

Ms Sivanithy Rajaratnam

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Abbey House – Morden is a care home that was providing personal care to 11 people with mental health needs at the time of the inspection.

People's experience of using this service:

- Staffing levels at night were not suitably covered with a volunteer covering part of this staff ratio.
- Appropriate procedures were not always followed when recruiting staff to ensure that checks on staff suitability were robust.
- Quality assurance systems and records were not always accurate in reflecting a current overview of the service. The manager had not ensured that information relayed in relation to significant incidents was always recorded.
- Staff were not always clear on how to identify and report potential safeguarding concerns.
- Some improvements were needed to ensure that the recording of medicines stock balance checks were accurate and medicines were reordered in a timely manner.
- Training records were not sufficient in identifying all the training that staff required. Although competency records were completed in line with the Care Certificate we saw no evidence that staff had been assessed against these standards.
- Records in relation to people's care were not always fully complete and up to date to reflect their current needs.
- People felt well cared for and their relatives echoed that staff looked after people well, respecting their privacy and dignity.
- People were well supported to access activities in the community and participate in events they enjoyed.
- The manager was transparent in working alongside other organisations to improve the quality of care for people.

Rating at last inspection:

- At our last inspection of 05 June 2018 the service was rated "Good" (report published 04 July 2018).

Why we inspected:

- This inspection was conducted following the receipt of repeated whistleblow concerns and intelligence about recent safeguarding incidents.

Enforcement:

- At this inspection we found breaches of the regulations in relation to staffing and good governance. Details of action we have asked the provider to take can be found at the end of this report.

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Abbey House - Morden

Detailed findings

Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.
- The inspection was prompted in part by notification of recent safeguarding incidents and repeated whistleblow concerns.
- The information shared with Care Quality Commission (CQC) about the incidents indicated potential concerns about the management of risk of supervising people within the home, and staff knowledge of how to support people. This inspection examined those risks.

Inspection team:

- This inspection was carried out by two inspectors.

Service and service type:

- Abbey House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Abbey House accommodates up to 12 people in one adapted building.
- 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 service is run.

Notice of inspection:

- This inspection was unannounced.

What we did:

- We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

- On the day of inspection we spoke with two people living at the home. We spoke with two support workers, one volunteer and the home manager. Following the inspection we made contact with two relatives.
- We reviewed four people's care files, four people's medicines records and a range of other documents in relation to the care people received. We reviewed six staff files and other relevant documents relating to the service.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- The provider did not always follow appropriate procedures when recruiting staff.
- Staff files contained application forms. Although one application form was for a volunteer, there were no details completed for work or education history. There were also no interview notes associated with this applicant although it was stated in the provider's recruitment policy for there to be completed interview notes for all staff.
- Although staff files contained details of referees, these were not verified as being authentic. They were not on official company letter headed paper nor were they company stamped. We saw where referees had provided references in a personal capacity, they were providing feedback on applicants work practice such as their timeliness and ability to keep records up to date which they were not qualified to do in a personal capacity.
- The dates on the staff files did not always follow chronologically. For example, one staff member's application form was dated as the same day as their official start date. However, their interview notes were signed as the same date as their induction training which was prior to the date on the application form. Therefore, it appeared as if they had their interview and their training before they had completed their initial application form.
- There were not enough staff employed at night to meet the needs of people using the service. There were two staff on duty at night, on the day of the inspection. One of these was a volunteer who confirmed to us that they did not do any personal care or support work. This person was down on the rota as being the second staff member. One person told us, "At night sometimes there is only one person, during the day there are enough staff."
- We raised the above issue with the manager, who told us that following the inspection they arranged for the volunteer to assist during the day only, allocating another staff member to cover at night.
- Staff, including the volunteers had completed a Disclosure and Barring service (DBS) disclosure form. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.

The above identified issues are a breach of Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- One person told us, "I feel safe."
- However, only one of the staff members we spoke with understood potential safeguarding risks and steps to take to report them.
- Care workers were not able to demonstrate an understanding of what action they would take if they had concerns about people's wellbeing. One care worker said safeguarding was about "fire alarms and wearing

gloves", even though we tried to explain safeguarding in simple terms. They did however, tell us they would "tell the manager" if they had any concerns.

- We were concerned that given recent incidents at the home staff were not always competent in how to raise any potential safeguarding concerns.
- We recommend the provider review safeguarding training with staff as a matter of priority.

