

Ms Sivanithy Rajaratnam

Abbey House - Morden

Inspection report

Abbey House
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

This inspection took place on 2 July 2015 and was unannounced. At the last inspection on 11 June 2014, we found the service was meeting the regulations we looked at.

Abbey House is a care home that provides accommodation and personal support for up to 12 older people. The home specialises in supporting people living with mental ill health, dementia and sensory impairments. The service was fully occupied when we visited. At the time of our inspection one person under the age of 65 was using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Although we found staff were suitably trained to perform their role. We saw people were at risk of receiving poor care because staff were not always appropriately supported by the registered manager. Staff did not have

Summary of findings

regular individual supervision meetings with the registered manager or have their work performance periodically appraised. This meant the provider could not ensure staff were competent to effectively meet people's needs.

We found the service had personalised care plans which were reviewed regularly. However, we found that the provider did not consistently provide opportunities for people to engage in community activities. This meant the provider was not offering support to people to maintain their autonomy and independence.

People were kept safe at Abbey House. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. Suitable arrangements were in place to help staff deal with emergencies, such as fire.

People told us they felt happy at the home. They also told us staff looked after them in a way which was kind, caring and respectful. Our observations of staff practices and discussions with people using the service and a visitor supported this. People's rights to privacy and dignity were respected.

People were supported to stay healthy. This included having access to healthcare professionals, receiving their medicines when they should and being supported to eat and drink sufficiently.

People were involved in making decisions about the level of care and support they needed and how they wished to be supported.

The registered manager understood their responsibilities with regards to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They knew when to make an application for a DoLS authorisation. DoLS help to ensure where people do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, this is done lawfully and in a way that protects their rights.

Sufficient numbers of staff were deployed throughout the home to meet people's needs. Staff were knowledgeable about the individual needs and preferences of people they cared for and supported. The service also ensured staff were suitable to work with people using the service by carrying out employment and security checks before they could start work at the care home.

The views of people using the service, their relatives, professional representatives and staff working at the care home were routinely sought by the registered manager, which they used to improve Abbey House.

We identified two breaches of regulation relating to staff support and dignity and respect. You can see what action we told the provider to take at the back of the full version of the report.

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 safe?

The service was safe.

Staff knew how to recognise the signs that could indicate people were at risk of abuse. They also knew how to report any concerns they had, to ensure people were appropriately protected.

There were enough staff to care for and support people. The provider had carried out checks of their suitability and fitness to work at the home.

People received their medicines as prescribed and medicines were managed safely in the home.

The service had undertaken assessments of risks to people to make sure they could live as independently as possible. Accidents and incidents were recorded so any learning could take place and minimise the possibility of future re-occurrences.

Good



Is the service effective?

The service was not always effective.

We found people were at risk of receiving inappropriate care and support from staff who were not always adequately supervised.

People were supported to stay healthy by having access to healthcare professionals and good nutrition.

The provider met the requirements of the Mental Capacity Act 2005 to help make sure people's rights were protected.

Requires improvement



Is the service caring?

The service was caring.

People told us that staff were caring and supportive and always respected their privacy and dignity.

People were fully involved in making decisions about their care and support. Staff were aware of what mattered to people and ensured their needs were met.

Good



Is the service responsive?

The service was not always responsive.

The service was not consistently offering everyone opportunities to be autonomous, independent and involved in the community.

People had individualised care which was documented and reviewed regularly. People were given choices about how they wanted their care to be provided.

Requires improvement



Summary of findings

People and their relatives were encouraged to say what they thought about the service. They felt their views would be listened to.

Is the service well-led?

The service was well-led.

There was an open inclusive atmosphere in the home.

There were systems for monitoring the quality of the service and working towards continuous improvements.

The registered manager was aware of their responsibilities and worked with other professionals to ensure as far as possible that best outcomes could be achieved for people.

Good



Abbey House – Morden

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 July 2015 and was unannounced. It was carried out by two inspectors. Before the inspection we reviewed information we held about the service such as statutory notifications that the provider had submitted to the CQC. We also contacted a local authority commissioner to ask their views about the service.

During our inspection we spent time observing the care and support being delivered by staff in communal areas.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of everyone who lived at the home, including those individuals' who could not verbally communicate with us. We spoke with four people who lived at Abbey House, the registered manager, the deputy manager, five staff and a visiting entertainer.

We looked at the care records of four people including their care plans. We checked how medicines were managed and records relating to this. We looked at nine staff files including those related to their recruitment and training. We checked other records in respect of the monitoring of the quality of the service.

