted in August 2016 we raised concerns relating to medicines management, lone working risk assessments, environment risks and recruitment checks. At this inspection we found sufficient improvements had been made.

At our previous inspection one person liked having their bedroom door propped open. This presented a risk to the person in the event of a fire. Fire doors in the service had been wired to the fire alarm system so they closed in the event of the fire. Appropriate risk assessments were now in place in order to mitigate the risk to the person, as far as possible. The person was made aware of the risks and in the main kept their door closed. They were prompted regarding the risks if they wedged the door open.

The service had also introduced a risk assessment for personal safety and lone working. This was necessary as staff worked alone at the service, particularly night time shift. The assessment identified the potential risks and actions required to eliminate or reduce them. Staff we spoke with were aware of the content of the risk assessment. The registered manager also told us that a member of staff is on call 24 hours a day, seven days a week.

Medicines were managed safely. Medicine administration records (MAR) were kept as necessary to record when people took their medicines. We saw these were completed appropriately and audited weekly. When people were prescribed medicines to be used 'when required', additional information was available for staff to help them give these medicines in a safe and consistent way. This helped to ensure staff would use these medicines appropriately. Staff we spoke with demonstrated a good understanding of when these 'when required' medicines may be needed for people, such as pain relief. Medicines were stored safely and securely. Staff checked and recorded the temperature of medicines storage areas to make sure they were safe for storing medicines. Staff had received regular training in the administration of medicines. The service had a medicines policy which was accessible to staff.

A recent internal medicines audit identified that some medicines had been over-ordered. Improvements had been made regarding the ordering process which now involves two members of staff to order and check medicine stocks. The checked stocked balances of medicines were all correct.

Recruitment procedures now ensured all pre-employment checks were completed before new staff were appointed and commenced their employment. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

People told us they liked living at the service and they felt safe. Comments included; "I feel safe and secure"; "This is a fine place. I am very happy here" and, "It's easy going and comfortable."

Care plans contained risk assessments for areas such as mobility, falls, personal care needs and bathing. These had all been reviewed regularly and when risks had been identified, the plans provided guidance for

staff on how to reduce the risk of harm to people. For example, falls risk management plans detailed strategies to reduce risks to the person to keep them safe. Staff demonstrated a good understanding of how to manage people's risks. We did note the level of staff knowledge was more detailed than the risk management plan. The registered manager agreed to include more detail in the risk assessments.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staffing rotas demonstrated that the staffing levels were maintained in accordance with the dependency needs of the people who lived at the service. The staff we spoke with all said they felt there were enough of them on duty to meet people's needs and they knew that staff were on call, if needed. People told us that staff were busy but the staffing levels were manageable. Comments included; "Staff are a bit rushed"; "Staff are busy but make time"; and, "The staff keep very busy, but I feel they have enough time for me." We observed that staff were busy but provided assistance when required, such as helping with personal care and mealtimes.

Staff told us they had received safeguarding training and demonstrated a good knowledge of what abuse was and how to report any concerns. They believed that any concerns would be taken seriously by the registered manager. Staff knew how to report concerns internally and to external bodies such as the local authority and the commission. Staff understood the term whistleblowing. This is a process for staff to raise concerns about potential malpractice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

There were systems in place to record accidents and incidents. We were told that no incidents had occurred this year. This was reflected in the records seen. □

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included; water, building maintenance and equipment checks. The provider ensured that premises and any equipment provided in connection with fire-fighting, fire detection and warning or emergency routes and exits were covered by a suitable system of maintenance by a competent person. Where potential risks were identified they were rectified in a timely manner, such as the installation of new extinguishers. The provider was also in the process of replacing window restrictors and radiator covers. Contingency plans were in place in case the service needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.

People were cared for in a safe and clean environment and regular infection control audits were undertaken. We did note that hand towels were shared by people which increased the risk contamination. On request they were removed immediately. Staff had received training in food safety and were aware of good practice when it came to food preparation and storage. For example, staff would ensure food stored in the fridge was fresh and that its 'used by' date had not expired. Food was labelled once opened. To ensure food was stored at the correct temperature staff recorded daily fridge and freezer temperature checks. The assistant manager told us that they were at the preliminary stage of introducing a more detailed infection control audit. They showed us the auditing tool they intended to implement in the near future.



# Is the service effective?

## Our findings

At our previous inspection people were at risk of having their human rights breached because Deprivation of Liberty Safeguards (DoLS) were not always followed. At this inspection we found sufficient improvements had been made.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that in relation to DoLS people's capacity to make decisions had been assessed where needed and appropriate DoLS applications had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Consent to care and treatment was sought in line with legislation and guidance. People's mental capacity had been assessed in relation to all aspects of their care and the best interest decision process had been documented such as assistance with medicines, daily living tasks and accessing the community.

Staff had received training on the MCA and DoLS and demonstrated a sound understanding of the principles of the Act. We observed staff asking people for their consent prior to assisting them. Staff knocked before entering people's rooms. Staff always asked people before supporting them with anything.

People received effective support from staff that had the skills and knowledge to meet their needs. Staff told us they had access to on-going training and development and had the skills to undertake their roles. The service's induction was aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. We reviewed the training records which showed mandatory training was completed in key aspects of people's care to ensure staff and people at the service were safe. Modules included moving and handling, dementia awareness, dignity in care. Staff received on-going training to enable them to fulfil the requirements of the role.

All staff said they felt well supported and all had regular appraisal and supervision sessions. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard.

People's nutrition and hydration needs were met. People's nutritional needs were assessed and their weights were monitored. Food was homemade and people had access to drinks and snacks throughout the day. Alternatives were offered if people did not want the choice of food available.