Assessing risk, safety monitoring and management

- The provider did not always take appropriate steps to identify and manage risks to people using the service.
- We reviewed two Personal Emergency Evacuation Plans (PEEPs). A PEEP is a bespoke "escape plan" for people who may have difficulties evacuating a building to a Total Place of Safety without support or assistance from others. Both the PEEPS were dated January 2018 and it was recorded that there were to be reviewed annually.
- Although care records included risk assessments, they did not always have appropriate management plans to reduce or manage the identified risks to people. For example, one persons environmental risk assessment dated 25/09/2018 stated they were not able to use the bath or shower unassisted with no supervision but there was no guidance on how this person should be supported.
- Following a recent safeguarding incident where clear risk was identified, the persons risk assessment had not been updated to reflect this. Also, this person had experienced some falls, but their mobility risk assessment had not been updated to reflect this.
- Risk assessment records did not accurately reflect the current level of potential risk to people, and there was a risk they would not be appropriately supported.
- Some of the record keeping for the monthly fire evacuation drills did not seem to be authentic. For example, we reviewed the drills for January, February and March 2019. The records were exactly the same apart from the date change and the time completed. The actions that each of the people had taken in response were repeated verbatim from month to month.

Using medicines safely

- We reviewed medicines for three people at the home. One person's medicines ran out that day and had not been reordered, the registered manager resolved this issue by reordering on the day of inspection.
- Stock balance checks of people's medicines were not always accurate, with one person's medicine being in excess supply; contradicting their medicines administration record (MAR).
- Care plans included a medicines profile with details of the person's GP, diagnosis, their prescribed medicines and dosage.
- People told us that staff supported them with their medicines. One person said, "They give us our medicines. I take medicines after breakfast."

The above identified issues are a breach of Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014.

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raise any potential safeguarding concerns.

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Learning lessons when things go wrong

- Incidents that had occurred at the service were recorded in individual care plans. Although these were recorded, and appropriate action taken, we found the provider did not always use these as an opportunity for learning.
- For example, following a recent incident the manager told us they had discussed the incidents and ways to prevent this happening in future with staff, but we could not find reference to this in the staff meetings minutes that took place following the incident.
- We recommend the provider looks into ways in which incident reporting could be used to drive improvement in the provision of service.

Preventing and controlling infection

- Communal areas were clean and well maintained.
- We observed care workers cleaning the home on the day of the inspection using appropriate equipment.
- Hazardous cleaning materials were kept locked.
- Training certificates for staff showed they had recently received training in health and safety level one which covered health and safety law, first aid and personal protective equipment (PPE).

Is the service effective?

Our findings

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

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

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

The Mental Capacity Act 2005 (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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We observed care workers asking people for their consent and offering them a choice before supporting them.
- Where there were doubts about a person's capacity to consent to aspects of their care, the provider followed good practice and completed specific mental capacity assessments, so they could make an informed decision.
- The provider followed correct procedures when depriving people of their liberty and applied to the relevant authorities for any DoLS applications. We saw that some had been granted and others not.

Staff support: induction, training, skills and experience

- Although the manager said new staff received training in the Care Certificate, the records we saw did not reflect this. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers.
- Staff files contained a checklist that the manager had signed off to indicate the Care Certificate training had been delivered but there were no workbooks seen evidencing staff's learning. The Care Certificate is usually completed over a period of months which was not clear from the records we saw.
- Care workers received regular supervision during which they were able to discuss aspects related to their role.
- Staff training records were not well maintained to evidence the training staff had completed and when it was due for renewal.

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

- People's needs were assessed prior to them moving into the home, with support plans and risk assessments being drawn up to meet their needs.
- Care needs were not always assessed in line with best practice guidance. For example the provider did not use the waterlow score to assess people's skin integrity, or the Malnutrition Universal Screening Tool (MUST) for weight monitoring.
- We recommend that the provider familiarise themselves with best practice guidance in assessing people's care needs.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- We observed care workers preparing breakfast and lunch for people. A care worker asked a person what they would like for breakfast, and gave them what they asked for, porridge, toast and tea.
- One person said, "The food is OK, they are nice cooks."
- Medical advice for people was sought in a timely manner, and the manager had a positive working relationship with the local pharmacist.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to attend regular health checks, medicines reviews and other health related appointments such as eye tests and dental check-ups.
- Care records included 'Placement monitoring forms', evidence of visits from professionals such as their GP, chiropodist and other records such as hospital discharge forms. They also contained evidence of monthly vital signs monitoring such as weights, blood pressure, pulse and temperature.

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

- The environment was fit for purpose and met the needs of people using the service. For example, the corridors were wide enough for wheelchairs to manoeuvre easily. There was a lift for people to use and hand rails on the stairs.
- People lived in individual bedrooms. There was a communal lounge and a separate dining area in the conservatory for people to socialise in if they wished.
- There was a large, accessible outside space that was well maintained.
- There were fire resistant doors and appropriate fire exit signs on display.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were caring and treated them nicely. A relative said, "They're [staff] extremely caring. We're really happy with them. [Family member] always has a smile on his face when he sees staff."
- We observed care workers speaking and engaging with people throughout the inspection. They did this in a natural manner and it was evident that there were good relationships between people and staff.
- A staff member told us how they supported one person to attend church. One person required a specialised diet to meet their religious needs that staff stored and prepared separately.