After the inspection we spoke with two relatives of people who lived at Abbey House. In addition, we talked with health care professionals who had contact with the service on a regular basis. This included a Community Psychiatric Nurse, District Nurse and Pharmacist.

Is the service safe?

Our findings

The provider took appropriate steps to protect people from abuse and neglect. People told us they felt Abbey House was a safe place to live. One person said, “I feel very safe living here”, while another individual told us, “I’m safer here than I was at the last place. That’s a fact”.

Records showed all staff had received safeguarding adults training. Staff talked to us about actions they would take to ensure people were protected. This included being alert and aware of signs that could indicate someone may be at risk and the steps they would take to protect people. The provider had a policy and procedure in place which set out the action staff should take to report a concern. We saw contact numbers of people and organisations staff could report concerns, displayed in the office. Additionally, there was information displayed in the foyer area of the home from ‘Action on Elder Abuse’ for people to report any concerns they might have.

The provider had suitable arrangements in place to deal with foreseeable emergencies. The service had developed a range of contingency plans to help staff deal with emergencies. For example, in the event of a fire, a fire safety risk assessment for each person had been developed that made it clear what support they needed to be evacuated from the home as safely as possible. Fire safety records also indicated people using the service and staff routinely participated in fire evacuation drills, which staff confirmed. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us they received on-going fire safety training. Other records showed us staff received basic first aid training.

The home was well maintained which contributed to people’s safety. Maintenance records showed us equipment, including fire alarms, extinguishers, portable electrical equipment and gas appliances had been regularly checked and serviced in accordance with the manufacturer’s guidelines.

There were sufficient numbers of staff deployed in the home to keep people safe. People said there were enough staff available when they needed them. One person told us, “I like to go out shopping to buy my own food and sometimes clothes, so the manager always makes sure enough staff are around to make sure someone can come with me.” Another person said, “There’s always plenty of

staff around when you need them.” The weekly staffing rota for the service had been planned in advance and took account of the level of care and support people required in the home, each day. When people took part in activities or attended appointments outside of the home there were enough staff on duty to ensure people were supported to do this safely. The deputy manager was able to give us examples of how staffing levels were regularly increased at certain times. We saw care staff were present and supporting people promptly when they needed assistance to move around the home.

The provider operated effective recruitment procedures to ensure staff were suitable and fit to work at the home. The recruitment records we looked at showed checks had been made prior to care staff commencing work. These included a completed check on people’s identity, eligibility to work in the UK, criminal records checks, qualifications and training and previous work experience such as references from former employers. Staff also completed health questionnaires so that the provider could assess their fitness to work.

People’s medicines were managed so they received them safely. We saw there were appropriate procedures for the storage, recording and administration of medicines. Medicines were stored securely. We checked medicines administration records (MAR) and found there were no errors or omissions. The medicines records we looked at all had a photograph of the person, known allergies and a description of each tablet, which helped to minimise the risks of any administration errors.

The registered manager carried out regular medicines audits so any problems or issues could be rectified immediately. There was also an annual audit by an external pharmacist. We spoke to the pharmacist who said the provider worked well with them and always clarified any issues and kept themselves informed about medicines related issues.

We looked at a sample of risk assessments, these were written in a way that balanced the need to protect people from harm whilst promoting their independence. They included environmental, health and safety risk assessments. People’s choices and preferences were recorded and considered where possible. The risk assessments were reviewed regularly. We saw the provider

Is the service safe?

had an incident and accident book to log any issues of concern, identify any patterns and to help prevent a re-occurrence. We noted no accidents or incidents had been recorded in the last 12 months.

Is the service effective?

Our findings

Staff were not always appropriately supported and supervised by the management team. Records showed and staff confirmed regular team meetings were held with the registered manager. However, records showed staff were not having regular one-to-one supervision meetings with their line manager and had not had their overall work performance and personal development needs formally appraised in the past 12 months. This was confirmed by discussions we had with the registered manager and staff. This meant that staff were not given sufficient support to ensure they were able to meet the needs of people using the service effectively. This placed people using the service at risk of receiving inappropriate care and support.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

People received care from staff who were appropriately trained. One person said, “Staff were really good at their jobs” and another person told us, “The staff seem to know what they’re doing.” Records indicated staff regularly attended courses in subjects that were relevant to their work and which the provider considered mandatory. For example, staff had completed training in mental health awareness. Staff told us they had received all the training and information they needed to perform their roles.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are in place to protect people where they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way to protect themselves or others. Staff were able to demonstrate that they understood what DoLS were and their responsibilities. The provider had made appropriate applications to the local authority for DoLS authorisations. Staff were knowledgeable about ensuring people’s liberty was not unduly restricted.

