Christ The King Residential Care Homes Limited

Abbey Lodge - Coulsdon

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

Abbey Lodge - Coulsdon is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Abbey Lodge - Coulsdon does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service supports up to nine people with mental health issues. There were nine people using the service at the time of our inspection. This was our first inspection of the service since they registered with us in November 2017.

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 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.

The provider managed risks relating to people's care, including their mental health needs, through suitable risk assessment processes.

People were protected from abuse and improper treatment as the provider trained staff to understand how to safeguard people and staff were aware of their responsibilities. People's risk of discrimination was reduced in relation to gender reassignment and sexual orientation and the provider trained staff to understand equality and diversity.

The provider checked staff were suitable to work with people and there were sufficient numbers of staff deployed to work with people.

People's medicines were managed safely and processes were in place to check people received their medicines as prescribed.

The premises were maintained safely with a range of health and safety checks and the premises and met people's support needs.

The provider trained staff to understand people's needs and staff were supported with suitable induction and supervision.

People's care needs were assessed though consultation with people and the professionals involved in people's care. The provider created care plans to meet people's assessed needs and preferences. People's care plans reflected their physical, mental, emotional and social needs, their personal history, individual preferences and interests.

The registered manager and staff understood the Mental Capacity Act 2005 and people received care in line with the Act. The provider applied to deprive some people of their liberty as part of keeping them safe.

People were positive about the food they received and food was provided according to people's choices. People were supported with their day to day health needs and to access professionals they needed to maintain their mental and physical health.

Staff knew people well and developed positive relationships with them. Staff treated people with dignity and respected their right to privacy. People were involved in decisions about their care.

People were supported to maintain and build their independent daily living skills and the provider encouraged people to do voluntary or paid work where possible.

People were provided with activities they were interested in and told us they had enough to occupy themselves. People were supported to maintain and develop relationships to reduce social isolation.

The provider had a process in place to respond to concerns and complaints. Records relating to people and the management of the service were accurate and well maintained.

The service was well-led by a competent and experienced registered manager and leadership was visible across the service. The provider had good governance systems in place to check the quality of the service and to gather feedback from people, staff and professionals. Staff understood their roles and responsibilities.

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. Staff were trained to understand how to protect people from abuse and neglect.

The provider managed risks relating to people's care. The premises were managed safely.

There were enough staff to care for people. The provider checked staff were suitable to work with people.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective. Staff were supported through induction, training, and supervision.

People received care in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People received choice of food and drink and were provided with any necessary support in relation to eating and drinking.

People were supported to access relevant healthcare professionals.

Is the service caring?

Good

The service was caring. Staff were caring and respectful and knew the people they were supporting.

People's risk of discrimination was reduced in relation to gender reassignment and sexual orientation.

People were encouraged to maintain and develop their independent living skills.

People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive. People were involved in planning their own care and information in people's care plans was accurate and reliable in guiding staff.

People were offered a range of activities they were interested in.

There was a process in place to respond to concern and complaints.

Is the service well-led?

Good

The service was well-led. The manager and staff had a good understanding of their roles and responsibilities and leadership was visible across the service.

Systems were in place to assess, monitor and improve the quality of the service people received.

The provider communicated openly with people, staff and professionals and gathered their views.

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 2014.

Before the inspection we looked at all the information we had about the service. This included notifications about significant events the provider is required by law to submit to us. The provider did not submit a Provider Information Return (PIR) as we had not requested the provider do so since their registration with us in November 2017. The PIR is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited the home on 6 July 2018. Our inspection was unannounced and carried out by one inspector.

During our inspection we spoke with four people using the service, the registered manager, the deputy manager and two care workers. We looked at care records for two people, staff files for three staff members, medicines records for three people and other records relating to the running of the service.

After our inspection we contacted four health and social care professionals to obtain their feedback on the service and we received feedback from a mental health professional and a social worker.

Good

Is the service safe?

