

Masumin Limited

Abbeleigh House

Inspection report

67-69 Squirrels Heath Road
Harold Wood
Romford
Essex
RM3 0LS

Tel: 01708340828

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 23 August 2016 and was unannounced.

At the last inspection of this service on 26 August 2015, we found that people who used the service were not protected against the risks associated with unsafe management or administration of medicines. We also found a breach of legal requirements in relation to supporting staff by means of regular training, supervision and appraisals.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to look comprehensively at the whole service again and to check that they had followed their action plan confirming that they now met legal requirements.

The service is registered to provide care for up to 41 older people some of whom had dementia care needs. On the day of our visit there were 37 people using the service and two people were in hospital. The service had a registered manager in place at the time of our inspection.

A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that improvements to record keeping, staff supervision and appraisals had been completed and the service now met legal requirements. We also found that medicine guidelines were followed and people received their medicines in a timely manner. Medicines were recorded, stored and administered safely.

Care staff understood their responsibilities to protect the people in their care. They were knowledgeable about how to protect people from abuse and from other risks to their health and welfare. However, the registered manager did not always ensure that all safeguarding referrals were sent to the local authority when required.

People were supported by staff who had attended relevant training. This enabled staff to keep up to date with good practice and deliver safe care. People were supported to consent to care and the service operated in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's records were kept up to date and reflected their current health needs including any advice given by other healthcare professionals. This enabled staff to keep up to date with good practice and deliver safe care. People and staff told us that the registered manager was visible and approachable.

People were given choices over what they wanted to eat and drink. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. People's records were kept up to date and reflected their current health needs including any advice given by other healthcare professionals. The care plans contained a good level of information setting out how each person should be supported to ensure their needs were met. They also included risk assessments and information on how to manage the risks.

Staff had good relationships with people living in the service and we observed positive and caring interactions. Staff respected people's wishes and their privacy and supported people to express their views. A programme of activities was in place and people participated with the support of staff. The environment was safe and clear of any health and safety hazards. Equipment was regularly maintained and serviced.

There was a structure in place for the management of the service. People, relatives and visitors could identify the proprietors and the registered manager. The management team demonstrated a good understanding of their role and responsibilities. Staff and people told us the managers were supportive, approachable and friendly. There were systems to routinely monitor the safety and quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Procedures and risk assessments were in place to ensure people were kept safe.

The registered manager had made improvements to check medicine recording. The service stored and administered medicines safely.

The service had whistleblowing and safeguarding procedures in place. Staff understood how to identify and report abuse.

Staffing levels were sufficient to ensure people received appropriate support to meet their needs. Staff were recruited safely and appropriately.

Is the service effective?

Good ●

The service was effective. Staff were supported in their roles and received supervision and training.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards (DoLS) was understood by the registered manager and staff.

People were supported to eat and drink healthy and nutritious meals that met their dietary needs.

People had access to healthcare professionals.

Is the service caring?

Good ●

The service was caring. People were happy at the service and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive. People's individual choices and preferences were discussed with them.

We found that people's records were kept up to date, reviewed and amended to reflect people's ongoing and changing needs so people received the care they needed.

People using the service were encouraged to express their views and complaints were investigated appropriately.

Is the service well-led?

Good ●

The service was well led.

Staff and people found the registered manager to be approachable and sensitive to people's needs.

Staff were provided with guidance and support from the management team.

Quality assurance and monitoring systems were in place and included seeking the views of people, relatives and stakeholders.

Abbeleigh House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We undertook an unannounced focused inspection of Abbeleigh House on 23 August 2016. We also checked that improvements to meet legal requirements had been made by the provider following our comprehensive inspection on 26 August 2015.

The inspection team comprised of a lead inspector and a pharmacist inspector. Prior to the inspection, we reviewed safeguarding alerts and we viewed a report of a quality assurance visit conducted by the London Borough of Havering. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. The registered manager was away on the day of our inspection. We were supported by the proprietor of the service, also known as a responsible individual and a deputy manager.

During the inspection we spoke with four people who used the service and with four relatives by telephone. We spoke with the deputy manager, a responsible individual, a senior carer and two care assistants. We observed care during the day, including medicine rounds.

