

# The Abbeyfield Southend Society Limited

# Abbeyfield - St George's House

## 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

The Inspection took place on 19 September 2016 and was unannounced.

Abbeyfield St George's House is registered to provide accommodation and personal care without nursing for up to 26 older people. There were 25 people living in the service on the day of our inspection.

There was a registered manager in post. 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.

People received their care and support in a way that ensured their safety and welfare. Staff had a good knowledge of how to safeguard people and they knew the actions to take to protect them from harm. People were supported to take everyday risks and staff knew the measures required to keep them safe. There were sufficient numbers of staff who had been safely recruited, were well trained and supported to meet people's assessed needs. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

Staff had the knowledge and skills to care for people safely and had access to guidance and support to help them in their work. The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications when needed. People had enough good quality food and drink to meet their individual needs and preferences. People's healthcare needs were monitored to ensure they remained healthy and staff sought advice and guidance from healthcare professionals when needed.

Staff were kind, caring and compassionate and they knew the people they cared for well. They ensured that people were treated respectfully and that their privacy and dignity was maintained at all times. People expressed their views and opinions and participated in activities of their choosing. People were able to receive their visitors at any time and their families and friends were always made to feel welcome. Where people did not have family members to support them advocacy services were available. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People's care needs had been fully assessed and their care plans provided staff with the information they needed to meet people's assessed needs and to care for them safely. People were encouraged and supported to follow their individual hobbies and interests. Complaints had been dealt with effectively and people were confident that their concerns or complaints would be listened to and acted upon.

People had confidence in the registered manager and staff felt supported and valued. There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

## 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.

People were protected from the risk of harm. Staff had been safely recruited and there were sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good and ensured that people received their medication as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were cared for by well trained and supported staff

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who knew them well. They were treated with dignity and respect and staff were kind, caring and compassionate in their approach.

People were kept fully involved in the way their care and support was provided. Advocacy services were available if needed.

### Is the service responsive?

Good ●

The service was responsive.

The assessments and care plans were detailed and informative and provided staff with enough information to meet people's diverse needs and preferences.

There was a clear complaints procedure in place and people were confident that their complaints would be dealt with appropriately.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff had confidence in the registered manager and shared their vision.

There was an effective quality assurance system in place to monitor the service and drive improvements.

# Abbeyfield - St George's House

## **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.

This inspection took place on 19 September 2016 was unannounced and 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with 10 people who used the service, one of their relatives, a volunteer, the registered manager, the deputy manager and eight members of staff. We reviewed four people's care files and four staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

# Is the service safe?

## Our findings

People were protected from the risk of abuse. They told us that they felt safe and happy and throughout our visit they were comfortable and relaxed when interacting with staff and with each other. There was a poster about safeguarding people displayed in the lobby; it provided the contact details of local safeguarding officers. There were policies and procedures in place for staff to refer to when needed and staff had been trained in safeguarding people and knew the actions to take if they witnessed or suspected abuse. One person said, "All the girls [staff] are nice here. It's so nice to get a friendly welcome and to see smiling faces. I feel very safe with them all." A relative told us, "It's so nice to know that my relative is in a nice safe home where staff treats them nicely."

Risks to people's health and safety were well managed. Staff had received training in first aid and had on-going training in fire safety procedures and they knew to call the emergency services when needed. People had detailed fire evacuation plans in place for staff to use in an emergency. Staff told us, and the records confirmed that regular fire drills had been carried out. People had risk assessments in place together with management plans for any areas of risk. For example there were clear risk management plans for people's mobility, their skincare, nutrition, falls and for accessing the local community. Staff demonstrated a good knowledge of people's identified risks and knew how they should be managed. One person regularly went out to local shops, to the hairdresser and to a local church. This showed that people were supported to take every day risks and to maintain their independence.

People were cared for in a safe environment. The registered manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and up to date safety certificates were in place. The registered manager told us, and the records confirmed that repairs had been carried out swiftly to ensure people lived in a safe environment. There was a list of emergency telephone numbers available for staff to contact contractors in the event of a major electrical or plumbing fault.

The service ensured that there were always sufficient staff on duty to meet people's assessed needs. People consistently told us that there were enough staff. They said that they never waited long for staff to attend to them. One person said, "They [staff] are very quick to help me and are always around if you need them." Another person told us, "The staff are always very helpful and I never have to wait for too long." Staff told us that they mainly covered vacant shifts between them during staff sickness and that agency staff were only used in an emergency. The home also employed bank staff to cover staff sickness and annual leave. The duty rotas showed that staffing levels had been consistent over the six week period checked and we observed that there was enough staff on duty to meet people's needs when we visited.

