

Abbeyfield Society (The) Abbeyfield House - New Malden

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Abbeyfield – New Malden is a residential care home providing personal care to 34 older people over at the time of the inspection. The service can support up to 36 people.

Abbeyfield is a purpose built home accommodating people on two floors, each floor is divided into two units with accommodation and related facilities for nine people. All the people at Abbeyfield had Dementia.

People's experience of using this service and what we found

Medicines were administered and stored safely, however controlled medicines were not disposed of in line with the provider's medicines policy. Risks in the environment were not always addressed to ensure the premises were safe. The providers' health and safety checks had not found and addressed the concerns we had found.

However since the draft report was sent to the provider they have sent us new evidence that health and safety checks were being made. We will check at our next inspection that they are continuing to following their stated aims.

People we spoke with were happy with the care they received and with the staff who assisted them. Risks to people had been assessed and regularly reviewed. People were protected from avoidable harm, discrimination and abuse. Appropriate staff recruitment checks were made. Procedures were in place to reduce the risk of the spread of infection.

Staff were suitably trained and supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to maintain a healthy balanced diet and to stay healthy, with access to health care services as and when required.

People received support from staff who were kind and compassionate. Staff treated people with dignity and respect and ensured people's privacy was always maintained. People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

The Accessible Information Standard for communication was being met. The provider had effective systems in place to deal with concerns and complaints and to assess and monitor the quality of the service people received.

The service had a new manager who we found to be open and transparent. They had started to work in partnership with other health and social care professionals and agencies to plan and deliver an effective service that met the needs of the people they supported.

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

Rating at last inspection

The last rating for this service was Good (published on 1 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

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

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 effective.

Details are in our responsive findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our responsive findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Abbeyfield House - New Malden

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, an Expert by Experience and a Specialist Advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Specialist Advisor was a registered nurse with expertise in nursing older people and those with dementia.

Service and service type

Abbeyfield 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.

The last registered manager left in January 2019, since then the home had a business manager in post until a new manager was recruited two months ago. This new manager was in the process of registering with the Care Quality Commission at the time of the inspection. This will mean that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with 16 people who used the service and three relatives about their experience of the care provided. We spoke with 12 members of staff including the manager, deputy manager, senior care workers, care workers and housekeeping staff.

We reviewed a range of records. This included four people's care records; these were people with complex needs and eight medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service had not always been safe, however the new manager was addressing these concerns and we were assured that environmental safety standards were being improved.

Assessing risk, safety monitoring and management

- The provider took appropriate steps to identify and manage risks to people using the service. One person commented "I've never given it a second thought; I feel perfectly safe here."
- The care plans we reviewed contained risk assessments that had been reviewed and the plans had been changed as people's needs changed. For example, risk assessments for people included the risk of falls, mobility, tissue viability and nutrition. When risks had been identified, the care plans contained clear guidance for staff on how to manage these. This helped to keep people safe while promoting their independence.
- However risks in the environment had not been adequately monitored within the last 12 to 18 months. For example, the emergency lighting monthly checks from May 2017 were reported as 'not satisfactory' but no information was available as to what was unsatisfactory or what actions had been taken to rectify this. We found similar concerns in the monitoring of water temperatures and for monitoring the effectiveness of the emergency call bell system.
- Since the new manager had come into post two months ago these checks were being conducted regularly but we did not see what actions had been taken and if any faults had been rectified. After the inspection the manager wrote to us to confirm an action plan was now available.

Using medicines safely

- We observed the administering of medicines at lunchtime and saw this was undertaken in accordance with the National Institute for Health and Care Excellence (NICE) guidelines. People's medicine administration records (MAR) were well organised, fully completed and up to date. They included important information such as allergies and an up to date photograph of each person to help prevent medicines errors. Medicines were stored correctly in accordance with the provider's policy.
- Controlled medicines (CD) were stored and administered safely. However, CD stock was not checked weekly in accordance with the companies' safe management of medicines policy but monthly with the normal medicines audit. The last CD audit was March 2019 and the supplying pharmacy's audit was November 2018.
- We also found that the CD medicines were not disposed of in accordance with the providers policy, that required 'in addition to the pharmacy and another signing the CD book, a written record showing the date, amount sent, to where and the signatures of two responsible people from the home should be completed.' This was not in place.
- We spoke to the manager about this and they said they would immediately start following the correct procedure.