We looked at five care records and five staff supervision and training records. We also looked at a range of quality assurance audits, medicines records, accidents & incident records, training information, safeguarding information and policies and procedures for the service.

Is the service safe?

Our findings

People told us they felt safe and that they got on well with staff. One person told us, "Yes I feel safe here. I have only just moved in and I am getting used to it." Another person said, "Yes. They treat me well and they spoil you." We spoke with relatives who thought the service was safe and that their family members were happy living there. One relative said, "[My family member] seem fine and the service is generally safe." Another relative told us, "It's a very welcoming place and the staff and managers are very nice."

At our previous inspection on 26 August 2015, we found the service did not meet the required standards of safety relating to medicines administration and recording. Medicines were sometimes not signed for and medicine administration record (MAR) sheets did not always have critical information such as the person's name, required dosage, the time medicine should be administered and the name of the medicine. Hence, there was poor practice with the administration of medicine which meant people were at risk of not receiving their medicines as prescribed in a safe manner.

During this inspection, we saw people were protected against the risks associated with medicines. The provider had appropriate arrangements to manage and obtain medicines. Staff told us how medicines were obtained and we saw that sufficient amounts of medicines were available to enable people to receive them when required. People were happy with the way the service managed their medicines. One person said, "I get my tablets on time, every day."

As part of this inspection, we looked at the medicine administration records for all the people who used the service. We saw appropriate arrangements were in place for the recording the administration of medicines. The records were clear, signed for and fully completed. They showed that people received their medicines when they needed them. There were no gaps on the administration records and any reasons for people refusing their medicines were recorded. We saw that medicines were stored securely. The service used two medicine trolleys to store medicines in use, which were both locked and only accessed by authorised staff. Extra stock was stored in a locked cupboard. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. Controlled drugs (CD), which are medicines which may be at risk of misuse, were stored and managed appropriately.

Medicines were handled according to the procedures and senior staff ensured medicines were reviewed and audited. We saw medicines that were no longer required or unused were returned to the supplying pharmacy at the end of each month. There was a written record of those medicines returned.

The service had appropriate guidance and practices in place to ensure people were safeguarded from the risk of abuse. Staff were able to explain what constituted abuse and the action they would take to raise any concerns with the registered manager. One new member of staff told us, "I would inform my manager and we would notify the safeguarding team." Another staff member said, "I would report it immediately and follow our procedures and training." We saw that safeguarding training had been delivered to staff. The registered manager and staff knew how to report safeguarding concerns appropriately so that the local authority and the CQC were able to monitor safeguarding issues. Our records showed that the provider had

told us about any serious injuries or safeguarding referrals and had taken appropriate action to ensure that people were safe. However, during our inspection, we found that following a recent incident, when a person had a fall, a safeguarding alert was intended to be referred to the local authority but was not. We spoke with the responsible individual about this and they immediately notified the local authority about the referral. The service had notified the CQC of a serious injury to the person at the time of the incident. The responsible individual said, "I thought we had sent it to the local authority but it must have been missed." They assured us this was a one off error and in future, all safeguarding procedures would be followed through and checked so that people's safety is maintained.

The service had a whistleblowing procedure which provides staff with reassurance of their rights and responsibilities to report any concerns about the practice of the service. Staff were able to describe the process they would follow and they understood how to report concerns.

Care and support were planned and delivered in a way that ensured people were safe. Records showed risks to people had been assessed when they first came to the service. We saw detailed and clear information was provided to staff to minimise risks. Up to date guidelines were in place for staff to follow. These covered areas such as keeping people safe. Some people were identified as at risk of pressure sores, which can occur when people have to remain in their beds for long periods of time. Staff had clear instructions about how to minimise the risk of pressure sores, which were called waterlow risk assessments and care plans detailed how often people required turning or repositioning in their beds. Records confirmed that staff repositioned people at regular intervals, as set out in individual care plans. There was regular recording of a person's weight, their need for fluids and a balanced diet and checks required on their skin integrity. We saw other risks assessments, for example, about the risk of falls. Risk assessments stated that people at risk of falls were to be supervised at all times and moving and handling aids, such as hoists were to be used. We found the beds of people at risk of falling out of bed were fitted with bed rails to prevent and minimize the risk of falling.

