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Abbey House - Morden

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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an unannounced inspection on 16 and 17 August 2017. At our previous inspection in July 2015 the home was rated as Requires Improvement and had two breaches of regulations relating to the lack of personalised activities for people and the lack of support to staff. We inspected against these breaches of regulation in November 2015 and the provider was meeting the regulations inspected. Although the overall rating changed to good, the rating for 'Responsive' remained at Requires Improvement as we needed to see evidence the provider was able to sustain this improvement over time.

We carried out this inspection to see if the provider had continued to make sustained progress. At this inspection we found the provider was not delivering a good service.

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 home was fully occupied when we visited.

The home was not required to have a registered manager as the provider was an individual person in day to day charge of the service. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the home is run.

The home had not taken steps to mitigate the risks to people's health and safety as they moved around the premises. A large fish pond in the garden was half full of dirty water and was not protected by netting or a grid to mitigate the risk of a person falling in the water. Carpets on the stairs were worn and threadbare which may constitute a trip hazard. The communal bathrooms and en-suite facilities were not sufficiently maintained to mitigate an infection control risk; the rooms did not have adequate resources to help people maintain personal hygiene and a window on the first floor did not have a window retainer.

There were insufficient checks to ensure people were cared for by staff suitable for the role.

People were not always supported with their spiritual and cultural needs. People's wish to attend the church or the mosque was not respected. People's cultural food needs were not always fully met.

There were risks that people might not receive the care they needed because of the inaccuracies in people's care plans, which may cause confusion when staff were assisting people, especially new staff.

There were insufficient activities provided to give people the opportunity to engage in meaningful activities of their choice. Despite the good weather we did not see people making use of the large garden or the summer house.

The provider's governance and quality assurance systems and processes were not always effective to identify and address the issues and areas for improvement we found during our visit.

We noted that the food preparation areas were clean and hygienic, with food items appropriately stored. The provider helped to protect people from abuse. Staff were aware of what constituted abuse and they knew the actions they should take to report it. People had individual personal emergency evacuation plans (PEEP), relating to their mobility, communication skills that could be needed in an emergency.

Medicines were administered and stored safely and managed well at the home and people received their medicines as prescribed by staff qualified to administer medicines.

People were cared for by staff who received appropriate training and support. People were supported to eat and drink sufficient amounts to meet their needs, although some people said they did not like the food and others that they would like more to eat. People were supported to maintain good health and have appropriate access to healthcare services.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. DoLS were in place to protect people where they did not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others.

We observed staff engaging with people throughout the day in the communal areas and treating people in a respectful and dignified manner and we saw some good positive interactions between staff and people.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People knew who the manager, deputy and staff were by name and could freely chat with them at any time. People were positive about the staff and managers.

Systems were in place to gain feedback from people, relatives and staff about the quality of the service being delivered.

We identified four breaches of regulation relating to person centred care, safe care and treatment, good governance and staff. You can see what action we told the provider to take at the back of the full version of the report.

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 home was not safe.

The provider had not taken steps to mitigate the risks to people's health and safety as they moved around the premises.

Staff recruitment procedures were not safe. There was no assessment of their suitability to work with people who used the service.

Medicines were stored and administered safely.

Requires Improvement ●

Is the service effective?

The home was not always effective.

People were supported by staff who were knowledgeable in understanding their needs because they received appropriate training and support.

There were arrangements to support people with their healthcare needs

Requires Improvement ●

Is the service caring?

The home was not always caring.

People were not always supported with their spiritual and cultural needs. The menus did not reflect people's own choice of food and did not offer a choice and variety of food at each meal.

The provider had not fully considered people's comfort when equipping their bedrooms.

People were supported by caring staff, who respected their privacy and dignity. People presented well and appeared well cared for with a good standard of personal care.

Requires Improvement ●

Is the service responsive?

The home was not always responsive.

Requires Improvement ●

There were risks that people might not receive the care they needed because of the inaccuracies in their care plans.