We observed staff gained people’s consent prior to providing care and support. For example we heard a member of staff ask, “Which one of these jackets do you want?” They went onto ask, “Are you sure it’s quite warm out there?” Staff were able to tell us what they would do if people were not able to give verbal consent in relation to specific decisions.

Staff ensured people ate and drank sufficient amounts to meet their needs. People told us they liked the food they were offered at Abbey House. One person said, “The food is really good”, while another person told us, “I look forward to mealtimes here. They [staff] know what I don’t like and always make sure I get the food I asked for.”

We observed staff offering people hot and cold drinks at regular intervals throughout our inspection. Staff we spoke with demonstrated a good understanding of people’s special dietary requirements and the support they each needed to remain healthy and hydrated. For example, they knew who preferred to have a cold meal for their lunch and who needed their meals cut into bit sized pieces before the dish was served. Staff told us they would closely monitor and record the dietary intake of people they thought were at risk of malnutrition and refer them to their GP if they had concerns. People also had their weight monitored on a monthly basis so any concerns about weight loss or gain could be referred to the appropriate healthcare professional.

We saw people had access to healthcare professionals to meet their health needs. We saw copies of people’s ‘health action plan’ which was individualised document specific to a person and written in an easy read or pictorial format dependent upon people’s level of understanding. The registered manager told us most people were registered with the local GP who they had good links with. There were records of contact with many healthcare professionals and their visits. The health and social care professionals we spoke with were positive about the service and how staff worked with them in the best interests of people using the service.

Is the service caring?

Our findings

People were supported by caring and respectful staff. People spoke positively about the staff and typically described them as friendly and kind. Comments we received included, “It’s a good place to live”, “I’m very happy at Abbey House” and, “nice staff, nice home”. Feedback we received from a visitor was equally complimentary about the standard of care and support provided by staff working at the home. They told us, “The home compares very favourably to other care homes I’ve been too lately, which is quite a few.” Throughout our inspection the atmosphere in the home remained pleasant and relaxed. We saw conversations between people and staff were characterised by respect, warmth and compassion. People looked at ease and comfortable in the presence of staff. We saw several good examples of staff sitting and talking with people in a very relaxed and informal manner.

People’s privacy and dignity was respected. People told us staff respected their rights to privacy. One person said, “Staff don’t disturb me if I tell them I want to just sit and relax in my room by myself”, while another person told us, “Staff always ask to come into my room”. During lunch we observed some people needed assistance and support to help them eat and drink. Staff provided this in a way that was unhurried and respectful. Staff ensured they were seated in such a way that they could maintain good eye contact with people and give their full attention when they were supporting people to eat and drink. They explained to people what the meal was and they observed the signs and gestures people made to understand whether people wished to eat and drink. Staff confirmed they did not enter a person’s bedroom without their expressed permission.

Staff understood and responded to people’s diverse cultural and spiritual needs in an appropriate way. Three people told us staff respected their cultural and spiritual needs and were able to give us examples of how staff prepared meals that reflected their cultural and religious heritage. For example, during our inspection we saw how Halal meat was used as the main ingredient in one person’s lunch time meal. This was confirmed by discussions we had with this person. They said, “Staff always buy me Halal meat from a local butcher.” Another person told us, “A nun often visits us here to see how we’re doing and say prayers with us”.

Records we examined showed us staff had received equality and diversity training, which helped them understand the importance of respecting people’s diverse cultural and spiritual needs. For example, staff knew who should not be offered beef and pork, and who ate Halal meat. Staff were also knowledgeable about the importance of various religious dates and accompanying festivals, such as Christmas, Ramadan and Diwali. Staff confirmed some people using the service celebrated these religious festivals, which they actively encouraged and supported people to do.

People were supported to express their views and to get involved in making decisions about the care they received. People told us staff were “good listeners” and that they were able to share their views about the care and support they received through day-to-day contact with them. Two people also told us they regularly attended meetings with their fellow peers and the manager to decide what they felt went well at Abbey House and what the home could do better. Records showed people shared their views about the care and support they received through group meetings with their fellow peers, which were held monthly at Abbey House.

Is the service responsive?