The service had a robust recruitment process in place to ensure that people were supported by suitable staff. The registered manager had obtained all of the appropriate checks in line with regulatory requirements, for example Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that they had not been able to start work until all of their pre-employment checks had been carried out.

People's medicines were managed safely. People told us that they received their medication as prescribed and that they knew what it was for. One person said, "The staff help me with my medication because I might forget to take it." Another person told us, "They [staff] are very good when they give us our medication. I am a bit slow but [staff member's name] is very patient with me and they are so nice all of the time." Staff had a good knowledge of people's medicine needs and their individual medical history and they gave people their medication appropriately and as prescribed.

There was a good system in place for ordering, receiving, storing and the disposal of medication. We carried out a random check of the medication system and observed a medication round. We found that the medication was correct and the medication administration record sheets (MARS) had been completed to a good standard. Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication. Staff had been trained and had received regular updates to refresh their knowledge. The registered manager or deputy manager were responsible for ordering medication, which was done on a 28 day cycle. They told us, and the records confirmed that unused or spoiled medication was returned to the pharmacy. Staff's competency to administer medication was regularly checked through the supervision process. This showed that people received their medication safely and as prescribed.

## Is the service effective?

### Our findings

People were cared for by staff who felt supported and valued by the management of the service. Staff told us, and the records confirmed that they had received a thorough induction to prepare them for their work. Staff had received supervision and appraisals and felt well supported by the registered manager. One staff member said, "I see the manager all of the time so I discuss any issues with them as they happen. I also feel that I can talk to the deputy manager if the manager is not around." Another staff member told us, "The support is good. It is a lovely place to work."

Staff had the knowledge and skills to care for people effectively. People told us that they thought the staff were well trained as they, 'knew what they were doing'. One person said, "All of the staff are very knowledgeable about my needs so I believe they get good training." Staff told us, and the records confirmed that they had received a wide range of training appropriate for their role and it had been regularly updated to refresh their knowledge. One staff member said, "Most of the training is now on-line but I prefer this as I can do the training at a time that suits me." The registered manager had installed a computer in the conservatory which had access to the internet and could be used by staff to do their on-line training while at work. The registered manager told us, and the records confirmed that the service only employed staff who had attained a national qualification in care. People were cared for by well trained staff.

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. 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. There were information leaflets about DoLS available in the lobby. Staff had been trained in MCA and DoLS and they had a good understanding of how to support people in making decisions. One staff member said, "People are assumed to have the capacity to make decisions. If they don't then any decisions have to be made in their best interests." Appropriate DoLS applications had been made to the local authority. We heard staff asking people for their consent before carrying out any activities. Care plans and risk assessments had been signed by people to confirm their consent and mental capacity assessments had been completed where required. This showed that where people were not able to make every day decisions the service made decisions in their best interest in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. The service employed a company to manage the kitchen and they ordered, prepared and cooked the meals. Menus were displayed on each of the nicely laid out tables to ensure that people knew the choice of food for the day. People told us, and we saw that mealtimes were a pleasant experience where they enjoyed fresh home



cooked food. During the meal people chatted happily between themselves and with staff. One person required support to eat their meal as they had not eaten much of it 15 minutes after it was served. A member of staff sat alongside the person and chatted to them quietly encouraging them to eat their meal. They stayed with the person for the remainder of their meal to ensure they had sufficient nutrition. People told us that the food was 'lovely'. One person said, "The food is really good here, there is always something nice to eat. I sit together with my friends for lunch." Another person told us, "It's a lovely home and there is always something nice to eat and I look forward to my lunch." There was fresh fruit available for people to help themselves to when they wanted it. Where it was necessary people's dietary intake had been recorded and their weight had been monitored to ensure that their nutritional intake kept them healthy.

People's healthcare needs had been met. People told us, and the records confirmed that they saw a variety of healthcare professionals when needed such as the dentist, optician, chiropodist, district nurse and the doctor. People said that they got the support they needed to help keep them healthy. The outcomes of healthcare visits and any follow up actions had been clearly recorded and showed how and when people had received the support they needed.

## Is the service caring?

### Our findings

All of the people we spoke with, without exception told us that the registered manager and all of the staff were kind, understanding and caring. One person said, "It's so lovely here and I've known the staff for years – they are a very nice team and I feel very comfortable with all of them [staff]." Another person told us, "It is so nice to get a friendly welcome and smiling faces." A relative told us, "I come in every day and it's good to see that my relative is clean and looked after properly. The staff treat them nicely and are kind and caring. Nothing seems too much trouble for the staff here." One volunteer (who had previously worked in the service) told us that they had retired but enjoyed working there so much that they helped out with the teas and enjoyed chatting with people. People were relaxed and happy throughout our visit and staff interaction was very good. Staff clearly knew the people they cared for really well and they had built up positive caring relationships with them. They displayed kind, caring and compassionate qualities when interacting with people.