There were insufficient activities provided to give people the opportunity to engage in meaningful activities of their choice.

The provider had a complaints policy and a procedure to respond to people's concerns and complaints.

Is the service well-led?

The home was not as well led as it could be.

The provider's governance and quality assurance systems and processes did not identify and address the issues and areas for improvement we found during our visit.

The provider was not maintaining adequate records to show that people were being cared for appropriately. The lack of appropriate records meant that people were at risks of receiving inappropriate care.

There were arrangements in place to support people and relatives to give feedback about the quality of the service.

Requires Improvement ●

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 16 and 17 August 2017. It was carried out by one inspector.

We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and deaths.

During the inspection we gathered information by speaking with seven people living at Abbey House, one relative, the manager, the deputy manager and four staff. We also spoke with a visiting Deprivation of Liberty assessor.

We observed care and support in communal areas in an informal manner. We looked at four care records and four staff records and reviewed records related to the management of the service.

After in the inspection we spoke with three relatives.

Is the service safe?

Our findings

During our visit we saw that staff and people got on well together. People commented "It's good here," "I like the staff." Relatives commented "My family member is well cared for but they don't have much to do."

The provider had not taken steps to mitigate the risks to people's health and safety as they moved around the premises. On the first day of our inspection we saw the large fish pond in the garden was half full of dirty water. The pond was not protected by netting or a grid to mitigate the risk of a person falling in the water. Also on the side of the pond we found two large lumps of concrete with metal rods sticking out of the concrete and a large nail sticking out of the pond wall. We spoke with the manager about this and the concrete was removed immediately. Nevertheless on our second day we did not see that any temporary measures had been put in place to make the area safer for people walking in the garden.

The premises were generally clean and free from malodours at the time of our visit, except on day two when an area of the first floor smelt of urine. We noted that some carpets on the stairs were becoming worn and threadbare which would therefore be difficult to clean and may constitute an infection control risk or a trip hazard. We also observed that the bathrooms and en-suite facilities were not sufficiently maintained to mitigate an infection control risk or personal risk to people using the room. The rooms did not have adequate resources to help people maintain personal hygiene.

We found that paint on walls and skirting boards was flaking, there were loose and broken wall tiles, the sinks and baths we looked at did not have a plug, toilets had missing or broken toilet roll holders. There were no paper towels for drying your hands and in some cases no soap for washing your hands. We did find in some communal bathrooms a small towel for drying your hands, but as this could be used by more than one person it may pose an infection control risk. We found emergency pull cords were out of reach, one toilet did not have a flushing system. We found a broken light pull cord in one bathroom and the cord for the window blind was not secured to prevent a danger to people, also a window which was on the first floor did not have a window retainer.

In the bedroom en-suites we found the grab rail people used to lower and raise themselves from the toilet was being used as a towel rail and no other towel rail was available. This could pose a slip hazard to people trying to use the toilet independently. The water temperature checks were for only two of the four bathrooms and between February and August 2017 the temperature was always the same at 40 degrees.

One bedroom had dirty main curtains, with what looked like faeces. We toured the home with a member of staff who made a note of the items mentioned above and said they would ensure they were actioned. The concerns identified in the above paragraphs were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Apart from the risks noted above regarding the garden pond, the other risks to people for their mobility and health were identified and the actions taken to mitigate those risks were clearly available. Risks to people were managed well and the manager and their staff demonstrated a good awareness of risks people faced

and how to manage these.

We noted that the food preparation areas were clean and hygienic, with food items appropriately stored in cupboards or a fridge. The fridge was cleaned regularly and food was wrapped and clearly labelled to reduce the risk of cross-infection and the spread of harmful bacteria. A food standards agency inspection in December 2015 gave the kitchen a rating of five, where one is the poorest score and five the highest score. The fridge and freezer temperatures were monitored daily but we found the temperatures between January and August 2017 were always the same at 4 degrees for the fridge and minus 21 degrees for the freezer. The cooked food temperatures between February and August 2017 were constantly 80 degrees for meat and 70 degrees for fish. None of the charts we looked at displayed the range of temperatures that should be achieved to keep people safe. We spoke with the deputy manager about the temperatures recorded and they said they would ensure the equipment used for testing these various temperatures was correctly calibrated.