Our findings

Risks relating to people's care were reduced by the provider. Our discussions with staff showed they understood the risks relating to people's care and the best ways to support people to reduce the risks. Risk assessments showed the provider had suitable systems to recognise risks, assess and manage them and clear guidance was in place for staff to follow. For example for risks relating to people's mental health assessments set out behaviour which should alert staff to an issue, histories of previous incidents of relapse and the action staff should take to support people. Other assessments included risks relating to self-injurious behaviour, falls, accessing the community safely and receiving personal care.

People were safeguarded from abuse as the provider had suitable systems in place. People told us they felt safe with the staff who supported them. Staff received training on their responsibilities in relation to safeguarding people and our discussions showed staff understood the signs people may be being abused or neglected and the action to take in response. There had been one allegation of abuse since the service opened which was unsubstantiated. The provider took appropriate action in response to the allegation to make the alleged victim feel safe and reported it to external organisations including the local authority safeguarding team and CQC. The provider reviewed any accidents and incidents to check people received the right support and that staff responded appropriately. The provider shared learning from any accidents and incidents or safeguarding investigations in the organisation through discussion at manager's meetings.

People were supported by enough staff to meet their needs. People and staff told us staffing levels were sufficient. The registered manager told us staffing levels were scheduled to be consistent with additional staff for planned activities. The provider told us they were able to cover any short notice staff cancellations within the current staff team and staff from other services in the organisation. We also observed there were sufficient staff. Staff were always present in communal areas to support people and they checked people in their rooms were safe at the agreed frequencies.

People were supported by staff who the provider checked were suitable to work with them. The provider checked the employment history and qualifications of candidates and obtained references from former employers. The provider also checked for any criminal records, identification and right to work in the UK. The provider interviewed all staff to check they had the right qualities to support people and monitored staff suitability during their induction period.

People received their medicines as prescribed. A professional told us staff had been 'exceptional' in the way they supported a person with their medicines. Our checks of medicines records found no omissions and the medicines in stock were as expected. Staff recorded medicines administration appropriately and closely monitored medicines stocks to check people received their medicines. Staff checked medicines received by the service and kept clear records of medicines received and returned to the pharmacy. People's medicines were stored securely. However, the provider had not taken sufficient action to ensure medicines were stored at safe temperatures. The temperature of the office where medicines were stored remained around 30 degrees celcius throughout our inspection and a fan placed in the room was ineffective in lowering the temperature. When we raised our concerns with the provider they immediately took action and went to

purchase ice packs to rotate hourly in the medicines cabinet. Some people received 'as required' medicines such as paracetamol and the provider put clear guidelines in place to guide staff on when these should be administered. Staff received training in administering medicines and the provider assessed staff competency to administer medicines.

People lived in premises which were maintained safely. The provider had suitable checks of water temperatures and water hygiene, gas safety, electrical installation, electrical equipment and fire safety in place and carried out regular practice emergency evacuations with people and staff. The provider risk assessed the environment and fire safety and checked for hazards regularly. We viewed window restrictors in communal bathrooms and found these were robust and unable to be overridden to reduce the risk of falls. The registered manager told us window restrictors were installed across the service.

Most infection control risks to people were managed well, although contaminated laundry was not always washed at an appropriate temperature. The provider told us they immediately purchased a machine which could wash contaminated laundry at temperatures high enough to reduce infection control risks. Staff received training in infection control to help them understand their responsibilities. The provider had a cleaning schedule in place which staff followed and we observed the service was clean with no malodours during our inspection. Staff used personal protective equipment (PPE) when carrying out personal care and suitable food hygiene practices were followed in the kitchen.

Good

Is the service effective?

Our findings

People were cared for by staff who were supported by the provider through training and supervision. A training schedule was in place to help staff understand people's needs which included mental health awareness. New staff completed an induction which followed the Skills for Care 'care certificate'. The care certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. The provider assessed staff competency in relation to their role and carried out several observations to check they provided care effectively. Staff received regular supervision from their line manager during which they discussed their role and people's changing needs.

