

Mellifont Abbey LLP

Mellifont Abbey

Inspection report

Mellifont Abbey
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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 6 and 7 December 2016 and was unannounced.

We last inspected the service on the 22 and 25 September 2015. We judged the service to be Requires Improvement overall with concerns the service was not meeting the requirements to make it safe, effective and well-led. We had particular concerns the service was not ensuring they were meeting the requirements of the Mental Capacity Act 2005 (MCA). We asked the registered manager to tell us how and when they were going to put this right.

During this inspection we followed up the concerns in respect of the MCA along with the other issues raised in 2015. This included ensuring the registered manager was checking staff history when they had lived abroad; staffing was at the appropriate level; staff supervisions and appraisals were taking place; quality assurance of the service was consistent and notifications were being sent to CQC, as required. Notifications tell us about specific incidents registered people are required to tell us about by law.

On this inspection, we continued to have concerns regarding the requirements of the Mental Capacity Act 2005 (MCA) not being met, staffing and how the registered manager was ensuring the quality of the service. Other concerns were found around the safety of the service.

Mellifont Abbey can provide residential accommodation for up to 23 older people. When we visited there were 18 people living at the service on the first day and 19 on the second day. People at the service had a mental health diagnosis, were living with a form of dementia or both. Nursing care was provided from the community nursing team.

A registered manager was registered with CQC to oversee the running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The management structure had been reviewed prior to this inspection and a new manager had been appointed to run the service. They had started in this role three weeks before the inspection. They were supported by a deputy manager, care lead and trainer. The registered manager advised they would be looking for the new manager to register with us.

Systems to ensure effective leadership and governance at the service were not always in place; neither were systems to ensure people's safety. The systems of auditing the service had not identified the issues identified on this inspection.

There were not enough staff suitably trained to meet people's needs and keep them safe. Systems were not in place to ensure there was sufficient, suitably qualified staff on duty to meet people's needs safely. Staff training had not been updated in 2016 as the staff member responsible for training staff had been required

to fulfil management responsibilities. This meant the provider's identified mandatory training and service user need training had not been completed or updated. Staff were not being trained in mental health and dementia as standard practice. Systems had been put in place to address the gaps in mandatory training and were on track to be completed by the end of January 2017. Staff were receiving supervision and guidance to support them to understand how to complete their role effectively.

There was a lack of understanding of the Mental Health Act 1983 (MHA) and MCA. The manager and registered manager did not fully understand their responsibilities under the MCA. Although people were not currently detained in respect of the MHA, the service took emergency placements which meant people with acute needs were being accepted. Systems were not in place to ensure staff were clear on what grounds the person was being accepted. People were also not having their capacity to consent to living at the service clearly recorded. When we asked the manager and registered manager about the level of need they could or not take, we found this had not been considered. Following the inspection the manager advised they had decided not to accept anyone who was an identified risk of intentional self-harm.

Applications to deprive people of their liberty had been made and were awaiting authorisation. Records showed staff had also discussed people's care with a range of professionals and family where appropriate to ensure any decisions made on their behalf were made in the person's best interests. However, assessments of people's capacity to make these decisions for themselves had not been made. Best interests decisions had not always been recorded clearly, which meant staff were not always given clear guidance about when they were acting in people's best interests.

The provider had not considered whether the environment was safe or whether there were enough staff with the right skills to keep people safe. People did not have risk assessments completed in respect of their specific health needs or diagnosis. For example, people living with dementia, mental health needs or diabetes, did not have risk assessments in place to support the mitigation of that risk.

People had personal emergency evacuation plans in place but these told people and staff to collect in the main hall of the building, which may not be the safest place. We have advised the fire service of this and the manager stated they would review the evacuation advice to ensure people had safe routes identified from their room.

People's medicines were not always managed safely. No staff on duty at night were trained in the safe administration of medicines. Staff had access to a pain killer at night as a homely remedy but were not checking if people were already prescribed this medicine, this meant people could be at risk of overdose. Homely remedies are medicines which can be purchased without a prescription. GPs were not being asked to confirm they were happy with these medicines being given to people and that they would not conflict with other medicines being taken. The day time medicine administration we observed demonstrated people's medicines were administered safely. Everyone we spoke with told us their medicines were administered on time and as they would like. Medicines were given to people as prescribed and disposed of safely.