However since the draft report was sent to the provider they have produced evidence that the correct procedures for the disposal of controlled medicines was being followed. We will check at our next inspection that they are continuing to following their stated policies for the management of controlled medicines

Systems and processes to safeguard people from the risk of abuse

- People continued to be supported safely by staff. The provider took appropriate steps to protect people from abuse, neglect or harm and the manager knew they had to report abuse to the local authority and CQC.
- Staff had received training in safeguarding adults at risk of harm.

Staffing and recruitment

- The provider followed appropriate recruitment procedures when employing staff. Recruitment files were clearly laid out and included application forms, CVs, interview notes, professional and character references, proof of ID and address and Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.
- The home had sufficient staff on duty so that staff could spend time talking to people. One person said, "I like to do this as it can be lonely when you cannot speak [to someone]." We observed staff talking to people in the lounges and their bedrooms.

Preventing and controlling infection

- We observed that staff washed their hands between assisting people with personal care and wore gloves and aprons appropriately. However the staff member administering the medicines did not consistently wash their hands between giving medicines to different people, where they were required to physically assist the person.
- We also observed that the requirements of the control of substances that are hazardous to health (COSHH) were met by staff. Clinical waste was segregated and disposed of correctly. These processes helped to prevent and control the spread of infection.

Learning lessons when things go wrong

- The provider kept records of any incidents and accidents that occurred, including details on any incidents that related to the safeguarding of vulnerable adults.
- The provider took appropriate steps to mitigate the risk of further accidents

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People commented "I feel that staff understand my needs and that they are trained to meet them" and "Some [staff] are fairly new and are still learning so I have to ask them more." This person did not express any concern over the effectiveness of the new staff they spoke about.
- People's care needs were assessed before the service commenced supporting them.
- People's care plans showed how people wanted to be cared for, including the choices they were making around their daily routines and personal care. Care plans had been consistently updated. Staff told us this was done monthly and this appeared correct from the care plans we looked at.

Staff support: induction, training, skills and experience

- People were cared for by staff who were experienced and who continued to receive appropriate training and support. Staff spoke positively about the training they received. A new on-line training system had started on 10 June 2019 and some staff were still waiting for the provider to send them log in details to access the training.
- The majority of staff were qualified to level two or three in adult social care. New staff completed the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. Throughout our visit we saw that people were regularly offered drinks and snacks of their choice.
- Where people required assistance to eat or drink this was given by staff who spoke with people in an individualised manner, talking about the person's interests and ensuring the person was not rushed. After lunch one person commented with a laugh, "What I just ate was delicious."

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- The home had good communication links with the local GP service and other healthcare professionals when they needed them, such as the district nurses, a dentist or chiropodist.
- Two people told us, "I went to a London hospital for treatment. I went by taxi and I was treated so well." They went on to explain the treatment they had received and how they were improving all the time. "I think a doctor comes every week, but I've never seen anybody as I keep well."

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

- Abbeyfield House is a purpose built home, divided into four units to accommodate nine people in each unit. There are en-suite bedrooms, which were individually decorated.
- There were bathrooms and open plan lounges, dining areas and kitchens in each unit. There were separate 'reminiscing' rooms on each unit to support people who were living with dementia. One reminiscing room was decorated as a child's nursery, another as a sitting room typical of the 1930 or 40's.
- There was a large enclosed garden with seating areas, raised flower beds and hand rails, which people could access at any time.
- The home was currently being refurbished and decorated in stages so as not to cause too much disruption to people living there.

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We watched and listened as staff gave people the time and encouragement to make decisions and choices for themselves.
- We observed during the medicines administration round that staff ensured people were happy to take their medicines and clearly gained some implicit consent before administering the medicine prescribed. Consent was also sought when a person was receiving covert medicine.
- We observed care staff encouraging independence of people by encouraging those who could walk to do so.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed that staff appeared caring and had a genuine interest in people they were supporting. They spoke to people in a manner which was of an equal not a person who may have poor mental capacity, for example, staff spoke and touched people in a way that was gentle and supportive. They listened to people and showed genuine interest in what they spoke about.
- Staff spoke about people using their preferred names. Staff were knowledgeable about people, their background and history. Two people commented, "I am fine, I love it here, it is absolutely great, I would not be in any other place" and "I'm thoroughly enjoying these crisps; staff give them to me every day. Everybody here is wonderful; it's a wonderful place. I've never been so happy in my life, no worries, no bills. I can go to bed when I want to and get up when I want. look forward to every day."
- We observed when a person became agitated, the care staff were very calm and spoke to them quietly and this helped to dispel their agitation