People were treated with dignity and respect. They told us that staff never rushed them and that all of the staff treated them respectfully. We saw people being supported and heard staff speaking with them in a calm, respectful manner and they allowed them the time they needed to carry out any activities. People said that all of the staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms. People told us that they were able to practice their faith. One person said, "I go out to church every week. The church bus comes and picks me up, together with another person here, and they drop us back later. I feel blessed." Another person told us they regularly attending the church of their choosing. People's religious faith was respected and their cultural needs had been met.

People told us that they made decisions about what they wanted to do and when they wanted to do it. They chose when to get up and when to go to bed. One person said, "I like to have a sleep in some days – they don't wake you up early here – I can do what I like – it's great." Another person told us, "I have a nice room and I can do whatever I like." The person had their emergency call bell to hand and their telephone within easy reach should they have needed to call for support. The registered manager told us that one person regularly accesses the local community and goes out alone to church, the hairdressers and visiting a friend in a local care home. This showed that people were supported to maintain their independence.

People had been fully involved in making decisions about their care and support. They told us they made choices about how they spent their time, what they wanted to wear and where they wanted to be. One person said, "I like sitting in my room, I have a daily newspaper to read and I enjoy doing tapestry work. After lunch I am going out with my friends." The care plans contained very good information about people's likes, dislikes and preferences to enable staff to care for people in a way that they preferred.

Staff knew the people they care for very well. There was a good rapport between staff and the people using the service. Staff and people chatted freely with each other throughout our visit. One person told us, "I have a laugh with them [staff] all. They know me well and know my likes and dislikes." Another person said, "It was an easy decision to move here as its lovely. I get on well with everybody, and I like to have a laugh and a joke with the staff." Another person said, "I get everything I need here...I'm really happy here." We heard

staff conversing with people about things that were important to them. One staff member said, "[name of person] has been here for some time but I am still learning about them. The more information we know about people's past lives the better it is when chatting to them."

People told us, and a visiting relative confirmed that their visitors were always made to feel welcome at any time. There was information about the service available to visitors in the lobby. This included an excellent 30 page resident's guide, the last CQC report and notice of planned residents and relatives meetings. The registered manager's office was near the front door and we saw that visitors were often greeted by the registered manager. We noticed that staff were attentive to the front door when the doorbell rang and throughout our visit we saw them checking to ensure that the door had been answered and visitors were not kept waiting.

Where people did not have family members to support them to have a voice, they had access to advocacy services. Advocacy contact details were displayed in the lobby in clear view for people and their visitors to see should they require a service. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

## Is the service responsive?

### Our findings

People together with their families had been fully involved in the assessment process. People told us, and the records confirmed that a detailed pre-admission assessment of needs had been carried out prior to the individual moving into the service. One person said, "The manager visited me before I moved in to check what help I needed and to make sure that the home could provide what I wanted." Another person told us, "This is a lovely home and staff always ask if they are doing everything right for me." The care plans clearly identified people's individual needs and preferences such as their preferred name, bedtime routines and food preferences. There was good information about people's family and working life. There were detailed end of life plans in place that described individual's wishes for their end of life care. All of the care plans that we viewed had been regularly reviewed and updated to reflect people's changing needs. People told us and we saw that the service provided them with suitable equipment such as hoists, walking aids and wheelchairs to support their mobility. People received personalised care that was responsive to their individual needs.

People told us that staff were quick to respond when they rang their call bell. They said that they never felt rushed when staff were supporting them with any activities. We saw this in practice throughout our visit. For example one person was supported to manoeuvre their wheelchair closer to the table to enable them to eat their meal easier. The staff member discreetly offered them a cushion to ease their back and make them more comfortable. We saw that the lift contained clear written and pictorial guidance on how to use it. This informed people which buttons to press to use the lift and in an emergency. There was also a chair in the lift for people to use if they felt a little unsteady. People received a service that was responsive to their needs.

People told us that there was enough to do to keep them occupied throughout the day. One person said, "There is usually something going on. We have a singer come in and they are very good. I look on the wall to see what is happening and can choose whether to join in or not." Another person told us, "I have been connected with this home for many years. I used to come to the church that stood here before it was knocked down to build this home. I was in the original stone laying party. I regularly go out to Chalkwell and Leigh on the bus and I help out with the flowers here." We saw that people were kept engaged throughout our visit. There was a lovely calm atmosphere; appropriate music was playing until people requested to watch a film on the television. People were seen to come and go as they pleased and they said they could spend time wherever they chose. This showed that people were supported to follow their own interests and hobbies.