People felt safe living at Mellifont Abbey. People were protected by staff who could identify abuse and who would act to protect people. Staff were recruited safely.

People spoke highly of staff and felt they were looked after by staff who were caring. Everyone felt staff spoke to them respectfully and protected their privacy and dignity. Staff spoke with care and compassion about the people they were caring for. We observed staff supported people with patience and consideration. They recognised when people needed extra time due to anxiety and did their best to meet that need.

People's care was planned in a personalised way. People's needs, likes and dislikes were sought on admission. Staff then spent time getting to know people; refining their knowledge of people's likes, dislikes and how they wanted to be looked after. Time was also spent asking people's family about the person, if they were unable to tell staff their views. Full care plans were then developed for people. These were updated and reviewed with people, their families and relevant professionals to ensure they reflected people's current needs. Activities were provided to keep people active. People's faith and cultural needs were met.

People had their health needs met and could see a range of health professionals as required. People were given plenty of opportunities to eat and drink. Drinks were available in people's rooms and in the dining room. Fruit and snacks were also available in the dining room. Where needed people were encouraged and supported by staff to eat and drink. People's nutritional needs were identified and systems put in place to monitor them, if required. Kitchen staff knew about people's needs and all staff followed guidance in people's care plans.

Any complaints or concerns people had were taken seriously and reviewed. People received feedback and were asked if they were happy with the outcome.

We found breaches of the regulations. You can read at the back of the full report what action we have told the provider to take. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

There were insufficient, suitably qualified staff on duty to meet people's needs safely.

People's medicines were not always managed safely.

People did not always have the risk assessments in place to mitigate risks associated with all their needs. The risk assessment for the service did not identify risks specific to people living with a mental health need.

People were protected by staff who could identify abuse and who would act to protect people. Staff were recruited safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were not assessed in line with the Mental Capacity Act 2005 as required. Staff always asked for people's consent and respected their response.

People were cared for by staff who were not trained to meet all people's needs. This training needed updating. Plans were in place to ensure training was updated.

People's nutritional and hydration needs were met.

People had their health needs met.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who treated them with kindness and respect. People and visitors spoke highly of staff. Staff spoke about the people they were caring for with fondness.

People felt in control of their care and staff listened to them.

People said staff protected their dignity

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place to reflect their current needs. People and their family were involved in the writing and reviewing of their care plan.

Activities were provided to keep people physically, cognitively and socially active. People's religious and cultural needs were met.

People's concerns were picked up early and reviewed to resolve the issues involved.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The registered manager did not have systems in place to identify the concerns found on this inspection. New systems of management were being developed.

People, relatives and staff said the service was well-led.

People and staff felt the registered manager and manager were approachable. People and staff said they could suggest new ideas.

People were kept up to date on developments in the service and their opinion was requested.

There were contracts in place to ensure the equipment and building were maintained.

Mellifont Abbey

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.

The inspection took place on the 6 and 7 December 2016 and was unannounced.

The inspection 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.

Prior to this inspection, we reviewed the previous inspection report, the related action plan from the provider and notifications we had received. Notifications tell us about specific incidents registered people are required to tell us about by law.

During the inspection, we spoke with 12 people and reviewed the care of three people in detail to check they were receiving their care as planned. We observed how staff interacted with people in the dining room during the day and at lunch. We spoke with seven staff, the manager and registered manager.

We reviewed records the registered manager held to measure the quality of the service, four staff personnel records, staff training records and maintenance records.

We gained feedback from the local authority following the inspection as they had been supporting the service following our previous inspection.

Is the service safe?

Our findings

At our last inspection, we judged the service to be requires improvement in safe, as staffing arrangements did not always ensure people were kept safe. This was not a breach of regulation but we informed the registered manager that staffing needed to be addressed.

On this inspection we continued to have concerns about the number of staff on duty. People were not protected by suitable numbers of staff who had the right expertise to keep them safe. People and relatives told us there was a high turnover of staff and lots of new faces among the staff. One person confirmed, "Yes they are very short staffed, and we see lots of staff come and go." Another person said, "I can't get out into the garden I have to be escorted out. But they can't do it as they say they are short staffed. Which is very annoying." A third person commented, "The staff are good but we do see a slight change of staff. I think they could do with more staff."

