

Abbeyfield Society (The) Abbeyfield House - New Malden

Inspection report

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Date of inspection visit: 6 January 2016
Date of publication: 19/02/2016

Ratings

Overall rating for this service

Requires improvement



Is the service effective?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 26 and 27 May 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to not having effective systems or processes in place to assess, monitor and improve the quality and safety of the service provided.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report covers our findings in relation to those requirements and to one area in respect of staff support that required improvement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbeyfield House - New Malden on our website at www.cqc.org.uk.

The provider sent us an action plan and told us they would make the necessary improvements by the end of November 2015. We undertook this inspection to check they had followed their plan, to confirm that they now met legal requirements.

Abbeyfield House provides accommodation and personal care for up to 36 older people. There were 35 people living at the home with dementia on the day we visited. The home is divided into four units and based on two floors.

The service had a registered manager at the time of the 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

Summary of findings

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.'

At this inspection we found the provider had not improved the support given to staff. Records and staff files we looked at showed that staff were not receiving supervision and annual appraisals in accordance with the provider's policy on staff support.

Staff we spoke with confirmed they did not receive regular one to one supervision. This lack of supervision and appraisals meant that staff were not appropriately supported by management and their work was not monitored to ensure it was effectively carried out.

Records showed the quarterly, monthly and weekly health and safety checks were conducted to ensure that people were being cared for in a well maintained environment. Areas seen as needing repair were actioned and signed and dated to say they had been completed.

We saw that monthly medicines audits had been undertaken. Any errors were noted, with the actions needed to remedy the error. Once remedied these were dated and signed as completed. These actions had helped to mitigate the risk of errors in medicine administration.

The registered manager had conducted a survey of people using the service and of healthcare professionals who visited the home. The results we saw were very positive of the care people received.

The provider had also conducted a nationwide survey of all the staff and people using the service in July and October 2015. The results of these surveys were not available at the time of the inspection. This was because of the large number of responses received and because the surveys needed to be analysed for each individual home. The provider agreed to forward the results when they were available.

Records showed that team meetings were taking place frequently and at times to suit the different working patterns of staff and teams, including night staff team meetings.

The actions the provider had taken have helped to ensure the quality assurance systems were more effective.

We found a breach of regulations in relation to the staff support.

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 effective?

The service was not as effective as it could be.

Staff were not supported through supervision and an annual appraisal to review their performance and development.

Requires improvement



Is the service well-led?

The service was well-led.

The provider had systems to assess and monitor the quality of the service provided and these were being used effectively so areas for improvements were identified and addressed.

People were asked for their opinion of the service and these were acted on.

We have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice in relation to quality assurance. We will review our rating for well-led at the next comprehensive inspection.

Requires improvement



Abbeyfield House - New Malden

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 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.

We undertook an unannounced focused inspection of Abbeyfield House – New Malden on 6 January 2016. This inspection was done to check that improvements we asked the provider to make in relation to the breach of regulations we found after our comprehensive inspection on 26 and 27 May 2015 had been made and to see if one area of staff support that required improvement had been addressed and to review the rating of the service.

We inspected the service against two of the five questions we ask about services: Is the service effective? Is the service well led? This is because the service was not meeting one legal requirement and required improvement in another area.

This inspection was carried out by one inspector.

Before our inspection we reviewed all information we held about the service and the provider including looking at the previous inspection reports and reviewing these in line with the action plan the provider submitted to the Care Quality Commission (CQC).

During this inspection we looked at the records that related to how the service was managed including the quality assurance audits that the manager completed. We spoke with the registered manager, the head of care and eight staff. We looked at eight staff files. We spoke with four people who lived at Abbeyfield House and one visiting relative.

Is the service effective?

Our findings

People were not being cared for by staff who were appropriately supported by the provider to fulfil their roles and responsibilities. On 26 and 27 May 2015 we inspected the service and identified that staff were not supported through one to one supervision and annual appraisals. The Abbeyfield policy for one to one supervision stated it should occur six times a year. Therefore staff were not being supervised according to the provider's own policy and some staff did not receive an annual appraisal to review their performance and development. We spoke with the registered manager about this at the time and they explained they were looking at new ways to ensure staff received regular one to one supervision.

