

The Abbeyfield Southend Society Limited

Abbeyfield - St George's House

Inspection report

Park Terrace
Westcliff On Sea
Essex
SS0 7PH

Tel: 01702331512
Website: www.abbeyfieldsouthend.co.uk

Date of inspection visit:
15 May 2019

Date of publication:
20 June 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: St George's House can provide care and accommodation for up to 25 older people. At the time of our visit 25 people were being accommodated. The service is provided in a purpose-built building set over two floors with access to garden areas. It is located near a main town.

People's experience of using the service: People told us that they were happy living at the service and that they received very good care from the staff.

Care plans needed to be regularly reviewed and kept up to date to reflect people's current needs. Further work was required to ensure the consistency of recording in care plans.

There was a lack of regular planned activities to support people's well-being whilst living at the service. Activities on offer need to match the needs of the people living at the service.

Systems for governance and oversight were not sufficiently robust to address the issues highlighted at inspection. The manager needs to develop systems to give them clear overview of the service including checking all audits are acted on and kept up to date.

Staff had been recruited safely with the right recruitment checks. People spoke positively about the staff. Staff had the appropriate training.

Medication was managed safely. People got their medicine's in the right way and at the right time.

The manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The manager responded to complaints received in a timely manner. Support was given to people at the end of their life.

Rating at last inspection: Good (report published 4 October 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to person centred care and good governance. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Abbeyfield - St George's House

Detailed findings

Background to this inspection

The 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.

Inspection Team: The inspection was carried out by two inspectors.

Service and service type: St George's House provides care and support for up to 25 people. The service had a manager who was in the process of being registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection took place on 15 May 2019 and was unannounced.

What we did: 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 reviewed earlier reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with 11 people and two relatives, we also observed interactions with staff. We spoke with the regional manager, manager, deputy manager, and three care workers. We reviewed three care files, two recruitment files and records held in relation to the running of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Although people told us they felt safe living at the service, improvements were needed to ensure people's risks were consistently managed.
- We found some care plans lacked detail to provide staff with the guidance they needed to support people.
- Two care plans referenced people were at risk of choking and needed thickener to be added to their drinks. However, there was no instruction as to how much should be added. The manager told us this was recorded on medication administration charts however not all care staff would have access to these when supplying drinks. The information should be clearly recorded in the care plans.
- Moving and handling care plans lacked detailed or explanation of the process needed to support people when using a hoist sling. Care plans stated two staff needed to provide support but did not give any explanation of how to use the sling and hoist. The manager told us people had their own slings but if these were unavailable staff used a universal sling. This placed people at risk of poor moving and handling techniques if staff were not able to access full instructions for use on each sling.
- Information in care plans had not been updated or fully reviewed meaning some care plans contained conflicting information about the level of support people needed, placing people at risk of receiving the wrong support.
- Each care record had an on-going assessment of people's needs. The process at the service was to update these monthly however we found these had not been updated since January 2019
- Despite the inconsistencies we found in people's care plans, staff could tell us about people's current needs. When we spoke with the deputy manager and manager they committed to updating the care immediately. Subsequent email communication with the regional director informed as that this work had been undertaken.

Staffing and recruitment

- People were complimentary of the staff and told us they were kind and caring. However, we were repeatedly told they felt there was not enough staff. People told us, "They are short staffed." One person said, "Sometimes I have to wait twenty minutes for staff to help me." Another person said, "I would like the staff to sit and talk with me, but they don't have time."
- The manager told us they had completed a time and motion review and had reduced staffing numbers as they felt they were over-staffed and had enough staff to complete tasks needed.
- Staff told us that they felt they needed another member of staff to be able to spend more time with people.
- Additional workload had been placed on staff whilst the service lift was out of action
- We discussed staff deployment, the layout of service, additional staffing requirements due to lift being out

of action, and staff being tasked focussed with the manager and regional manager. We were told changes in staffing had been implemented on a trial basis, all information would be considered too review staffing levels and deployment of staff by the manager.

- The manager was recruiting more staff and currently used some agency to cover shifts. Recruitment checks on staff before they began work at the service included obtaining references and a Disclosure and Barring check to ensure they were suitable for the role.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person said, "The care is very good, can't fault them." Another person said, "I feel very safe here and I appreciate that. I notice I sleep a lot better since being here."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- Staff also knew how to 'whistle blow' and raise concerns outside of the organisation.
- The manager displayed guidance and posters external to the organisation that people or staff could contact if they had concerns about abuse.
- The manager knew how to raise concerns with the local safeguarding authority.

Using medicines safely

- People received their medication safely and when they needed it. One person told us, "I have enough medicine to make me rattle, the staff give them to me on time."
- Only trained and competent staff supported people with their medication.

Preventing and controlling infection

- Infection processes were in place for staff to follow and we saw staff had access to personal protection equipment.
- There was cleaning staff at the service and we saw areas were kept clean.

Learning lessons when things go wrong

- Accidents and incidents were fully investigated. Information was shared with staff at meetings.
- Following a significant incident, we saw the regional manager had investigated this and implemented lessons learned and taken the appropriate action.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs, and choices were in place however some of these needed to be updated, to maintain care in line with good guidance.
- People told us their choices were respected.

We recommend that care plans are kept up to date with regular reviews identifying people's changing needs and wishes.

Staff support: induction, training, skills and experience

- Staff received regular training to enhance their skills and training was delivered face to face at the service.
- Staff were supported to complete additional training qualification to enhance their knowledge and skills, the deputy manager and manager told us they were both undertaking a nationally recognised management certificate.
- There were systems in place to give new staff a full induction.
- Since the new manager has been in post they have held group staff meetings but had not yet had individual supervision with staff. The manager told us they will be drawing up a timetable of supervision to complete with staff.