Staff deployed were also not suitably qualified to keep people safe. In response to the last inspection, a receptionist had been employed to have a visible presence at the entrance to the service. They interacted with people as part of their role. They had not received training in supporting people living with dementia or a diagnosis of mental health. Mental health and dementia were not part of the mandatory training for staff.

When we asked a member of staff if there were enough staff they said, "No, not at the moment. I don't feel there is enough staff. Me and my colleagues are trying our hardest to give the best care we can. Staff are tired. When [the new manager] started they said we all look drained and tired; they said there were not enough staff. It has improved since they have been here" adding, "We don't have enough time to sit and chat; it's all very task focused. We have to make sure all tasks are done." Another staff member also told us there were not enough staff adding, "We try and get everyone up before breakfast but just can't do it. We don't get the time to spend with people as we would like to". Staff told us they felt people's right to choose was often having to be compromised due to the lack of staff. A third member of staff said, "The staffing is really bad. Staff are very busy and not in the dining room. Staff do care and will sit with people but they are so busy they don't have the time". A fourth member of staff said, "There are ups and downs in staffing numbers. Quite a few leave; we are not under, under staffed but do not have the ability to spend a lot of time with people as a one-to-one."

Staff meeting minutes in October 2016 stated, "Still short staffed, aware that staff are...working excessive shifts. Ask staff to bear with us and we have employed more staff and are continuing to recruit".

The registered manager told us there was no review of people's dependency on staff time and no consideration of people's needs on a daily basis to make sure the staffing was flexible. For example, falls, call bells or people's behaviour that challenges were not reviewed to see if staffing levels needed altering.

We asked the registered manager what the required level of staff numbers was and did not receive a clear picture of what this was. We were told they knew they did not have enough staff and had tried to recruit but this was proving difficult. They employed agency staff at times but found this expensive.

Not having sufficient numbers of suitably qualified staff is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received further concerns in respect of staffing soon after our visit. We spoke with the manager who provided information about staffing levels at that time. They had reviewed staffing so there were enough staff. Agency staff were being used to ensure there were enough staff to meet people's needs where required.

Risks were not always assessed to ensure the safety of people living at the service. When we asked the manager and registered manager about the level of need they could take, we found this had not been considered. The service took emergency placements, which included people with acute needs. However, the safety of the environment and skills of staff to keep people safe had not been considered. One person was admitted over the weekend prior to the inspection and was demonstrating behaviour that placed themselves and others at risk; staff told us they did not feel they had sufficient skills to meet this person's needs at this time. The manager advised they would seek to ensure staff had the right information to support and understand the person's needs at this time.

People did not have risk assessments completed in respect of their specific health need or diagnosis. Risks people faced while living at the service were difficult to locate within other information. This meant essential information was not readily available to staff in the event of having to deal with an urgent situation.

People living with dementia, mental health, diabetes, at risk of choking and other health concerns did not have risk assessments in place to support the mitigation of that risk. One person had had recent falls but there was no falls risk assessment in place. This meant the service was not demonstrating they learnt from accidents and incidents.

Among other conditions, people had a diagnosis of paranoia, frontal lobe dementia and behaviour that challenges. There was no detail regarding how these conditions affected that person. This meant staff were not given the information to understand what the risks were, what they needed to do if the risk presented itself and what de-escalation skills could be tried. For example, another person presented a range of risks which were found within their records. Some risks were identified but risk assessments had not then been completed. For example, issues in their past meant they required careful monitoring as they posed a potential threat to visitors and this had not been followed up and the necessary risk planning put in place. Their records identified they were also a verbal risk to others and staff; refused care and had health needs that were impacted by their behaviour. Their care records detailed the involvement of a range of mental health practitioners but this had not been developed into risk assessments which were then reviewed.

A person who smoked did not have the required risk assessment in place. Their mental capacity had not been assessed as to whether they understood the risks associated with smoking for themselves and others. A capacity assessment completed by a mental health professional in 2013 stated they "Lacked capacity to make decisions" about a range of needs which included "safety and health". There was also no system in place to ensure the whereabouts of the ignition source was known and others were not able to access it. We discussed this risk with the registered manager and manager. We also highlighted the need to ensure this was addressed in the home's fire risk assessment in line with latest guidance. The registered manager advised they would ensure these points were addressed.