The 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 be as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider assessed people's capacity to some decisions relating to their care when they suspected they may lack capacity. Records showed the provider assessed people's capacity in line with the MCA. The provider had applied for DoLS authorisations for several people as part of keeping them safe and was awaiting assessment by the placing local authorities. The authorisations included keeping the front door locked so people could only access the community with staff support. When the provider received authorisation to deprive a person of their liberty they had notified CQC of this as required by law. Our discussions showed staff understood their responsibilities in relation to the MCA and DoLS and received training on this.

People received the right support with food and drink. One person told us, "I'm happy with the food." A second person said, "The food is very good, you get all sorts." Staff understood people's needs in relation to food and drink and followed clear guidance in place when providing support. For example, one person was at risk of choking and the provider ensured one staff member was with them at all times while they ate to encourage them to eat small mouthfuls slowly. This was in line with guidance from a speech and language therapist who had assessed the person's needs. Another person was at risk of malnutrition linked to a mental health condition. Staff were aware of the signs the person may be becoming unwell and at greater risk of malnutrition and how to support them. Staff supported people to monitor their weights each month and reported any concerns to professionals such as the GP and dietitian. The menu was based on people's preferences. Religious and cultural needs and preferences were catered for and a vegetarian option was provided at each meal.

People were supported to maintain their mental and physical health. A person told us staff helped them to regain their mobility through daily exercises. Staff understood people's conditions along with the support they required and this information was recorded in care plans for staff to refer to. People told us they had

access to a GP and the provider worked closely with mental health services and in this way people received coordinated care from different services. The provider carried out assessments of people moving into the service and used information from people and professionals as part of this. A professional told us staff assessed the needs of the person they referred to the service very thoroughly to understand the support they required.

The service met people's needs. The provider refurbished the service before people began receiving care and people told us they liked the décor. The service had a communal lounge and a dining area which had sufficient seating. There was a plus a patio and garden area which people were free to access. We observed the provider held a BBQ during our inspection and there was ample space for several visitors. The provider installed CCTV to help keep people safe and we found cameras were positioned to maintain people's privacy so only communal areas were recoded.

Good

Is the service caring?

Our findings

People's needs and wishes were understood by staff and people were positive about the staff who supported them. One person told us, "Staff have been so supportive and made me feel really comfortable when I moved in. Staff really do understand me." A second person told us, "Staff are really nice" and a third person said, "Staff are ok." We observed there were enough staff to interact meaningfully with people, spending time talking with them and playing cards.

People's risk of discrimination was reduced in relation to gender reassignment and sexual orientation. The registered manager told us everyone was welcome at the service and they promoted respect for all within the service. The registered manager gave us an example of when they supported people using the service to understand and respect a person's needs and preferences in relation to their gender identity.

People were involved in decisions relating to their care such as whether they received personal care from males or females as well as their key worker. Key workers are staff work closely with a person to ensure their needs are met. The registered manager gave us an example of when a person's keyworker was selected because the two had formed a strong relationship as they shared language and culture. People were able to choose how they spent their day both in the home and in the community. Staff celebrated significant days for people such as birthdays and Christmas to make people feel they mattered.

People's privacy and dignity was respected. People told us staff were respectful during personal care and they had sufficient privacy when in their bedrooms. A professional told us staff were always courteous and their interactions with people were dignified. When staff showed us round the service they were careful not to show us anybody's bedroom without their permission. Staff also knocked on people's doors before entering. Staff took care to talk about confidential information in private.

People were encouraged to maintain and build their independence. One person told us, "I make my bed and do my own washing. I put my clothes away." The provider supported a person to gain a voluntary job at a local charity shop and was encouraging others to do similar. The provider held a weekly workshop to help people write their CVs and seek voluntary or paid work. Some people cooked some of their own meals with staff support. The registered manager told us they were setting up a structured timetable to encourage others to cook meals regularly. People were also encouraged clean and tidy their own rooms and to carry out other household chores such as laundry.

Good

Is the service responsive?

Our findings

People's care plans reflected their needs accurately and were reliable in guiding staff. A professional told us the care plan in place for the person they supported was good quality. The provider ensured people's care plans contained information about their mental health, physical health, emotional and social needs, personal history, individual preferences, interests and aspirations. Our discussions with staff showed they understood people's needs and preferences well and this helped them provide responsive support. Information in people's care plans was up to date because the registered manager ensured it was updated whenever people's needs changed.