Throughout the inspection we saw staff were available, visible and engaging with people. We looked at four staff member's personal files of staff who had been recruited in 2016 and saw application forms had been completed and criminal record checks obtained. However we noted that three of the application forms did not list any previous employment, but did list colleges and schools people had attended for what appear to be an extended length on time, in one case 21 years since 1994, when the person was 17 years old. Only one applicant gave a previous employer as a reference, the other references were from friends and neighbours. We could also not find any evidence that steps had been taken to check applicant's suitability for the role, as this appeared to be their first time of being employed. These checks help to ensure that people were cared for by staff suitable for the role. We were unable to speak with the manager about this and the deputy manager told us this was not part of their role at the home. The lack of checks did not ensure people were cared for by staff suitable for the role. The above was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider helped to protect people from abuse. Staff were aware of what constituted abuse and they knew the actions they should take to report it. Records confirmed staff had received training in safeguarding adults. The home had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for all staff to read. The manager was aware of procedures to take in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts.

People had individual personal emergency evacuation plans (PEEP), relating to their mobility, communication skills and other relevant information that could be needed in an emergency. Staff were aware of the fire emergency plans and these were kept up to date. The fire alarm was tested weekly and fire drills were conducted regularly. The external fire risk assessment dated September 2016 recommended that fire drills should also be conducted at night, however we could find no record that the provider had done this. We saw that the home had contracts in place for the maintenance of equipment used in the home, including the fire extinguishers and emergency lighting

Medicines were administered safely and managed well at the home. All medicines were stored in locked cupboards and medicines that needed to be kept cool were stored appropriately in a refrigerator and we saw records that the temperature of the refrigerator was checked and recorded on a daily basis. On our second day staff told us the medicine fridge was not working correctly and arrangements had been made to replace it. Medicines that needed to be stored in the fridge were being held at the local supplying pharmacy and collected daily.

We checked the Medicine Administration Records (MAR) for any gaps or omissions of medicine received and checked if they were coded with the appropriate code as to why the medicine had not been given. Specimen signature forms were present in the medicine folders to help identify who had administered the medicine. Not all the MAR's (which were sent from the pharmacy) detailed if a person had any allergies or not. We pointed this out to the deputy manager who said they would speak with the supplying pharmacy and ensure this information was included on future MAR's. Staff were trained in medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

Is the service effective?

Our findings

People were cared for by staff who received appropriate training and support. Staff had the skills, experiences and a good understanding of how to meet people's needs. Staff felt that they had the knowledge and skills to carry out their roles and responsibilities. Staff told us and records confirmed that they had recently undertaken training in manual handling, dementia awareness, fire awareness and food safety. We did see that a small number of staff, four or five were behind in their refresher training courses as stipulated by the provider, but that courses had been booked for the coming months. One care worker told us "The training is good we get lots of opportunities to do more."

New staff were encouraged to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. We saw one record of a newly employed care worker who was completing the Care Certificate and another who was undertaking their level 3 diploma in care.

Staff told us they were fully supported by the manager and deputy manager. Staff received one to one supervision every six to eight weeks plus an annual appraisal. Records we looked at confirmed this. Staff meetings were held every four to six weeks and included topics on 'people centred care, infection control and control of substances hazardous to health [COSHH].' We looked at the minutes of the last three staff meetings held.

The provider had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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. DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty. People can only be deprived of their liberty to receive care and treatment when it 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.

We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. Where people were not able to make decisions, best interests' decisions were made for them with the involvement of their relatives and the relevant healthcare professionals, where necessary. The outcomes of the assessments and the applications under DoLS were recorded on each person's file and were available to inform staff.