The service did not have sufficient risk assessments in place and checks on the environment to ensure the building and grounds were safe for people living with mental health needs. For example, there was no assessment of how and where people could intentionally harm themselves. There were ligature points

around the home and grounds and people had access to the laundry where potentially dangerous chemicals could be accessed.

The service completed regular fire evacuations and involved people in this to ensure they knew what to do in the event of an emergency. People had personal emergency evacuation plans (PEEPs) in place but they were all instructing staff to bring people, or for people to collect, in the main hallway which may not be the safest place in the event of a fire

Not ensuring care is provided in a safe way is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the manager and registered manager about the level of risk they were currently managing and the capacity of risk the service could then manage. Following the inspection the manager advised they had decided not to accept anyone who was an identified risk of intentional self-harm. We have advised the local authority of our concerns about the risk assessments at the service. They intend to support the service to address this.

The manager agreed to review the PEEPs so each room's path to safety was assessed as well as individual needs. We have advised the fire service of the issues relating to fire safety.

The management of medicines was not always safe. Not all staff who were making decisions about people's medicines needs had the training to carry out this task. No staff were having their competency to administer medicines safely, reviewed. Staff on night duties were handed the keys to all medicines but had no training in the safe administration of medicines. We were told by the registered manager night staff had been "trained as competent in giving the homely remedies" which in this case was paracetamol and a laxative. Homely remedies are those medicines which can be purchased over the counter without a prescription. Staff administering homely remedies did not refer to a person's medicine administration records (MAR) to ensure they were not already receiving that medicine. This meant people were being placed at risk of overdose which could have had serious consequences for people. We requested the records for the administration of the homely remedies was reviewed against every person's MAR to establish whether anyone had received paracetamol and laxative containing medicine in excess of what they were already were prescribed. We were advised no one had received an excess of these medicines.

Homely remedies were also not being checked with the person's GP to ensure they were happy these medicines were being administered; and there was no possibility of conflict with any other medicines they were taking.

The storage of medicines was not meeting current guidance. The stock of medicines was accessible to the staff who had the keys to the room. This included medicines subject to a higher level of control. There was no list of allergies held with the MARs which meant staff could not check this easily with any medicine to ensure there would be no adverse effects. There was also no list of staff signatures held with the MARs. This made checking which staff had entered which details difficult.

Not ensuring the safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager and manager about the issues relating to the management of medicines. They risk assessed the night time medicines and put an on call system in place which meant a qualified member of staff could respond if a person needing 'as required' pain relief. All staff were due to

undertake medicine training in the days following our visit; a commitment was given by the registered manager that at least one staff member at night was trained in the safe administration of medicines. Also, the manager told us they would speak to their prescribing pharmacist about ensuring the requirements for staff competency checks were fulfilled. Homely remedies would be checked with people's GPs and administered only by staff qualified to do so.

The day time medicine we observed demonstrated people's medicines were administered safely. Everyone we spoke with told us their medicines were administered on time and as they would like. Medicines were given to people as prescribed and disposed of safely. Medicines storage rooms and fridge temperatures were monitored daily and a record kept to ensure the temperature was in the correct range. The staff member was appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. Clear direction was given to staff on the precise area prescribed creams should be applied and how often. Staff kept a clear record to show creams were administered as prescribed.

Staff were recruited safely. The registered manager ensured staff had the necessary checks in place to work with vulnerable people before new staff started in their role. All prospective staff completed an application and interview. New staff underwent a probationary period to ensure they continued to be suitable to carry out their role. Since the last inspection the registered manager had put systems in place to ensure people who had lived abroad were having their background checked. For example, checks were made with the relevant police to ensure the person was safe to work with vulnerable adults.

People felt safe living at Mellifont Abbey. One person said, "Yes I feel safe" and another, "I feel safe. Partly the fact is, I've got people around me that make me feel safe." People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. Visitors also felt it was a safe place for their family member to live. A relative told us, "Yes I think she's safe here, they check on her every hour and she has a call bell in her room. She has used it, but she does forget. We were worried about her going missing but since she's been here she hasn't."