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

- Care records included a pen-portrait which gave information about their life, hobbies and interests, things that worried them. It also included details about their sensory and communication needs and their eating and drinking habits. This helped to ensure that care was delivered according to how people using the service wanted it.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured they respected people's privacy and dignity.
- A staff member told us of personal care, "We ask them [people] before, kindly. We do it [personal care] in the toilet or in their room. We close the curtains and door, take them to the shower."
- A staff member said of promoting people to be independent, "We ask people to do it for themselves, we'll do it for them if they don't like to."

Is the service responsive?

Our findings

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

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

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

- People's care records included support plans with people's goals and how the staff could support them.
- Some aspects of the care plans were not complete. For example, one person had support plan monthly reviews for personal hygiene and diabetes and a second person had a monthly review in relation to verbal aggression, however the original support plans were not seen. It was therefore not possible to tell from the file what the support needs were in relation to these areas.
- Each person was assigned a key worker who was responsible for ensuring their needs were being met. Key workers completed weekly summaries with details of any significant news/progress, issues/problems, activities and contact with health professionals.
- People told us they accessed the community regularly. One person said, "I go to the day centre on Monday and we get fish, chips, peas and tea. We go by cab. On Friday we go to the pub" and "Today I'm going out with [the manager] because I need some mouthwash."
- One person was regularly supported to visit their family. A relative said, "[Person] seems quite happy and settled there, managing very well."

Improving care quality in response to complaints or concerns

- There had been no formal complaints received from people, relatives or other stakeholders such as health professionals. The two complaints that were in the complaints register were in relation to some safeguarding incidents that had occurred rather than a formal complaint.
- The complaints procedure includes details of agencies that complainants could contact if they were not happy with the provider's response, this included the CQC, local safeguarding teams, the Local Government and Social Care Ombudsman (LGO), and Independent Mental Capacity Advocate (IMCA). The LGO are the final stage for complaints about all adult social care providers.

End of life care and support

- Advance care plans directives were in place, but some of these were in relation to people's choices if they had a mental health relapse rather than end of life care.
- People that had completed end of life wishes booklets had been supported to express their choices and preferences when they were nearing the end of their lives.

Is the service well-led?

Our findings

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

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

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

- Records that we reviewed did not always appear authentic as reported earlier in this report. This included fire safety checks, staff recruitment checks and some quality assurance checks.
- The provider's monthly audit document completed each month for the past three months stated there had been a complaint every month; this was not reflected in the provider complaints records.
- The same audit repeatedly recorded an abuse allegation, however this was the same allegation that had been raised two months previously. Quality assurance records did not reflect that the checks had been accurately completed and we could not be assured that these documents were a true reflection of the audit findings.
- Records pertaining to important discussions following recent safeguarding allegations had not been recorded. We were not assured that all staff had been supported to understand how to report potential safeguarding concerns, or whistleblow.
- Staffing levels at night were not suitable, with a volunteer being used to cover half of the shift.
- Improvements were needed to ensure that care files were streamlined and contained accessible information for staff to view and understand people's care needs.

The above identified issues are a repeated breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

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

- The above issues notwithstanding, the manager was consistently transparent in raising potential concerns in a timely manner. This included important discussions with the CQC and other relevant organisations.
- Relatives expressed to us their satisfaction with management. Comments included, "They're [management] always available to speak to" and "[Manager] is really caring as well, well respected by staff."
- A staff member told us, "I'm really happy with management. She's [manager] very friendly, listen to any problems and solve it."

Continuous learning and improving care

- Care plans contained people's feedback about the quality of service they received. We reviewed these and saw that feedback was positive. However, the provider may wish to note that having some level of independence to these surveys may result in more meaningful feedback.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider held regular meetings with people where they discussed topics that were relevant to them, including activities, house rules, medicines and food.
- Regular staff meetings were held. These were used to brief staff on any work-related issues such as medicines, cleanliness, and staffing issues. We noted that issues around safeguarding and whistleblowing were included in the minutes of topics that had been discussed following a recent safeguarding investigation, even though the manager told us she had spoken about this in staff meetings.

Working in partnership with others

- The provider worked with other agencies to ensure people's needs were met. This included local healthcare agencies and social services.
- Relatives were positive about the ways in which management worked with them to meet people's needs telling us, "There's lots of co-operation between us and [manager]."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were not always updated to reflect current level of needs, and medicines were not always managed in a timely manner.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The manager did not ensure that records were always accurate and quality assurance systems did not identify areas for improvement.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing levels were not suitably covered during the night, and recruitment processes were not always robust.