However the provider did not always have effective arrangements to promote people's comfort when they were in their own rooms. We observed all the bedrooms were decorated in a similar way with beige coloured paint and very little or no personal decorations. We saw one room with ripped and un-ironed net curtains, another with a broken headboard and another with no lamp shades for the ceiling light. We asked staff

about the lack of decoration and personalisation in the rooms. In one room they said the person like the colour blue, but the only blue in the room was as part of a picture. In this same room we found the wardrobe to be locked with a padlock. We asked staff about this and they said it was because the person would put on several layers of clothes. We pointed out to staff by locking the wardrobe and keeping the key they were depriving the person of their liberty to choose which clothes to wear and that this restriction was not part of their DoLS authorisation. Staff said they would remove the lock.

We also saw that the majority of people's bedroom doors were kept locked, which meant people had to ask staff when they want to go to their rooms. Staff said the doors were locked because this is what people wanted and also to prevent other people wandering into people's rooms uninvited. We did not see that these requests to lock bedroom doors were noted in the care files we looked at. We spoke with the provider about this and they said they would get people's permission to lock their doors when they are not in them and consider other ways of helping people not to wander into other people's rooms un-invited.

People were supported to eat and drink sufficient amounts to meet their needs. People we spoke with were overall happy with the food they received, although two people did say they would like more to eat. We heard and saw people being offered drinks throughout the day. One staff member was trying very kindly to offer a person some food at lunch time and throughout the afternoon, but they continually refused. The staff member returned several times to speak with the person to ensure the person was happy not to eat at that time. We later saw they had accepted some food.

Staff monitored people's weight, as a way of checking a person's nutritional health. We looked at these records and saw that people's weight was consistent with only small losses and gains. People were supported to maintain good health and have appropriate access to healthcare services. We saw evidence in the people's care records of people being referred to and receiving access to other healthcare services, for example the GP, the dentist and chiropodist. We also saw evidence of referrals to hospital specialist and the appointments attended.

Is the service caring?

Our findings

Relatives spoke positively about the staff and the care they gave to people who used the service. They commented "They [staff] are unbelievably good, very kind," "Lovely staff" and "Staff are friendly." People we spoke with said "Staff are lovely," "Very good staff" and "Yes, good staff."

We observed staff engaging with people throughout the day in the communal areas and calling people by their preferred name. We saw staff treating people in a respectful and dignified manner and we saw some good positive interactions between staff and people.

However we saw that people were not always supported with their spiritual and cultural needs. We heard from two relatives who spoke about their family member's religious needs. One person's care plan said they liked to do Bible study and go to church on Sundays. We looked at their daily notes for April, May and June 2017 and could find no record that his person had gone to church on any Sunday in those months.

Two other people in the home were of the Muslim faith and one person who had only been at the home a short time wanted to attend the mosque. Relatives of the other person who had been at the home for six years, told us, "Our family member's faith is very important to them and they would benefit from attending the mosque." They also said this would help with their socialisation as they did not now speak English but only their original home dialect. One member of staff also spoke the same dialect and could communicate with the person when they were on duty. Staff said they were trying to arrange for people to attend church or the mosque with staff support.

Staff told us a religious group came to the home on Fridays but they were unsure when they would next be at the home or how often they visited. Staff were also unsure which faith they represented but thought it might be Jehovah Witness. Staff did not have any details of what the visitors did when they were at the home.

People's choice and cultural food needs were not always fully met. Staff told us the menus were decided by people and they had a choice of what they wanted to eat, however we could not find any evidence to confirm this. Menus were not displayed on the dining tables so people could choose what they wanted to eat. The menu we saw in the kitchen listed soup and a sandwich for supper every day, with no alternative listed. The resident's meeting minutes we looked at although 'menus' were on the agenda, the minutes did not show whether people had been asked for their food preferences. Comments we received from relatives included, "They [family member] doesn't like the food, it's all hamburgers and small pizzas," "They don't ask them [family member] what they like or what they want to eat", "They aren't given a choice if they don't like the food, they go without" and "Their food is not always hot and you never see any ketchup on the table." One other relative felt their family member was not sufficiently hydrated. On the first day of our visit two people with a staff member went to the local pub for a meal. One person was able to tell us what they had eaten and how much they had enjoyed it. As the staff member had to pay for their own food they had not eaten with the residents but just sat with them. This may mean the event was not as sociable as it could have been had everyone eaten together.