People's views and opinions had been sought on a daily basis. Staff constantly checked with people to make sure that the service being provided met their needs. People told us, and the records confirmed that they had participated in regular meetings where they had discussed menus, activities, staffing and the general running of the service. There was a list of planned meeting dates displayed in the lobby. This meant that family and friends were aware when meetings were due to take place which gave them the opportunity to participate in them.

People said that they had no complaints about the service. One person told us, "I've no complaints

whatsoever. I have everything I need to hand and I get my paper every morning so I am very happy here." Another person said, "If there's ever a problem with anything, I just have to mention it and the staff are all so nice. Especially the deputy manager, she's lovely." The complaints policy was good. It fully described the process of how to raise a complaint or concern and how it would be dealt with by the service. The procedure was displayed in the lobby for easy access to friends and families and people using the service had received the information in their service user guide. The policy included the contact details of CQC, the local authority and the Local Government Ombudsman. The complaint records showed that concerns had been responded to appropriately and that they had been fully considered and resolved. People were confident that their complaints and concerns would be dealt with appropriately and in a timely manner.

## Is the service well-led?

### Our findings

There was a registered manager in post who worked in the home on a daily basis. They also randomly worked at weekends to ensure that the quality of care was maintained. People told us that the registered manager was friendly and approachable. The registered manager knew people well and kept up to date with their changing needs. There was also a deputy manager in post who was well liked by people who used the service and the staff team. Staff told us that they felt supported and valued by the management team.

The open door policy meant that people, their families and staff could speak with the registered manager when they chose to and people clearly had confidence in them. One member of staff told us, "I've been here six months now, and it's so nice. The manager is really nice and very approachable and there is good teamwork too." Another member of staff said, "It's a lovely home, with good staff. I worked here for some years before moving out of the area. When I moved back I was able to do this job as I could juggle my childcare around it. The manager is very supportive and easy to talk with." The registered manager's office was situated next to the lobby making them easily accessible to people. Staff shared the registered manager's vision to provide people with the best quality person centred care that meets their physical, emotional and spiritual needs. The service's philosophy of care is to provide people with comfortable, happy surroundings encouraging them to take as full and active part in day-to-day activities as far as their physical and mental condition will allow.

There were clear safeguarding, whistle blowing and complaints policies in place. Staff members were confident about how to implement the policies. One staff member said, "I would report any concerns and I am confident that the manager would deal with them properly." Other staff were very clear about their duties and responsibilities and how to care for people safely.

People had been actively involved in making decisions about how to improve the service. They told us, and the records confirmed that regular meetings had taken place where they had discussed a range of issues which included food, activities, entertainers, news and introductions to new residents and staff.

The service had an effective quality monitoring system in place. People's views had been sought in 2015 and their responses had been analysed and actions had been taken to address any shortfalls. The registered manager was in the process of sending out the 2016 survey questionnaires to families and professionals, such as GP's, social workers and other health and social care staff. The registered manager also had a suggestion box in the lobby to gather people's views in-between the annual surveys. Regular audits had taken place such as for medication, falls, care plans, complaints, staff files, health and safety and mattress condition checks. The registered manager also carried out daily quality checks on people's monitoring charts, the daily notes and pressure area care mattress settings. People told us they received a good quality service and said that staff always consulted them on any proposed changes.

Staff told us, and the records confirmed that regular staff meetings had taken place where a range of issues had been discussed such as health and safety, whistle blowing, complaints, consent and activities. Staff said that the registered manager allowed them sufficient time at staff meetings to have an open discussion

about any issues relating to the running of the service. They told us that the registered manager kept them fully involved in how the service was run. One staff member said, "I've been here for many years. It's a nice home. I feel very supported by the manager, we've got a good team here." A volunteer told us, "I used to work here, and when I retired I came back as a volunteer to help two mornings a week. It's a lovely home. Of course, I wouldn't have come back if I did not like the home. It's home to me now really." This showed that staff's views and opinions were taken into account when decisions about the service were made.

Staff had good communication with each other as handovers took place between each shift and a communication book was used by senior staff to record important information. This meant that staff could quickly access information when returning to work after a break to ensure that they had good up to date information so they could care for people safely. This showed that there was good teamwork and that staff were kept up to date about changes to people's care needs.

People's personal records were stored in a locked cupboard when they were not in use and were accessible to staff, when needed. The registered manager had access to up to date information and shared this with staff to ensure that they had the knowledge to keep people safe and provide a good quality service.