Supporting people to eat and drink enough to support a balanced diet

- The provider employed a catering company to supply meals at the service. There was a chef who prepared meals for people. We received positive feedback from people about the food and choices.
- One person said, "The food is very good we always have a choice."
- Staff checked people's weight and carried out nutritional assessments. Where needed special diets were provided.
- Nutritional assessments needed to be kept up to date with all relevant information available for staff to follow.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have access to healthcare. There was a GP that attended the service weekly to carryout reviews.
- When needed people received support from district nurses, palliative care team, physiotherapists, and occupational therapist.

- Staff were good at following up people's healthcare needs. One person told us, "They have arranged for me to see a dentist."

Adapting service, design, decoration to meet people's needs

- The service was well designed and spacious to meet people's needs. All rooms had their own en-suite facilities. People had personalised their rooms with their belongings.
- Although the lift was currently not working the provider had employed a company to address this issue and they were waiting for a part to fix the lift.

Ensuring consent to care and treatment in line with law and guidance

- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very complimentary of the staff and the support they received. One person told us, "The staff are very good, I have one or two favourites, I can't explain why, I just love them."
- Staff had good relationships with people. One person told us, "I am very fond of the care staff, they always wave to me and say goodnight."
- Staff respected people as individuals and supported their diverse needs and equality rights.
- People were supported to follow their faith and services were held if people wished to attend them.

Supporting people to express their views and be involved in making decisions about their care

- Each person was given a member of staff as a key worker to support them and work with them to ensure they were comfortable and had everything they needed.
- People had care plans that described their care needs. One person said, "I think I have a care plan and we have a book of rules and regulations about the home."
- Where appropriate families were involved with decisions about care, along with advocates and other healthcare professionals. An advocate is an independent person who is appointed independently to ensure a person's views and wishes are listened to and their best interest is supported.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. People were supported as individuals and had their own routines. One person told us, "The staff give me choices about everything and support me to do what bits I cannot do for myself."
- Throughout the day we saw staff support people when they wished to use the stairs and go between floors. People had a choice who they socialised with and how they spent their time.
- Staff were attentive to people's needs and wishes. People told us that staff always treated them with respect.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The manager told us they were exploring changing to an electronic care plan system and they were having a demonstration from a company on this on the day of our inspection.
- In the interim the manager and deputy had put in place a one-page overview of people's care plans and a one-page risk assessment document. We did find fall care plans and risk assessments were still in place in the care folders however these had not always been up dated.
- There was conflicting information in care plans for example, one nutrition assessment said a person was on a fortifying diet however they had a BMI of 28 which put them into the obese range. We also found conflicting information in some moving and handling assessments.
- We found some important information had been missed from one person's one-page overview. It is important staff have accurate and up to date care records to refer to when supporting people with their care needs. We brought this to the attention of the deputy manager and manager who said they would address these.
- There was a lack of organised activities for people to join in. The manager told us they had arranged some activities, but these were ad hoc. There was no dedicated activities person at the service. The regional manager told us that there had been talk of a senior taking on this role, but this did not seem to have been moved forward.
- One person told us, "We played bingo last week and I enjoyed that but not sure when it will happen again."
- Another person said, "I stay in my room there is not much point coming out as nothing is going on."
- One person showed us their finger nails, they said, "The staff painted them for me but now they are all chipped and they don't seem to have time to remove the varnish for me."
- We spoke with the manager about how the lack of activities either individual or group could affect people's well-being. The manager was working on developing the activities so that they would become more structured at the service rather than ad hoc.
- People's information and communication needs had been considered. Staff could explain people's communication styles and we saw people were able to express their needs. Although staff had taken steps to identify sensory loss they had not put into place steps to ensure needs were met. One person told us that they would like to take part in more activities such as bingo but because they had poor vision did not feel able to.

The care of service users did not reflect their needs and preferences, this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person Centred Care.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and concerns were addressed appropriately. People told us if

they had any concerns they would raise these with a senior or at the office.

End of life care and support

- The manager knew how to access support for people at the end of their life. They worked closely with the GP and palliative nursing services to support people when required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- The registered manager had left the service in February 2019 and a new manager was in post who was currently going through the process to be registered with the CQC.
- The new manager had not yet fully developed systems to give them full oversight of the service. For example, several audits had not been kept up to date since the last manager left. This included the last care plan audit which was completed in January 2019.
- Several issues were picked up with care plans which could have been found earlier if these audits were regularly completed.
- We also found environment and equipment audits were not sufficiently kept up to date.
- The regional manager told us that they were doing supervision with the new manager and they had also sourced an external person with clinical experience to help the manager develop all aspects of the service.

Because systems and processes were not being established effectively, to monitor or improve the service this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The manager was reviewing care planning systems with a view to moving to an electronic system.
- The manager and regional manager had followed their responsibilities under duty of candour to investigate complaints and incidents and discuss these with people and relatives.
- The manager sent statutory notification as required of specific incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the new manager has been in post they have been going through a process of reviewing staff roles with a view of delivering more effective care for people.
- Staff and people had expressed they had found some changes unsettling however the manager was working through this to resolve issues and support change.
- Staff shared the managers vision to make people the centre of the service with their needs being fully met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to express their views at resident meetings and there was an appointed spokesperson.
- Staff supported people's rights and equality characteristics. This included their preferences for care and support.
- The service worked in partnership with other health professionals such as district nurses and GPs.
- The manager was also engaging with external agencies to provide entertainment for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans need to be kept up to date with all relevant information for people's care. Activities should be planned to met people's well-being needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems needed to be reviewed and kept up to date to provide the manager and provider with a good oversight of the service.