We saw that sufficient numbers of staff were present in the morning and afternoon. Records we reviewed showed there were enough staff on duty to meet people's needs safely and in a timely manner. There were effective recruitment processes in place. We looked at staff recruitment files and saw evidence of the necessary checks, such as references and Disclosure and Barring Service certification (DBS), to ensure that staff were suitable to work with people who used the service. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with people who used the service. This demonstrated that there was a system in place to ensure staff were only employed if they were qualified and safe to work with people who used in the service.

The premises and equipment were appropriately maintained. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Gas, electric and water services were maintained and checked to ensure that they were functioning appropriately and were safe to use. A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. Staff had received emergency training and were aware of the evacuation process and the procedure to follow in an emergency.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks. Notifications of the number of falls by people were sent to the local authority as part of their monitoring requirements.

Is the service effective?

Our findings

People told us that staff helped them with their everyday needs. One person said, "The staff are very helpful." Relatives told us the staff were caring, professional and skilled. One relative said, "I couldn't do their jobs. I have a lot of respect for the staff. They are really good and have the ability to communicate with residents and meet their needs. My [family member] is looked after well."

The service was compliant with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable of the service's policies. We saw where people were subject to DoLS, there was the appropriate documentation from the local authority confirming that this was the case. This assured us people would only be deprived of their liberty where it was lawful.

At our previous inspection in August 2015, we found shortfalls in the staff support systems because staff did not receive regular supervisions or appraisals. Supervision sessions are one to one meetings with line managers where staff are able to review their practice and performance. Annual appraisals monitor staff's overall performance and is used to identify any areas for development to support staff to fulfil their roles and responsibilities.

At our previous inspection we found that one staff member had not received supervision for more than two years. Staff told us that they had discussions with the registered manager, however these were not classed as supervisions. Staff also told us that they would like to have supervisions in order to know about any areas that they needed to improve and learn about what they were doing well. This meant that people were cared for by staff who were not supported and developed by the management team which could impact on the quality of care provided.

During this inspection, staff told us they felt supported by the managers. The service sent us an action plan after our previous inspection and said that all staff would have a planned supervision at least every two months unless concerns or issues arise. The staff files showed that staff received monthly or two monthly supervision meetings with either the registered manager or a senior manager, which were clearly recorded. The supervision files contained a checklist of staff's knowledge of the service's policies and procedures, best practice and ability to work with colleagues and support people living in the service. There were also opportunities for staff to discuss issues affecting their work, including working hours and shifts. Areas of improvement and any training needs were identified for action. We saw that these documents were presented to and reviewed by staff, who signed them. Performance appraisals with the registered manager, which covered the previous year, had taken place. We saw that targets and objectives were set for the next twelve months which meant staff were supported to improve their performance and achieve certain goals.

The responsible individual informed us that the service had since reviewed its staff supervision policy to state that supervision sessions would take place at times agreed between care staff and managers. They said, "It was difficult to maintain regular bi-monthly supervisions, so we changed our policy so that it was easier to balance supporting staff and our service users." We spoke with staff and one said, "I started a few months ago. I can speak to the manager at any time and will have a meeting soon. There is good team work here." A senior carer told us, "We have supervisions whenever necessary. There is not a set time." We viewed the new supervision policy and we were assured that the service had systems for staff to receive appropriate support, professional development, supervision and appraisals at suitable and regular intervals.

Care staff received opportunities to develop their skills and to provide effective care and support. They were encouraged to identify any specific training needs to enable them to carry out their roles effectively. We looked at training records and found staff had attended several courses relevant to their role. Staff told us the training they received helped them to feel competent and equipped to care for people and meet their needs. We looked at the training records and saw that staff had completed training in essential areas, such as safeguarding adults, moving and positioning, equality and diversity, fire safety, dementia awareness and end of life care.