People were supported to maintain their well-being and good health and had access to on-going healthcare. Where needed records showed that people were reviewed by the GP, district nurse, optician and chiropodist.

## Is the service caring?

### Our findings

People told us that they felt well cared for and the staff were caring. Comments included; "Staff are all alright"; "While it's not like being at home, staff are friendly and kind"; and, "It feels like a big family." Recent compliments stated; "Thank you very much for putting up with me for the last few weeks. I have enjoyed myself as you are all very kind"; "I would like to say how nice it was to see such a lovely residential accommodation. It is so friendly and homely. Each home has a real home from home for each resident" and, "The staff are very kind and nothing is too much trouble."

We observed positive interactions between staff and people using the service. People seemed relaxed around the staff, they were smiling and chatting. During the lunchtime service people were encouraged to eat independently. Staff were respectful and people thanked them for their assistance. One person approached a member of staff telling them they were in pain. They were asked if they would like pain relief. The person asked for something sweet to take their mind of things. A member of staff provided the person with sweets and was asked if they would like some new ones. This strategy appeared to alleviate the person's concerns and they went to the communal lounge to watch the budget on the television. A few minutes later a member of staff checked on their welfare and asked about the budget. Another person told the registered manager they felt sick. The person was provided with a glass of water and the registered manager sat with them. This reassured the person and they felt comforted by the registered manager holding their hand.

Staff spoke positively about their roles and knew people well. They were aware of people's personal history and demonstrated an in-depth understanding of their needs and preferences. One member of staff told us "[Person's name] needs full personal care. She likes to go to bed at 20.30. We get her nighty ready by placing it on the radiator. She doesn't like her teeth soaked. We clean them for her. She likes tea not coffee. We're trying to increase her fluid intake. She lived in Portishead and worked in a factory. She was married twice and is close to her sister who lives in a nearby residential home. [Person's name] lived in Leeds. He has two sons, one lives nearby. He likes old fashioned home cooked meals. He has coffee with milk and drinks tea throughout the day. He likes hot chocolate at night. He goes to bed late, when he wants to. He tells us what he likes."

We observed that people's privacy and dignity was respected at all times. Personal care took place behind closed doors. We observed that staff knocked on doors before entering. If people chose to spend time in their room their decision was respected. We observed staff checking on people's welfare in their rooms periodically throughout the day and spending one-to-one time with them.



## Is the service responsive?

### Our findings

Care plans contained details of people's preferences and choices regarding the care and support they needed. Care plans had been regularly reviewed. They were written in conjunction with the person and where appropriate family members. For example, people's preferences regarding their personal care had been documented. In one person's plan in the personal care section it had been documented that they had difficulties in expressing their needs and sometimes forget where they are. Staff we spoke with were aware of the specific personal care needs of the person and that they needed assistance at all times. They told us they provided reassurance and talked through any worries they may have with them. Staff enabled people's independence as far as possible. One staff member told us; "Person's name] requires assistance when getting up. She likes assistance with the back, lower body, dentures and nails. She likes to do her upper half of the body and hair herself."

The service had an equality and diversity policy in place. Staff recognised the importance of seeking people's views regarding their care and advanced wishes that needed to be taken into consideration regarding end of life wishes. No-one at the service was currently receiving end of life care.

Plans in relation to people's health needs were documented. We saw that when necessary staff responded to people's changing needs. For example, one person had recently expressed to the registered manager they were in pain. The service utilised the Abbey Pain Scale which is used as part of an overall pain management plan. The Pain Scale is an instrument utilised by the service to assist in the assessment of pain as the person is unable to clearly articulate their needs. People and relatives felt that the service were responsive to people's needs. One person told us, "I think it is well run, staff look after you well."

The provider had systems in place to receive and monitor any complaints that were made. The service had not received any formal complaints in 2017. People told us they would speak to the registered manager if they were unhappy with the level of service they were receiving.

People had access to a limited range of activities. They included exercises, dancing and listening to music. During the day we observed that most people either stayed in their room or watched television in the communal lounge. One person told us; "I am very bored. My brain is sharp. There is not enough happening. I would like there to be visiting speakers. There is no one to talk to, other residents just sit and stare, they need stirring up." The registered manager told us they were addressing this issue by appointing an activities coordinator who would be arranging activities inside and outside of the service.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them. One relative told us; "Mum is a happy bunny." One person told us; "My daughter treats this place like home and makes herself a cup of tea when she visits."



## Is the service well-led?

### Our findings

At our previous inspection we found the service was not well-led as the quality assurance systems were not always in place to identify areas for improvements. At this inspection sufficient improvements have been made. The provider now had systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service. We reviewed their service improvement plan. A number of improvements had been made. Examples of this included the introduction of a training matrix; updating policies and procedures; introducing a more detailed fire risk assessment and ensuring all health declaration forms had been signed.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had sent appropriate notifications to us.

Staff felt well supported by the registered manager and felt listened to. Regular staff meetings were held. We viewed minutes of the previous staff meeting and issues included training, staff well-being and medicines ordering. This ensured that staff were kept up-to-date with operational issues. A daily communications book also detailed immediate 'need to know' issues that staff needed to be aware of about people, such as a change of a medicines prescription.

People and their relatives spoke very highly about the registered manager and one person described the service as, "A peaceful and happy home." People and their relatives were encouraged to provide their views through regular meetings. At the most recent residents meeting people's views were sought on the activities they would like to take part in and they were advised of the new appointment of an activities coordinator. People's views were also sought on their food preferences and the garden. People were also advised about the recruitment of night staff. The service received two responses from a recent questionnaire. Overall a number of positive comments were received about the environment, food, communal areas and the garden. With the appointment of an activities coordinator people's experiences and links with the community is an area of work the registered manager is mindful to improve.