People were involved in planning their care. The provider asked people what was important in relation to their care and clearly recorded people's preferences in their care plans. As another example, in monthly 'residents' meetings' people planned the menu and group activities for the coming month. In addition, people were supported with monthly meetings keyworker meetings during which they planned any additional support which was required.

People were enabled to spend their time meaningfully. People told us they were sufficiently occupied with individual or group activities. During our inspection we observed people were engaged in various activities. Several people played card games in the dining room while a person played their favourite music videos online. Another person was engaged in craft work by themselves. In the afternoon the provider held a BBQ and people from other care homes in the organisation attended. The registered manager told us people had chosen the location for a seaside holiday they were planning for the summer. People were invited to attend weekly activities including swimming, exercise classes and day trips to places of interest. The registered manager told us other weekly activities would soon begin including gardening at the scheme and individual cooking sessions.

People were supported to maintain and develop relationships to reduce social isolation. Personal visitors were encouraged and people had space to entertain people privately. The provider facilitated visits to people's relatives and friend's homes where necessary. The provider invited people to special events at other services in the organisation such as BBQs and parties which gave people the opportunity to develop friendships.

Processes were in place to deal with concerns or complaints appropriately and to record issues raised and the provider's response. People were reminded about how to raise a concern or complaint during monthly residents' meetings. The provider received some compliments from professionals and had shared these with staff to motivate them.

People's preference and choices in relation to their end of life care were considered. The deputy manager attended training at the local hospice regarding end of life planning and care and shared their learning with the team. People were beginning to develop end of life care plans through sensitive discussion with staff about their wishes.

Good

Is the service well-led?

Our findings

The service was well-led by a registered manager and deputy manager who understood their roles and responsibilities. People and staff spoke very positively about the managers of the service and felt the service was well-led. The registered manager had worked with the provider for several years and was an experienced manager of mental health services. The registered manager oversaw three care homes within the organisation, spending their time at each service during the week. People and staff told us the managers were always accessible and visible at the service, working with people directly. The deputy manager was in charge of the service day to day when the registered manager as not present. We found this management structure to be suitable and our inspection findings and discussion showed both were competent in their roles. The registered manager and deputy manager had qualifications in leadership and management and health and social care. Both attended training to keep their knowledge in relation to their role current.

Staff were clear of their roles and responsibilities and the managers delegated well to their team. Shift plans were in place so staff understood what was expected of them each day. The managers told us they planned to develop staff to be 'champions' in areas such as dignity, mental health and safeguarding and we will check what impact these roles have had at our next comprehensive inspection. Staff told us they worked well as a team and relationships between staff were positive. The service was supported by an operations manager who provided guidance to the registered manager.

The provider had systems to gather feedback from people, staff and professionals communicated openly with them. People told us the managers communicated well with them and asked them for their feedback on the quality of care. Each person had a keyworker who worked closely with them to check their care met their needs, to gather their views and share any concerns with management. Staff meetings were held regularly and staff were encouraged to share their experiences, challenges and suggestions for improvement. The provider also held regular manager's meetings where managers across the organisation met to share best practice and service improvements. Two professionals told us staff communicated very well with them and kept them informed of any developments relating to the people they supported. The provider sent questionnaires to professionals to gather their feedback although the response had been poor, so the provider planned to ask professionals for feedback when they visited the service.

The provider had systems in place to audit and improve the service. Audits in place included daily, weekly and monthly checks relating to fire safety and health and safety. Staff checked people received their medicines as prescribed each shift and the managers also audited medicines management each month. The managers audited care plans and risk assessments to check they contained the right information. The provider audited staff files and kept track of staff supervision and training requirements. We found the provider maintained detailed and accurate records in relation to people, staff and the management of the service.

The provider submitted notifications to CQC as required by law in relation to significant incidents. This allowed CQC to monitor the service and plan inspections.