

# Masumin Limited

# Abbeleigh House

## Inspection report

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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



## Overall summary

We carried out an inspection of Abbeleigh House on 23 and 24 June 2015 and the inspection was unannounced. When we last inspected Abbeleigh House as a follow up inspection on 29 January 2014 we found the service was meeting the regulations we inspected.

Abbeleigh House is a care home that provides support and personal care for up to 35 older people, some of who may have dementia. The service comprises two large houses being knocked into one over two floors.

The service had a registered manager in place. 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.

# Summary of findings

People and their relatives told us they felt safe at the service, for example one person told us, “The way I see it, there’s somebody watching you all the time.” A relative told us, “He’s a lot safer here than he was at home.”

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) are part of the

MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive.

The service had robust procedures in place to ensure staff were vetted for suitability prior to starting employment. Staff undertook comprehensive training to ensure they were equipped with the skills and knowledge to carry out their roles effectively including MCA and DoLS training.

We found evidence that person centred care plans and risk assessments were in place. Care plans were

comprehensive and where possible people were involved in the planning of their care. Risk assessments reviewed had clear guidance for staff to follow to ensure all known risks were minimised.

We observed staff being caring, respectful and compassionate when interacting with people. Staff were observed offering and encouraging people to make choices regarding the care they received. Staff had a clear knowledge of people’s needs and how to effectively communicate with them in a way that was effective. Staff had good understanding of maintaining people’s privacy and dignity.

We found shortfalls in record keeping for example, staff files were not up to date and information was missing. Medicine records were not clear and vital information was not always recorded.

Staff did not receive regular comprehensive supervision and appraisals. We saw evidence that one staff member had not received a supervision for over a year.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this 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?

Not all aspects of the service were safe. Medicines were not administered, documented or audited in line with company policy or legislation. This meant that people were at risk of unsafe medicine practices.

Staff were knowledgeable about safeguarding people in their care and how to implement the service safeguarding policy.

The service had comprehensive person centred risk assessments, which were regularly reviewed. This meant that known risks were minimised where possible.

The service had comprehensive maintenance recording systems in place to ensure identified maintenance safety issues were identified and acted upon immediately.

**Requires improvement**



### Is the service effective?

The service was not always effective. Not all supervisions and appraisals were carried out regularly and recorded. This meant that staff's performance was not reviewed or documented.

Staff received on-going comprehensive training in order to effectively carry out their duties.

People's consent was obtained prior to carrying out the delivery of care.

**Requires improvement**



### Is the service caring?

The service was caring. People told us staff treated them with dignity and respect.

We observed staff talking to people in a kind, caring and respectful manner at all times.

People were given explanations in a way they understood. Information was shared to enable people to be involved in their delivery of care.

Staff were aware of the importance of maintaining people's confidentiality and their responsibility within the code of practice.

**Good**



### Is the service responsive?

The service was responsive. People's care plans were person centred and where possible people's views were sought in planning their care.

Care plans were regularly reviewed and amended to reflect the changing needs of people. This meant that people received appropriate and up to date care.

**Good**



# Summary of findings

The service provided a wide range of activities for people to participate in if they wished.

Complaints and concerns raised with the registered manager were acted on according to company policy and procedure.

## Is the service well-led?

The service was not always well-led. Records reviewed were not always eligible, accurate or in place.

The registered manager operated an open door policy whereby people, their relatives and staff could speak with her throughout the day.

The service's quality monitoring systems in place were not always followed accurately, this meant that areas of poor practice were not always identified immediately if at all.

**Requires improvement**



# Abbeleigh House

## Detailed findings

### Background to this inspection

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

The inspection took place on 23 and 24 June 2015 and was unannounced. The inspection consisted of a Care Quality Commission inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered information we held about the service. For example we looked at statutory notifications sent to us by the service in the last 12 months.

We looked at records the service kept in relation to all aspects of care provided. For example we looked at seven medicine charts, 11 staff files, six care plans, maintenance records, records relating to health and safety and food management. During the inspection we spoke to three people who use the service, four relatives, four care staff, the chef, deputy manager, registered manager and the provider.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe at the service, for example one person told us, “The way I see it, there’s somebody looking out for you all the time”. A relative told us, “He’s a lot safer here than he was at home.”