People were looked after by staff who understood how to identify abuse and what action to take if they had any concerns. One person said, "No one has shouted at me, or been aggressive." Staff told us they would pass on concerns to the registered manager or manager. All staff felt action would be taken in respect of their concerns. Staff said they would take their concerns to external agencies, such as CQC, if they felt concerns were not being addressed.

Is the service effective?

Our findings

At the previous inspection, we found people were not having restrictions of their freedoms assessed and authorised in line with the Mental Capacity Act (MCA) 2005. Applications to the local authority designated officer in respect of the Deprivation of Liberty Safeguards (DoLS) had not been made. This was judged to be a breach of the regulations and we asked the provider to put this right.

On this inspection, we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager and registered manager did not fully understand their responsibilities under the MCA. Also, there was a need to have more understanding of the Mental Health Act 1983 (MHA). For example, a person had moved into the service as an emergency placement over the weekend prior to the inspection. They had been placing themselves at high risk of harm in the community. They were demonstrating through their behaviour and words that they did not want to live at the service. An emergency DoLS application had been made after their admission but we were also told by the manager the person had initially consented to stay, which suggested they had the capacity to make this decision themselves. A DoLS cannot be applied for if a person has capacity. Records showed no contact had been made with the range of health and mental health professionals supporting this person, to review if the decision for them to stay at the service was being made in their best interests or needed to be looked at in line with the MHA. We requested an MCA assessment be completed along with contact with the professionals involved with their care. An MCA assessment was completed to demonstrate they lacked the capacity to consent to staying at the service. Following the inspection, we were advised professionals who supported the person agreed that their staying at the service was in their best interests.

Applications to deprive people of their liberty had been made and were awaiting authorisation by the local authority designated officer. However, these applications were made without first completing an assessment of the person's capacity. Staff had ensured the person's care was discussed with a range of professionals and the family where appropriate, to ensure any decisions were made in the person's best interests. However, best interest decisions cannot be made unless the person is first assessed as not having the capacity to make the decision themselves. Best interest decisions were not always recorded clearly which meant staff were not always given clear guidance regarding when they were acting in people's best interests.

Not assessing people in line with MCA is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff always asked for their consent before commencing any care. We observed staff always asked for people's consent and gave them time to respond at their own pace. This included administering medicines. Staff offered to come back later if the person did not want the care at the time. Staff who delivered care, had undertaken training in the MCA since the last inspection and understood how this and the DoLS applied to their role. Those lacking the capacity to consent to many aspects of their care were still encouraged to have choice in what they wanted to wear and eat and where they wanted to spend time. For people who could no longer do this for themselves, staff used their knowledge of people to keep to what that person liked.

We identified the service was not using dementia friendly signage around the building. For example, there was no use of signs to help people identify important rooms such as the toilet. There were also areas of the building that linked together through a plain brown door. These doors had no signs to support people to understand where they were and support their independent movement around the building. We spoke with the manager about this and they told us they would look at what signs would be appropriate.

In 2016 there had been a high turnover of staff and the registered manager had been ill; this meant the person who trained staff had taken over more of the role of service management. This meant the provider's identified mandatory training and training to meet people's specific needs, had not been completed or updated. Since the trainer had returned to their training role the focus had been on updating the provider's mandatory training. The focus had been on training in manual handling, fire safety, first aid, food hygiene and safeguarding adults. Infection control had not yet been updated. Medicine training was planned for the 8 December 2016. The trainer told us they had a plan in place to achieve updating all mandatory courses by the end of January 2017.

The service did not require all staff to complete training on dementia or specific mental health needs, despite these being the main identified reasons people were living at the service. They also did not have training in Parkinson's and dealing with people whose behaviour can challenge, even though people living in the service had these needs. Following the inspection we were told training in these areas was being planned. In the meantime, staff would be given information to read and discuss in supervision. Staff would then be mentored to understand people's wider needs.

The new manager had introduced a formal system of supervision and had a timetable in place to meet with every member of staff to look at how they were carrying out their role. Appraisals and competency checks were not taking place but the manager was using the new supervision process to review staff member's personal and professional development. Staff were being considered to take on lead roles such as end of life, dementia and infection control champions. These staff would be trained to a high level and mentor other staff.