At this inspection we found the provider had not improved the support given to staff.

We spoke with the manager who explained that staff were now supervised and appraised in their teams by the head of care or senior carer for the team. Senior staff were supervised and appraised by the registered manager.

The records of supervision given to us for one team showed that of the six staff named, five had received two

supervision meetings in 2015 and one staff had received three supervision meetings. We then looked at a further eight staff files and could not find any evidence of the recommended six supervision meetings a year, we could only see that one or two meetings had taken place. We could find no evidence of appraisals in these eight files. We asked the registered manager to also look at a random selection of staff files and he was also unable to find any reference to the expected supervision meetings or to any current appraisal information.

We then went to each of the four units in the home and spoke with eight staff about their supervision and appraisal. Only one member of staff could remember having a supervision and appraisal meeting with their manager. The other staff commented that they could speak with their manager regularly on the units but did not have a specific time to meet with them in private to discuss their progress with their work and personal development.

This lack of supervision and appraisals meant that staff were not always as supported by management as they could be. The above shows that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

The provider had an effective quality assurance system to help ensure people received safe and appropriate care and treatment.

On 26 and 27 May 2015 we inspected the service and identified a breach of the regulation in relation to quality assurance because the provider did not have effective systems or processes in place to assess, monitor and improve the quality and safety of the services provided. They also did not have systems to seek feedback from people using the service and their relatives, staff and care professionals on the quality of services provided for the purposes of continually evaluating and improving such services.

At this inspection we found the provider was meeting the requirements of the regulations.

The registered manager showed us the quarterly, monthly and weekly health and safety checks that were being conducted to ensure that people were being cared for in a well maintained environment. We looked at the last two quarterly health and safety checks conducted in August and November 2015 and found that only one area required repairs and this was signed as actioned and completed. We saw the fire extinguishers, emergency lighting and call bells were checked monthly.

Among other monthly checks, the water temperatures in the bedrooms, bath and shower rooms were tested and recorded. Records showed these had been tested each month between June and December 2015. We saw three recorded incidents when the temperature of water was higher than the recommended 45 degrees but no record of what actions had been taken to remedy these problems could be seen. Although we did see in subsequent checks that the temperature was within the recommended temperature limits. We spoke with the registered manager about this and they said they would speak with the maintenance person to ensure notes were kept of any actions taken.

We saw that monthly medicines audits had been undertaken between August and December 2015. Records showed that between 13 and 18 medicines administration records [MAR] were checked for accuracy each month, previously only four MAR charts were checked monthly. Any errors, with the actions needed to remedy the errors were noted. Once remedied these were dated and signed as completed. We noted that different peoples' MAR charts were checked each month. An independent audit of the medicines was carried out by the supplying pharmacy in November 2015 and no errors were found. The actions above had helped to mitigate the risk of errors in medicines administration.

The registered manager had conducted a survey of people using the service and of healthcare professionals who visited the home. The results we saw were very positive of the care people received. Where comments were made and actions needed these had been taken by the registered manager. Comments people had made about specific staff were passed on to the staff. All the comments we saw about staff were complimentary.

The registered manager told us that the provider had conducted a survey of staff and people using the service. All staff throughout the company had taken part in a survey in July 2015 and the provider had also commissioned an independent survey of people using their services in October 2015 but the results of the surveys had not yet been produced and were not available at the time of the inspection. This was because of the large number of responses received and because the surveys needed to be analysed for each individual home. The provider agreed to forward the results when they were available.

We looked at the minutes of the team meetings. These showed that more frequent meetings were taking place compared to how often these were at our last inspection and at times to suit the different working patterns of staff, including night staff.

The actions the provider had taken have helped to ensure the quality assurance systems were more effective.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not ensure that staff were supported through regular supervision and appraisals that are necessary for them to carry out their role and responsibilities.

Regulation 18(2)(a)