Although Halal meat was served to two people as a way of respecting their cultural and religious beliefs, we were told that the meat was only burgers and sausages and other food types were not included. On the first day of our inspection staff told us they were cooking halal sausages and pointed to the food cooking in the glass fronted oven. We saw the halal sausages were being cooked in the same tray as non halal sausages. We did not see any evidence that this cooking method was acceptable to people.. This lack of attention to people's choice and spiritual and cultural needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service responsive?

Our findings

There were risks that people might not receive the care they needed because of the inaccuracies in people's care plans.

When we asked people and relatives if they had been involved in the writing of the care plans we received a mixed response. Most people were not aware of their care plan and could not tell us if they had been involved in its development or not. Relatives were more positive and said they had been involved in the care plans and in reviews, although some relatives were unsure if was a review with the home or with the social services.

People's care plans were not as accurate and up to date as they could be. We found several inaccuracies that may cause confusion when staff were assisting people, especially new staff. Two people's care plan physically described them as having a fair complexion, when in fact both people were of Asian origin and had darker skin. Staff told us a person only spoke a certain language, but their care plan which was updated in June 2017 stated several other languages that the person spoke. Another care plan stated a person spoke three different languages including English but staff told us this was not correct. This confusion in describing people and the languages they spoke may cause confusion when communicating with the person.

Another person's care plan and risk assessment for July 2017 stated 'Likes to go out alone' and 'Does not need staff supervision when out.' But the person's DoLS assessment of May 2017 state 'Not free to leave, is under continuous supervision.' We spoke with a visiting DoLS assessor who looked at the DoLS and said this meant the person would need to be supervised if they went out into the community for their own safety. This inaccurate information may put the person in danger if they left the house alone.

We found another care plan had a person's wrong date of birth and their stated age was incorrect. In this same care plan the health and safety risk assessment for July 2017 stated 'Does not use bad language' but in another section it states 'Resorts to abusive and derogatory language.' Another care plan dated June 2017 stated the person 'Lacks capacity to make informed comments' but in other sections of the care plans it said they did have capacity. The person was also described as either 'Usually calm' and or 'Very calm.'

Another person's care plan of June 2017 described them as 'continent' or 'incontinent' or 'not very continent sometimes.' The person was also described as one gender when they were in fact another gender. We looked at the monthly keyworker's observations for four people between January and July 2017 to which each month was stated as 'No change' when in fact changes had occurred but had not been described. The inaccuracy we found may mean that people would not receive the care they needed because of the lack of accurate information. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

People's daily notes gave details of the care that people had received and the activities they had taken part in. Although each person had a weekly activities plan, their daily notes did not reflect their plan. Activities described were watching television, listening to music, walking in the garden or hand or foot massages.

Relatives told us "There's not enough to do, people just sit and watch the television. But our family member likes to go in the garden and for walks, but they don't," "Our family member doesn't like to do a lot but they do like going out to the pub or garden centre [both were a short walk away]. They also like to play pool or snooker. I think people should be offered more opportunities to do more things" and "Our family member is always sitting in the same place, there are not many activities going on. They had a Christmas party but not a summer BBQ or family get together."

On the first day we were shown an activity of paper weaving that some people had completed a few days before with the help of an external activities person. People told us they had enjoyed this activity. During our visit we saw two people engaged in drawing, another person reading the paper and four people watching the television. In the lounge the television was on and I asked one person who liked to sit in the lounge if they liked the programme showing and they said 'No, people are always arguing and fighting on it.' We saw several episodes of this programme were on during our visit. When a programme was not showing the television was tuned to a music station with accompanying videos. We did not see staff asking people what they want to watch or hear.