All new staff were undertaking the Care Certificate. The Care Certificate is a national induction course for all staff new to care. All staff were having their understanding of the different sections of the Care Certificate assessed and were undertaking units where it was identified their knowledge could improve.

People were given plenty of opportunities to eat and drink. Drinks were available in people's rooms and in the dining room. Fruit and snacks were also available in the dining room. Where needed, people were encouraged by staff to eat and drink. People's needs regarding food and drink were identified and systems put in place to monitor them, if required. Referrals were made to health professionals and staff acted on the

outcomes of the assessment. Kitchen staff knew about people's needs and all staff followed the care plan.

There was a set menu and people were asked in advance what they wanted to eat. The system was flexible so people were able to change their mind. Staff could access drinks and food for people at any time. People were positive about the food. One person said, "The food is very good. I get a good choice. My favourite meal? Roast beef! And we get that at weekends. And then we have tea at 5pm and then I get breakfast when I wake up in the mornings as I wake up early" and another person said, "The food is quite good, we get a good choice and we get tea at 5pm. If we were hungry we could ring the call bell and get something to eat, but we don't get hungry."

People had their healthcare needs met. People said they could see their GP and other healthcare staff. Records detailed people saw their GP, specialist nurses, mental health practitioners, opticians and dentists as necessary. One person said, "Yes I have type 2 diabetes and I go to the clinic and I'm going on Friday" and another commenting about seeing their GP stated, "Yes if I want to see them they take me to see them. But I'm okay at the moment". People also had regular medicine and health assessments with their GP. Any advice from professionals was clearly documented and linked to their care plan to ensure continuity of care and treatment.

Is the service caring?

Our findings

The atmosphere in the service was calm and people were observed to be happy in the company of staff. People were encouraged to support each other emotionally and people were observed chatting easily with each other. People were supported to make friendships with other people living at the service so they could spend time in each other's company. Despite there being a lack of staff, we observed the staff supported people throughout our time at the service with kindness, respect and in the person's own time.

People felt they were looked after by staff who were caring towards them. People told us, "I've been here for four years, I'm very happy here and the staff are lovely" and, "I wouldn't change anything here".

A relative told us, "I think it's excellent here, the staff are supportive and the staff are funny with a good sense of humour" and, "There are no restrictions to when we come and go and we can take them out into the garden. And my brother will be taking them out of the home as well." People said their visitors were always received well. One person told us, "My niece comes and sees us. And she can come anytime she wants."

People and/or their relatives could look around the service before moving in. One relative told us, "We have met the manager and the assistant manager; they've been very good to my relative. Her room was ready for her as soon as she first came in."

People said staff treated them with respect and ensured their privacy and dignity were maintained. People had control of aspects of their care and were supported to remain independent.

Family members did not believe their loved one to be rushed up in the morning or to bed at night. One relative said staff had let their mother get up in her own time as they had a restless night. The person added, "We have a bath when we want and we have a strip wash. We are never rushed and the staff help me wash and have a bath." Other people said they were able to decide when they wanted a bath or shower with many being able to do this independent of staff support. Some people spoke of being able to walk and spend time in the garden which they felt was important to them.

We observed staff supporting a person who were anxious. This person needed lots of reassurance and would repeat themselves often. We saw staff spending time with them, talking in kind gentle tones and completing a jigsaw. Humour was heard when it was realised the jigsaw was too difficult. When other staff approached the table, the person was included in the conversation between the staff. Another person was encouraged to colour in pictures with a staff member when it was noted they were becoming agitated. The person settled with the task in hand with the staff member leaving discreetly at an appropriate point to support another person whilst periodically checking the first person was still enjoying their colouring in. Staff explained this was an important way to help this person to calm.

The building had undergone some renovation. The dining room had been redecorated and the main lounge was currently not in use so most people sat at the tables in the dining room or in a small TV lounge. Staff recognised people did not have as much leisure space so supported people to be active in the areas

available. The registered manager stated the living room was near completion and would be reopened soon.

Staff spoke highly of the people they looked after. All staff said they looked forward to coming to work and spending time with people. One staff member said, "I enjoy seeing all their faces in the morning and having a banter" and another, "Yes it is caring; it's family orientated, friendly staff and I would recommend it to anyone." A third staff member said, "Staff do care and will sit with people when they can; they delay or don't have their breaks as they don't leave people."