During the inspection we carried out an audit of medicines held at the service. We randomly selected seven people’s medicine records to ascertain if these had been kept in line with legislation. We found four occasions when medicines had been signed for incorrectly and 15 occasions when medicines were not signed for by staff. This meant that there was no way of knowing if the medicine had been administered or not. Medicine Administration Recording Sheets (MARS) were difficult to read when handwritten by staff and did not always have critical information detailed such as the person’s name, dosage to be given, time medicine should be taken and the name of the medicine. This meant that people were placed at risk of receiving the incorrect medicine.

We saw poor practice relating to the administration of medicines. For example during the inspection we observed staff carrying a tray of medicine pots with people’s names on torn paper underneath being taken around the service. Medicine was at risk of being dropped or the name tags moving resulting in people being administered the incorrect medicine. The registered manager told us that she did carry out medicine audits however these were not frequent; we were unable to view any documentation at the time of the inspection that confirmed audits took place.

On the second day of the inspection we observed staff again displaying poor practice regarding the administration of medicine. Staff were seen using a trolley to take the medicine to people however the trolley was not lockable and meant that people could access the medicine when the staff member was not looking. We spoke with the registered manager at the time of the inspection informing them of our observations and requesting that they take immediate action to ensure the risk of poor management of medicines was minimised.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service carried out the necessary checks when recruiting staff. Staff files showed all staff had undertaken

Disclosure and Barring Service (DBS) checks, two references, had a completed application form and photographic identification. This meant that people were supported by appropriate staff.

People told us that there were sufficient numbers of staff on duty to ensure their needs were met. People also told us that they did not have to wait long to be attended to. Throughout the inspection we observed staff responding to people in a timely manner. The staffing rotas we reviewed confirmed what people told us about the staffing levels within the service.

The service had comprehensive and personalised risk assessments in place. Documentation reviewed showed that where possible people were involved with this process. Risk assessments covered various aspects of people’s care for example, eating and drinking, mobility, mobility aids, medication, health and wellbeing, dietary needs and communication. Risk assessments were regularly reviewed to reflect people’s changing needs. This meant that known risks were regularly reviewed and changes implemented according to the needs of people.

Incidents and accidents were recorded and action taken to minimise the risk of an occurrence. We looked at the incident and accident book and found that the service had been responsive regarding the level of falls documented at the service and had recently involved the ‘falls prevention’ team to support minimise reoccurrences of falls.

The service had comprehensive systems in place to ensure that the service was safe at all times. For example we looked at the maintenance book, where staff recording any areas relating to health and safety that posed a risk. This was then reviewed by the maintenance man who then acted immediately. We looked at records relating to the maintenance of fire extinguishers, fire alarm, ladder inspections, emergency lighting checks, the electrical certificate and the gas safety record and found these were all in date and reviewed regularly in line with good practice. This meant that people were living in a service that was safe.

We looked at the service emergency plan, which was shared with all staff and clearly detailed the steps staff are to take during an emergency. For example the service had an agreement with a local home that if they required support they could access the home in order to maintain people’s safety.

## Is the service safe?

Staff demonstrated good knowledge of safeguarding vulnerable adults. We spoke with staff who were able to

identify the correct procedure for raising a safeguarding alert. Staff told us the different signs of abuse and how to recognise these. This meant that people were protected against harm by competent staff.

# Is the service effective?

## Our findings

People told us, "There's not a constant turnover of staff." Another person told us, "There seem to be enough staff to help me".

Staff did not receive regular supervisions or appraisals. Evidence we reviewed showed that one staff member had not received supervision since March 2013. Staff told us that they did have discussions with the manager however these were not classed as supervisions. Staff also told us that they would like to have supervisions in order to know any areas that they require improving or knowing what they are doing well. This meant that people were not supported by staff who received performance reviews.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we reviewed staff files and saw evidence that they received on-going comprehensive training to effectively carry out their duties, for example on the day of our inspection staff were receiving health and safety training. Staff received the following training, manual handling, food hygiene, dementia care, first aid, medicines safety, health and safety, infection control, fire safety, falls prevention and end of life care. Staff told us they could ask for additional training should they feel it would benefit the team. This meant that people were supported by staff that had the skills and knowledge to effectively meet their needs.

Staff told us they received an induction upon commencing employment at Abbeleigh House. One staff member told us, "I had two weeks where I was supernumerary and followed the staff so that I knew what to do when I was lone working." This meant that people were supported directly by staff that were fully trained in meeting their needs.