We viewed the training schedule and saw that induction training was completed by all staff and internal refresher training for staff was provided. This showed staff received opportunities to improve their knowledge and refresh or develop their skills. We spoke with a new member of staff who worked in the service as a care assistant and they told us, "My induction was very helpful. I slotted in comfortably and was able to shadow and get to know the residents. The managers are very supportive and listen to our views. I feel very at ease." Another member of staff said, "I learned everything in two weeks. It has been really good and great experience."

People were provided with a nutritious and balanced diet and they were happy with the food that they ate. We observed people during a meal service and we noted that dining rooms contained tables that were set appropriately with cutlery, napkins and condiments. People were also supported to eat in their bedrooms should they choose to do so. One person said, "The food is really nice. They put the menu on the tables." Another person said, "Yes everything is good so far."

Staff monitored people's health and care needs, and consulted with professionals involved in their care. Care plans showed people had access to health care professionals when they needed, for example, their GP or a nurse. The deputy manager and staff confirmed that people attended appointments with support from staff and there was evidence of correspondence from health care professionals filed in people's records. This meant that appropriate action was taken by staff to keep people in good health.

Is the service caring?

Our findings

People told us they thought the staff were caring and they were treated with dignity and respect. One person told us, "I am only new here but they let me have the same carers as before from my previous home. I was happy with that." Another person said, "I like living here, they care for me." A relative told us, "It can get very hectic but I think everyone gets the attention they need."

People were happy their friends and relatives could visit them and take them on outings, if they were able. We saw people had the ability to express their views and they were able to say how they wanted to spend their day and what care and support they needed.

We found people and their relatives were comfortable around all the staff employed in the service and knew the registered manager. We saw positive and caring interactions between staff and people. Staff were friendly towards people and gave them their time and attention. We saw that staff were skilled and able to assist people whose behaviour or mood changed, such as when they felt anxious or upset and staff were able to calm them down to help them relax. For example, staff would hold a person's hands if they became anxious and would offer reassurance that they would help them. This meant staff understood how to treat and care for people with different levels of need.

We observed staff attending to people's needs in a way that was caring, kind, respectful and patient. Staff explained to people what they were doing and also asked for their consent. Staff had a good understanding of how to promote people's privacy and dignity and people told us their privacy was respected. One staff member told us, "We have to respect people and their families because this is their home. We have to show compassion and respect people's choices. We help them when necessary."

We saw most people were appropriately washed, dressed and ready for the day by the middle of the morning. Staff knocked on people's door before entering their rooms and addressed them by their preferred names before providing personal care. Staff treated people as individuals, respected their human rights and allowed them to make independent decisions by offering choice or asking them what they wanted help with.

Staff knew people well and had received training in equality and diversity. This meant staff treated people equally, no matter their gender, race or disability. They were respectful of and had a good understanding of all people's care needs, personal preferences, their religious beliefs and cultural backgrounds.

Is the service responsive?

Our findings

People and their relatives told us the service responded to their needs. One person told us, "The staff are very helpful and they listen." A relative said, "I have been contacted by the manager and I am involved in my [family member's] care. They always update me." Another relative told us, "The service always contacts me if anything changes or anything happens."

The service was responsive to the needs of people, particularly those with dementia. For example, we noted people's rooms were personalised, corridors and rooms were spacious and there were clear signs for direction. This helped people with dementia find their way around the service. Staff responded promptly to people who pressed their call bell buttons in their rooms. There was an electronic display in corridors that alerted staff that a person required assistance.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in a personalised way, which included health care needs, any nutritional requirements, likes, dislikes, personal histories, what activities people liked to do and what was important to them. The information covered aspects of people's needs and clear guidance for staff on how to meet their needs. The care plans also included daily logs reports, health professional visits, behaviour patterns, falls records, body maps and needs assessments. There was guidance for staff on how best to communicate with people. For example, one care plan advised staff to "Explain what you are going to do and why. Give [the person] time to process what is being asked and repeat and reassure. They do not like to be rushed." Care plans were reviewed every month and updated to reflect changes to people's care needs.