A new member of staff said they had been impressed as the "Staff and residents are so friendly." Another said, "There are always good interactions. Staff always talk respectfully about people. They do their best to meet people's needs."

Is the service responsive?

Our findings

Prior to living at Mellifont Abbey people's needs were assessed. The service took urgent referrals, short stay and long term placements. Information gathered by staff prior to or immediately on admission was used to develop a short care plan to ensure staff had the necessary details available to them to provide appropriate care as the person desired. This did not always ensure people were having their risks clearly linked to their care plan which we raised with the registered manager and manager. We have detailed this in the safe and well-led sections of this report.

For planned admissions people and where possible, their relatives, visited the home before making a choice to move in. One person said, "My sister met the manager before I came here. She told her about it. That's why I'm here, I really like it here. They've been really good to me."

Care plans were developed which were personalised. Between the short care plan and development of a longer term plan, staff spent time getting to know people; seeking information about their likes, dislikes and how they wanted to be looked after. Time was also spent asking family about the person, if they were unable to tell staff their views. Full care plans were then developed for people. These were updated and reviewed with people, their families and relevant professionals to ensure they were up to date with people's current needs. One person said, "Yes I have a care plan and I've seen it."

Records showed staff responded to a range of needs as they arose. For example, staff planned and supported people to maintain their wellbeing. One relative told us, "When we leave, mum always gets upset but someone comes and sits with her to make sure she's ok." People said staff would act promptly if they were poorly or had a concern. Staff involved them in the decision making process about how they wanted support or their needs met. All relatives said they were kept up to date and staff would call if there was an issue they needed to know about.

Staff told us they did not have time to read the full care plans. They stated they kept up to date through the staff handover sessions. Staff could suggest if the information they had, needed amending to ensure the care plans reflected people's most current needs. We found reading a full care plan took three hours. The full care plans were difficult to negotiate and although they held a lot of detailed, valuable information, specific detail was difficult to locate. Also, the same information was repeated several times in different parts of a person's information. We spoke with the registered manager and manager about the care plans. The new manager advised they had reviewed care plans and were looking to bring in a new, streamlined care plan with a quick reference guide for staff to refer to.

People were supported to maintain their faith and cultural identity. A person was having food provided to meet their dietary preferences. Staff supported the person to talk about their country of origin. Faith leaders came to the service but people could also maintain their links with their chosen church or faith group.

People could choose how they wanted to spend their day. One person said, "No I don't do any activities; I like the TV in my room. I have Sky so I can watch football". A relative said, "Yes my mum does colouring,

makes cards and there are games and board games they play."

People were provided with a range of opportunities to be occupied. Planned activities were provided daily by staff and by entertainment coming into the home. Special events of local and national significance were also celebrated. There was a designated activities co-ordinator employed to provide a programme of events at the home aimed at supporting people to remain active. However, we highlighted this staff member had not been trained to provide activities and especially for people living with dementia or a mental health diagnosis. This meant they did not fully understand how to meet people's needs. The manager advised they were looking to review this. One person said, "We had a chap doing activities but he's left, so I don't do anything right now." The registered manager said they were seeking to employ another activities co-ordinator.

People felt comfortable raising any concern with staff. The service had a complaints policy in place with clear details of how people could complain if they were not happy about the service they were receiving. One person said, "No, never made a complaint since I've been here." A review of records showed that action was always taken when a complaint was raised. Feedback was then provided and the complainant asked if they were happy the complaint had been resolved. Staff also picked up on people's smaller concerns which were not formal complaints. One person said, "No, never complained. Nothing too serious... just a moan!"

Is the service well-led?

Our findings

At our last inspection we raised concerns about how the registered manager was ensuring the quality of the service. We also raised concerns as to whether they were ensuring leadership and governance due to their excessive workload. This was a breach of the regulation and we asked them to put this right. We had also not received the necessary notifications about safeguarding concerns. We advised the registered manager to make sure this was addressed.

On this inspection we found there were no systems in place to ensure there were enough staff with the right training to meet people's needs safely. People's dependency on staff and audits of call bells and falls were not being reviewed to check there were enough staff at all times of the day and night to meet people's needs.