We also observed the lounge where the television was on, was a long narrow room with the television at one end and people's chairs were in a line facing the opposite wall and not facing the television, so people had to constantly twist in their seats to watch a programme. Adjoining this room was a bright and airy conservatory with tables and chairs, ideal for use for activities but we only saw two people use this room for drawing. In the afternoon we saw two people sitting outside in the sunshine. Despite the good weather we did not see people making use of the large garden or the summer house.

Staff told us that external people came in to deliver activities but staff were unable to tell us when an external activities person was coming in next. Staff also told us they had plenty of games and puzzles for people to do, however we did not see any evidence that the games or puzzles were put out for people to enjoy. This meant that people were not given the opportunity to engage in meaningful activities of their choice. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

The provider had arrangements in place to respond appropriately to people's concerns and complaints. Records showed the provider had not received any complaints in the last year.

Is the service well-led?

Our findings

The provider's governance and quality assurance systems and processes were not always effective to identify and address the issues and areas for improvement we found during our visit. The provider had not identified the lack of hygiene products, broken tiles and flaking paint in the bathrooms and en-suites or the concerns we found with the safety of the environment, the temperatures of the water, fridge, freezer and cooked food. Also the lack of recruitment checks for new staff and the lack of food and activity choices that we found. The provider had also not identified the errors we found in people's care plans. This showed that their quality assurance systems were not always as effective as they needed to be. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

People who lived at Abbey House knew who the manager, deputy and staff were by name and could freely chat with them at any time. People were positive about the staff and managers. Two people said "The manager's very good she runs a tight ship" and "She [the manager] is very nice." Relatives' comments were mixed with one relative saying "Communication with the manager is good; she always rings me to keep me informed about my family member. The new deputy is very accommodating." Another said "Yes I get good information from the manager." But another relative commented "Communication could be better; I don't feel I get enough information from the manager."

Relatives also commented on staff members' level of spoken English, saying they and their family member sometimes found it difficult to understand some staff, especially over the telephone. Relatives commented that because of some staff member's lack of English they did not sit and chat to their family member, asking them about themselves, talking about places they had visited and generally having a 'good chat.' These comments were made after our inspection but we did observe during our visit some but not all staff sitting with people and chatting. We also observed that some but not all staff had a good level of spoken English. We did see that the manager had addressed these concerns in a staff meeting when staff were asked to only speak English to one another when on duty.

Systems were in place to obtain people's views about the home. This included surveys to gain feedback from people, relatives and staff about the quality of the service that was being delivered and to identify areas for improvement. We saw the results of the staff survey in 2017; the number of returned questionnaires from people who lived at Abbey House was only four out of a possible 12. People had said 'I'd like to go out more,' 'I'd like more privacy,' 'More outdoor activities' 'The home is clean and tidy' and people's favourite things were 'singing, bible study, food, music and the staff.'

The provider received two returns from the relative's survey of May 2017. Relatives rated the home as satisfactory to good and one commented, 'A nice welcoming place.' The staff survey for 2017 received seven returns out of a possible 15 staff. Comments staff gave were 'The training helps me, it helps me understand my job more' and 'I like helping people.' Because the home was small people or relatives could speak with staff or the manager at any time.

From our discussions with the manager it was clear they had an understanding of their management role

and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People who used services were not protected against the risks of receiving care and treatment that was inappropriate, met their needs and reflected their preferences. Insufficient activities were offered that reflected people choices and preferences.</p> <p>Regulation 9 1,(a)(b)(c)</p> |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure that care and treatment was provided in a safe way for service users in terms of ensuring the premises were safely maintained and preventing, detecting and controlling the spread of infections.</p> <p>Regulation 12 1,2,(d)(h)</p> |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not ensure that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user. The registered person did not assess, monitor</p> |

and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

Regulation 17 1,2,(a)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person must ensure that people employed have the qualifications, competence, skills and experience which are necessary for the work to be performed by them.

Regulation 19 1,(a)(b)2(a)