Our findings

We saw some people participated in activities which maintained their autonomy, independence and involvement in the community. For example, one person regularly went with staff to the local shops to buy food they particularly wanted to eat. However, we did not feel the opportunities available to people were personalised or offered consistently to everyone living at Abbey House. We saw some people had activity plans which focused on limited activities based on what would ordinarily take place in the home. For example, one activity plan stated watching TV, listening to music and reading magazines. On the day of the inspection, we did not observe anyone being supported to make use of the garden or summer house. One person told us they would like to help more in the garden, even if it was just doing some weeding or “pottering about.” Another person told us they had suggested staff organise more day trips out for everyone, which the registered manager confirmed they were looking into but yet to arrange. People were not consistency supported to be autonomous and independent.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

People could make choices about how they lived their lives. People told us they could decide what time they got up and went to bed, what they wore, what they ate and drank and how they spend their time. Three people gave us good examples of how staff asked them what their favourite meals were and how they often prepared these dishes for them. One person said, “I told the manager I fancied a curry for my lunch today, so that’s what they made for me”, while another person told us, “I can normally do what I want, when I want here. Staff do listen to me most of the time and they [staff] usually respect my wishes”. Throughout our inspection we saw staff listened to requests expressed by people using the service and acted

upon them. For example, we observed staff ask people what they wanted for their lunch on the day of our inspection and saw three different types of meals had been prepared for people, which reflected the choices they had each made that morning.

We saw people’s needs were assessed and that care plans were personalised to the individual. This process began before people came to the home when the registered manager visited the person so they could assess their needs and get to know them better. Information was then gathered from a variety of sources including the person themselves, their representatives and other healthcare professionals. Everyone living at Abbey House had a named key worker. Their role was to have responsibility for overseeing and coordinating the care and support provided. People and their representatives could tell us who their key worker was, although many said they were comfortable speaking with any member of staff or the registered manager who was often available.

Each person at Abbey House had an annual review which focused on the care provided by the home. People told us they were invited to their reviews. People’s representatives told us they were kept informed of any changes with their family member and review meetings could be held more frequently if required.

The provider responded to complaints appropriately. People said they felt able to raise any issues or concerns they might have about the home and were confident they would be taken seriously by the registered manager. One person said, “I have never felt the need to complain about the home, but if I was unhappy about something I would talk to the manager. I’m sure they would get it sorted.” We saw the provider had an up to date complaints policy. We noted that no complaints had been received within the last 12 months. The registered manager told us that as they were on site, people raised issues with them directly and they could be resolved quickly.

Is the service well-led?

Our findings

People told us they felt the registered manager of Abbey House ran the home well. One person said, “The manager is very good”, while another person told us, “I have got a lot of time for the manager. I think she’s pretty good at running the place”. It was also clear from discussions we had with staff that they felt the home had an effective management structure in place, especially now a new deputy manager had been appointed. One member of staff told us, “I think the manager and the new deputy complement each other really well. I think the home is definitely better managed now there are two of them.”

The registered manager was aware of their responsibilities. They had notified the CQC of significant events that had taken place within the service in line with legal requirements. The registered manager had worked with other professionals to promote best practice within the service.

The registered manager worked alongside staff each day. During our visit we saw her supporting people who lived at the home. She made herself available to staff who wished to talk with her. The registered manager also made a point of answering the front door to the home, so she could greet

and talk with visitors and healthcare professionals as they came into the home. In this way lines of communication were kept open and any information could be shared quickly.

We saw there were numerous audits and checks on the service to make sure it offered high quality care to people. Action plans and learning from these audits was in evidence. We saw the registered manager, in addition to the medicines audit, checked fire, health and safety and the daily records. We also saw evidence of unannounced weekend and night time visits to ensure the quality of the care over a 24 hour period, seven days a week. This included a recent visit at 2 am.

There was an annual survey sent directly to relatives so people had further opportunities to raise their views about the service. The survey had been sent out in April 2015 and the service had only had one response. The registered manager told us they were considering ways the response rate could be increased. We did see that there was a suggestion box in the foyer if people wanted to comment on the service anonymously. The provider was undertaking a number of initiatives so people who had contact with the service had opportunities to raise issues about the quality of the care provided.

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

Staff did not receive appropriate supervision and appraisal as necessary to ensure they were able to effectively carry out the duties they were employed to perform. Regulation 18(2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

The registered person did not always support the autonomy, independence and involvement in the community of the service users. Regulation 10(2)(b)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.