Staff were aware of the MCA and DoLS and their responsibility within the legislation. Staff were able to explain the core principles and the importance in following

legislation. Staff had a clear understanding of how to gain people's consent for example one staff member told us, "Encourage people to understand what it is you are asking of them. Explain it to them in a way they understand, you need to make sure they have all the information to make an informed decision". Another staff member told us, "You should assume that people have the capacity to make their own decisions, even if we think it's the wrong decision, they have the right it's their life we just support them." We looked at documentation which showed that the service had one DoLS authorisation in place at the time of the inspection. The registered manager was in contact with the local authority in regards to DoLS applications at the time of the inspection. This meant that people were not being deprived of their liberty by knowledgeable staff.

People were complimentary when talking about the food provided. One person told us, "If there is something you don't like, they [staff] would take it away and replace it". Another person told us, "I've not found anything that I don't like yet". The service employed two chefs in the kitchen to provide the meals. People were offered two meal choices at lunch time and more at supper time. A relative told us, "Before [staff] take [my relative's] plate away, they always say 'can I take your plate away?'" This meant that people were supported to make choices about the food they ate.

We carried out an inspection of the kitchen and found that there were comprehensive food hygiene checks in place in order to ensure the risk of contamination was minimised. There was an effective cleaning rota in place which was undertaken twice a day, this included cleaning the fridge's and freezer, cleaning behind appliances and cupboards. Dry foods were stored according to good practice however when we looked in the kitchen main fridge, we found four items of food and an opened can of drink that were not labelled and belonged to staff.

**We recommend** that the service finds out more about training for staff, based on current best practice, in relation to food storage and labelling.



# Is the service caring?

## Our findings

People told us, “If [staff] see someone in distress they’ll come up and give them a cuddle.” Another person told us, “I’ve never seen a resident mistreated”. A relative told us, “Staff are caring, always willing to help”.

At the time of the inspection two staff member’s relatives were living at the service. This meant that staff felt the level of care provided was suitable for their loved ones.

Staff spoke to people in a caring, respectful and kind manner. We observed staff interacting with people and found on all occasions that staff used active listening skills to ensure they understood what people said. Staff were observed treating people with respect and at all times maintained people’s privacy and dignity. For example, staff were supporting one person to use the bathroom and were seen speaking quietly to ensure no one else could overhear what was being discussed. This meant that people’s privacy and dignity were respected.

Staff gave explanations regarding what was happening and the reasons why. We observed staff patiently explaining to people what they would like them to do, for example receive personal care and at meal times. People were involved in all aspects of the delivery of their care where possible. Staff told us, “It’s their lives and they make

choices how they want to live it”. Another staff member told us, “Some people require help to make choices.” This meant that people were given as much information as possible in order to make choices.

Staff told us they encouraged people to be as independent as possible however were on hand to support. We saw examples of this when staff were observed supporting someone to walk unaided rather than use a wheelchair. This meant that people were supported to maintain their independence as much as possible.

We observed staff supporting one person who appeared unsure of what was happening and became vocal about his concerns. Staff interacted with the person immediately asking what was wrong and how they could support him. Staff were compassionate to the person’s distress and sought a resolution quickly. Staff knew the people they supported well and were passionate about their well-being. Staff told us, “As soon as we notice something different about them, we alert the registered manager.” This showed that staff were quick to respond to changes in people’s well-being.

Staff had a clear understanding and were aware of the importance of maintaining people’s confidentiality and their responsibility within the code of practice and the consequences of breaching this. Staff told us, “You must never talk about people in front of others or leave personal files available to others”.

# Is the service responsive?

## Our findings

The service operated in a person centred manner. People told us, “If you want to have a chat with somebody, they find the time.” Staff told us, “People’s care plans are intricate, stick to the care plans, that goes a long way to care for someone correctly”.

Care plans were person centred. We looked at six care plans and found that these were tailored to ensure people’s history and preferences were recorded. The care plans included daily reports, personal information, likes and dislikes, health observations, action taken, health professional visits, behaviours, falls record, body maps, long term needs assessments. People’s communication needs were clearly documented which guided staff on the best way to communicate with people. Care plans were regularly reviewed and updated to incorporate people’s changing care needs.