Activities took place in the service, although some people felt that there was little for people to do. One person said, "We watch TV most of the time." A relative told us, "There is little for my [family member] to do but that's because of his condition. They can't take part in much, as they have dementia and they are not sure of where they are. The service does its best for them." There were two lounges in the service and we saw that both were being used by a large number of people to either watch television or take part in musical or board game activities. We saw a large number of people being supported to relax in the garden and we noted most people were happy and engaged in conversations with each other and with care staff.

There was a complaints procedure and this was available in an easy to read version which meant those who may have difficulties in reading, had a more simplified version explaining how to make a complaint. Each person had a copy of the complaints procedure and how to make a complaint on the wall in their rooms. We saw there was a clear procedure for care staff to follow should a concern be raised, including who they should contact. We noted that any issues and complaints were brought to the attention of the registered manager. A relative told us, "Yes I know how to complain and would speak to the registered manager but I have never felt the need. They are very good." We looked at records and saw investigations were carried out and action was taken promptly in response to concerns. Complainants were written to formally by the registered manager to acknowledge their complaint. People and relatives were informed of the outcomes and were satisfied with the response. Actions and notes of meetings that had taken place were dated and

detailed clearly. This showed that the home took complaints seriously and used them to make changes and improvements.

Is the service well-led?

Our findings

Relatives, staff and people told us that the management team were responsible for a good care home. One person told us, "The staff are very nice, they look after us." The deputy manager was an experienced and long serving member of staff and they told us, "The home is running well at the moment and has made improvements. We keep up with our training. We are supported by the managers and the owner." A relative said, "It's a good home, it is better here for my [family member]. The staff and the manager always let me know what is going on. They keep on top of things. All the relatives and staff seem to know each other."

At our previous inspection in August 2015, we found that documentation and records were not always completed correctly and there were gaps in information recorded by staff and the registered manager. For example, staff files did not always contain up to date supervision and appraisal notes and medicines were not managed appropriately. We found that there was not always a suitable system for workloads to be shared by the management team with other staff, in order to prioritise other work. This resulted in people's records were not always completed in a timely manner or correctly.

While the registered manager was not present during our follow up inspection this year, we saw that the service operated effectively and senior staff were able to manage its day to day running. Staff knew what their responsibilities were, maintained records and consulted senior staff for guidance and advice. There were improvements made in the management of medicines and it was now safe, appropriate and with no gaps found in records. Supervision and appraisals of staff took place and staff felt supported in their work and received training when required.

A relative told us, "When I visit my [family member], I get a nice welcome. They [family member] are very happy with the care they receive. If I had a problem I would speak to the manager, they are very helpful and the communication is very good." Another relative said, "It's like a family atmosphere and there is much laughter and entertainment like bingo and music. It is very homely."

The responsible individual said, "We are very proud of Abbeleigh House. We know we can always do better and we welcome the feedback we get. We aim to develop staff to make it even better. We know that we made mistakes previously. Our registered manager works very hard and I support them as much as possible." All staff spoke highly of the registered manager and told us they had had received regular training. Staff were happy and were supported in their roles. They said the management team listened to them and were very helpful. One staff member said, "The registered manager is excellent, the best and the owner is decent, reasonable, smart and professional." Another member of staff told us, "It has got a lot better recently. The atmosphere is good and we listen to relatives' complaints and feedback." Other staff told us they felt the service had improved. One staff member said, "The manager is very supportive and very proactive."

The responsible individual confirmed staff meetings with the registered manager took place. Records confirmed that the service held regular staff meetings to discuss important topics such as the health and wellbeing of people in the service.

We saw quality assurance and monitoring systems were in place, which included seeking the views of people and their relatives. People were asked their views and this was recorded. For example, the service issued a survey to people annually. Topics included on the survey covered complaints, information, people's rooms, activities and care plans. We saw the results of the survey were positive. The provider was in the process of sending out questionnaires for this year. The provider had made improvements as a result of feedback received, by arranging more stimulating activities for people such as singing, dancing and enjoying the garden.

The management team understood their role and responsibilities. We found people's records were kept securely which showed the service recognised the importance of people's personal details being kept securely to preserve confidentiality. Providers of health and social care have to inform us of important events which take place in their service. Records showed that the registered manager notified the CQC of events, incidents or changes to the service that they were legally obliged to inform us about.