Systems to measure risk were not in place. The risks people posed on admission and longer term were not clearly assessed and recorded to ensure they and other people would be safe. The registered manager did not have systems in place to understand who they could or not accept. Risks posed by different mental health and dementia diagnoses were not understood. The environment was not checked to ensure it was safe for people who might intentionally harm themselves. This meant risks may not always be mitigated and people's welfare maintained.

Systems had not been put in place to ensure there was an understanding of the Mental Health Act 1983 (MHA) and the Mental Capacity Act 2005 (MCA). MCA assessments and DoLS were not in place where they were required before people were admitted. This meant people's human rights may be affected and they could be deprived of their liberty illegally. Although people were not currently detained in respect of the MHA, the service took emergency placements. Systems were not in place to ensure staff were clear on what grounds the person was being accepted.

When we asked the registered manager how they were keeping up to date with current regulations and guidance, they showed us information relevant to previous regulations and guidance. We directed them to our website so the current guidance for providers could be reviewed.

Not having systems in place to ensure the safe running of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Mellifont Abbey was owned and run by Mellifont Abbey LLP. Mellifont Abbey LLP was managed by two directors. One of the directors was also the registered manager and the other managed the maintenance of the property. Due to the absence of the registered manager the service had been run by other staff for a few weeks. In this time, not all management functions had been completed. Also, changes that had been made since the last inspection had not always been continued.

Following this, the registered manager had employed a manager. The new manager started in this role three weeks before this inspection and was in the process of having the management of the service handed over

to them. There was also a deputy manager, care lead and trainer to support the running of the service. The new manager had relevant experience with the needs people had in the service. They told us they had started to identify changes they aimed to make in how the service was run, how the service was staffed, records that were kept and how they wanted the service to move forward. They had a developing vision of how they wanted the service's culture to be. For example, key roles for staff and people being more involved in the recruitment of staff.

Communication with the manager since the inspection demonstrated a senior management structure was being put in place to oversee the service and the changes needed to ensure the service was meeting the requirements of the regulations. An action plan was being developed to monitor this and would be reviewed at regular intervals.

People knew who the registered and new manager were when we spoke with them. They told us they had been kept up to date with the changes. They were also involved and kept informed about the changes to the service's décor. They spoke excitedly about the new lounge and were looking forward to these being accessible again. People were invited to residents' meetings and to give their view at any time and this was listened to.

Staff told us the registered manager and manager were approachable. Staff felt they could suggest new ideas through the staff meetings or could speak to the managers. All staff felt safe under the service's whistle blowing policy to raise any practice issues. Staff felt valued by the registered manager and looked forward to coming to work. They described how they had all worked together when the registered manager was absent. One staff member said, "All the care staff went the extra mile and it worked." Staff were optimistic staffing levels would be improved as the new manager had identified this as a need.

One staff member said, "[The new manager] is approachable but she is new".

On arrival at the service we identified the service was not displaying the ratings of the last inspection in the home or on their website. This is a requirement. The manager printed off the poster to display in the home and the registered manager advised they would contact the company that manages the website.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. We had received safeguarding notifications as required. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.

The registered manager understood the Duty of Candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager had systems in place to ensure the building and equipment were safely maintained. The utilities were checked regularly to ensure they were safe. Essential checks such as that for legionnaires and of fire safety equipment took place.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regulation 11(1)(3)</p> <p>The registered person was not acting in line with the Mental Capacity Act 2005. People were not having their capacity to consent assessed at pre assessment, before considerations to deprive them of their liberty were made and best interests decisions were not being recorded.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12(1) and (2)(a)(b)(c)(d)(g)</p> <p>Care and Treatment was not provided in a safe way for people as risks were not always identified and assessed. Risks were not being mitigated. All staff did not have the necessary training and skills to keep people safe. The premises had not been assessed to ensure they were safe to people who could be at risk of intentional harm. Medicines were not always managed safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18(1) and (2)(a)</p> <p>There were not sufficient numbers of staff deployed who had received the necessary</p>

training to meet people's care needs.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(1) and (2)(b) Systems and processes were not established and operated effectively to assess, monitor and mitigate risks relating to the health, safety and welfare of people residing at the service.

The enforcement action we took:

We imposed positive conditions on the provider's registration. This required the provider to make certain checks and report to us on a monthly basis. We will report on the provider's progress at our next inspection.