We received mixed reviews about the activities, for example one relative told us, “There’s not really anything [my relative] can do”. A person told us, “They [staff] have the TV on all day, but nobody really looks at it.” During the inspection the television was on and was being watched by three people in the main lounge. The service had two lounges, one where people choose to have a quieter environment and another in which people were more active. An activities co-ordinator visited the home five days a week to provide a wide variety of activities to people. There was an activity plan available for people to see and then choose if they wished to participate. During the inspection we observed people playing board games as part of the planned activity. Care plans highlighted people’s history including things they liked and disliked to do. The service was flexible on their approach on what activities were available and sought feedback via quality assurance questionnaires.

We reviewed the complaints file and found that complaints were logged and acted upon quickly. The complaints received were reviewed to minimise the risk of further incidents occurring. Each bedroom had a copy of the complaints process and how to make a complaint, however through discussions with the provider and registered manager it was felt an easy read document would be more appropriate for those who may find small print documents hard to read. Before the end of the inspection the service provided us with evidence of the new easy read document. This meant that people’s concerns and complaints were acted upon in a timely manner and where appropriate action taken.

One staff member told us, “For those that find making choices difficult, because we know them all so well, we then give them choices of the things we know they like. That way they are doing/getting something that is a preference.” We spoke with staff regarding the importance of enabling people to make their own choices, staff had a clear understanding of supporting people to make choices about the care they received. Staff had good knowledge on how to encourage people to make choices and were aware of the different methods available to them to do so. This meant that people were encouraged to make choices regarding the delivery of their care.

People were encouraged to spend time with their peers, however if they chose to spend time alone this was also respected. For example during lunch people did not have to eat their meals in the dining room and could eat in their personal bedrooms or in the lounge if they so wished. Staff told us that they were aware that people could become socially isolated however they consistently encouraged people to engage with others to minimise the risk of this occurring.

# Is the service well-led?

## Our findings

People told us, “The manager is very caring, she’s more than helpful”. A relative told us, the manager is present in the service and it’s well managed.” Staff confirmed what people told us.

Records were not always completed correctly. Documentation reviewed showed that there were gaps in information recorded by staff and the registered manager. For example, staff files did not always contain up to date supervision and appraisal notes..

From observations during the two day inspection we found that the registered manager did not have other staff present to effectively support with the amount of work to undertake. For example there were tasks that the registered manager could delegate to others in order for other prioritised work to be undertaken. When we spoke with the registered manager about this, she told us that this is something that she is aware of and will be speaking with the provider about. This resulted in people’s records were not always completed in a timely manner or correctly.

People told us that they are always welcomed in the service. This was observed throughout the inspection were staff were laughing and joking with people and their relatives.

Staff told us, “You can talk to her [registered manager] at any time about anything.” Another staff member told us, “The manager is approachable and really tries to help”. People told us the registered manager was a visible presence throughout the week within the service. This meant that people were aware of who the registered manager is and could approach her directly should they wish.

The registered manager encouraged an open door policy which meant that people and staff could approach her at any time. Our observations during the inspection

confirmed what the registered manager and staff told us. We saw relatives and staff accessing the office to ask for guidance and/or information sharing throughout the inspection.

The registered manager actively sought feedback on the service delivery. These were done by the yearly quality assurance questionnaires, which were sent to people and their relatives. They covered all aspects of the service delivery for people to comment on for example, concerns and complaints, staff approach, activities and involvement in care plans. The returned questionnaires are then analysed to give an overall rating. Areas of concern are highlighted and then plans are put in place to address the concerns raised. This meant that people’s concerns and complaints were listened to and acted on in a timely manner.

The registered manager also completed further audits of various aspects of the service for example, health and safety, food hygiene and maintenance. Systems in place ensured that any concerns identified in the audits were acted upon quickly. We reviewed the maintenance file and found that all actions were undertaken in a timely manner.

Staff were passionate about their role however staff shared with us their concerns relating to morale within the service. For example, staff told us, “Almost all of us work as a team, but there are some staff that don’t and you have to carry them which makes the role harder than it needs to be.” We shared this information with the registered manager who told us that she was aware of the morale and was looking at addressing this.

The service actively encouraged partnership working. For example, the registered manager told us, “We visit the local school for afternoon tea and an afternoon of music and entertainment. Documents we reviewed confirmed what the registered manager told us. We also have a church service held here for all those that feel they wish to attend.” This demonstrated that the service was part of their local community.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control  Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.  The provider did not ensure that medicines were managed properly and safely Regulation 12(2) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing  Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.  The provider did not ensure staff received appropriate support, supervisions and appraisal to enable them to carry out their duties. Regulation 18 (2) (a).