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

- We observed that people and staff knew one another very well and could speak freely to one another.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected at all times. We observed that people were dressed appropriately for the weather and environment and supported to maintain their personal appearance.
- Staff spoke quietly to people when assisting them with personal care. We overheard a staff member saying "Shall we go to your room, as it's quieter, and I will help you."
- Family and friends could visit at any time, day or night.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We saw that care plans were up to date and contained relevant information and guidance for staff. This guidance included notes on people's dependency levels, how they liked to be supported, medical information, details of skin integrity and the type of physical assistance people required.
- Care plans were person centred and informative, helping staff to support people in the way they wanted to be supported.
- Care plans were reviewed on a regular or as-required basis, dependent on people's healthcare needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The AIS was being followed by the provider, home and staff. Staff took their time to explain situations to people, wait for a response and act on the response.
- Where appropriate pictorial images were used as a prompt to helping people understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home had an activity programme based on people's past history and experience and what they had told staff they liked to do.
- We saw that in each unit people and staff were engaged in art work, handicrafts, such as knitting, completing jig saws, reading the daily newspaper or books, listening to music and looking at photos and talking about current and past events. Staff were constantly encouraging people to participate in activities.
- On the day of our visit a local musician arrived and with just an acoustic guitar and his voice had people joining in the songs and dancing for over an hour. The smiles on people's faces showed they were thoroughly enjoying the activity.
- The home had also recently purchased an interactive play table. The system encourages people to move and interact with other people through music and age appropriate games. It could be moved easily between the units and gave everyone the chance to try something new.

Improving care quality in response to complaints or concerns

- Staff told us people's complaints or concerns were taken seriously and lessons were learnt from what they

had been told.

- Two people told us "If I complain I go to the office and it usually gets sorted out quickly" and "I seldom have a complaint but if I do, staff listen and act as soon as possible."

End of life care and support

- The service was not supporting people who were on palliative or end of life care.
- Records showed and staff told us that people had made their own decisions about the end of their lives and what they would like to happen.
- This included whether they wanted to be resuscitated and where appropriate a do not attempt cardio pulmonary resuscitation (DNACPR) order was in place.
- Staff respected people's end of life wishes.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership had been inconsistent because of the previous changes in management. Previous leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The last registered manager left in January 2019, since when the home has had a business manager in post until a new manager was recruited two months ago. This new manager was still undergoing induction and training. They were in the process of registering with the Care Quality Commission at the time of the inspection.
- The manager was knowledgeable about their responsibilities with regard to the Health and Social Care Act 2008. Despite the short time they had been in post the manager demonstrated good knowledge of the needs of people they supported and the staff team. They were also aware of their responsibilities to send CQC notifications about changes or incidents that affected people they supported.
- The staff team, many who had worked at the service for a long time were clear about their roles and were committed to supporting people to live good lives.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had a clear vision, values and enthusiasm in relation to how they wished the service to be provided.
- One member of staff commented "Morale is good, we have all worked here a long time, we had a manager for a long time [this refers to a manager who left in January 2017] but he left and since then we have had managers who have not stayed very long, hopefully the new manager [named] will stay that would be good."
- We found the manager and staff to be open and honest with us and were able to explain where things had gone wrong and the improvements needed and how these would be achieved.

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

- Resident, relative and staff meetings were being held by the new manager as a way of getting to know people and to ensure people were fully engaged in how they were being supported and were up to date with any changes that happened.
- The provider conducted independent annual people and staff surveys. The manager did not have the results of the most recent survey. After the inspection the manager told us the last resident and visitor survey

was completed In March 2019. Unfortunately, there were no surveys returned from New Malden, but the manager would be conducting an in house survey within the next few weeks.

Continuous learning and improving care

- The provider and previous managers had conducted health and safety checks of the service, although they had not picked up on the issues we found with the hot water, controlled medicines disposal, emergency lighting or the call bell system.

However since the draft report was sent to the provider they have produced evidence of monthly and annual health and safety checks. We will check at our next inspection that they are continuing to monitor the health and safety of the environment'.

- The service had appropriate policies and procedures in place, including policies to safeguard people and respect their rights and policies to support staff.
- There was also a business continuity plan which set out actions to take in case of emergencies which affected the running of the service.
- The manager kept up to date with current trends in service delivery and legislation through the CQC web site and was building links with other local care home providers.

Working in partnership with others

- The manager was making links with the local authority and community health and social care professionals to help ensure staff followed best practice. When required staff were in regular contact with people's GPs or other healthcare professionals and they welcomed their views about people's changing needs and best practice ideas were often shared between them, for the benefit of the client.
- This ensured staff received all the external health and social care professional guidance and advice they required to meet the needs of the people they supported.