

Abbeyfield London Polish Society Limited (The) Abbeyfield London Polish Society

Inspection report

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Inadequate 
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

This inspection took place on 22 January 2016 and was announced. This was the first inspection of the service since 29 May 2013 when it was registered with the Care Quality Commission (CQC).

Abbeyfield London Polish Society offers housing and personal care for up to 8 people. At the time of our inspection there were 8 people living at the service of which 5 were receiving personal care. The home consisted of 8 bedrooms and each person living there had access to the communal facilities such as a lounge, dining room and garden.

There was a registered manager in post who had been managing the service for the past 25 years.

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

The registered manager did not have a full understanding of all the requirements related to the delivery of regulated activities.

Some of the staff team's practices put people at risk of harm.

People's medicines were not managed safely because there were not stored correctly. The administration of medicines was not recorded and there were no mechanisms in place to ensure regular stock checks of medicines were carried out.

Risks to people's health and safety were not assessed and recorded correctly, therefore, there was no clear guidance for staff on how to minimise identified risks and how to keep people safe from injury.

There were no regular fire tests and fire drills and people did not have Personal Evacuation Emergency Plans (PEEPS) in place. Therefore, there was a risk that people using the service and the staff wouldn't know how to act in case of a fire.

Staff did not receive MCA and DoL training and the requirements of The Mental Capacity Act 2005 (MCA) were not always followed. There were no mental capacity assessments in place therefore it was not possible to determine whether people could make decisions about specific aspects of their care.

People's nutritional and dietary needs were assessed however they were not always reviewed and the health professionals' guidelines were not available, therefore staff did not know how to serve food safely.

There were no robust recruitment procedures in place to ensure suitable staff were appointed to work with

people who used the service.

There were not enough staff on duty and there were no contingency plans to ensure adequate cover in case of sudden staff absence.

People and their relatives were involved in the planning of their care, however, due to complex care planning systems, people's needs were not always conveyed adequately and there was a risk of important care details and guidance being missed.

There were no robust quality assurance systems in place to ensure on-going monitoring of different aspects of the service delivery.

There were no systems in place to actively seek feedback from different stakeholders, therefore, they did not have the opportunity to evaluate the care offered by the service and influence its development.

There were some systems in place to ensure people lived in a safe environment and various periodic tests being carried out by external contractors.

Staff received safeguarding vulnerable adults training and were able to describe potential signs of abuse. They were aware of the provider's safeguarding policies and procedures.

Staff received a variety of training that included medicines administration, safeguarding, manual handling and food hygiene. One staff member was in the process of completing their NVQ 2 in Health and Social Care.

Relatives told us the staff knew and understood the needs of their family members. They were happy with the service they received.

People told us they enjoyed the food and that an adequate choice of meals was offered to them. People's personal culinary likes and dislikes were taken into consideration and people had access to fresh fruit at any time.

Family members and health professionals were pleased with the care provided by the Abbeyfield London Polish Society. They described staff as caring and "going the extra mile" for people using the service.

People's dignity and privacy was respected and people's independence was encouraged.

Staff told us family members could visit at any time and relatives confirmed that this was the case.

The service had a complaints policy and procedure in place that was displayed on the information board in the communal area.

People using the service and their relatives spoke warmly about the registered manager and the staff. External health professionals had a positive experience of their partnership work with the service and were happy with the care offered to people using it.

We found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Some of the practices undertaken by staff put people at risk of harm.

Medicines were not managed safely as they were not stored correctly. The administration of medicines was not recorded. The medicines were not counted and checked to ensure the stock and records balanced.

Individual risk assessments were not always put in place.

There were not enough staff working on each shift.

People did not have Personal Evacuation Emergency Plans in place.

There were no robust recruitment procedures in place to ensure suitable staff were appointed to work with people who used the service.

Staff received safeguarding training and people were protected from harm and abuse.

Inadequate ●

Is the service effective?

The service was not always effective.

Staff had a limited understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty (DoL). People's mental capacity was not assessed and there was no documentation in place to show people had consented to their care.

Staff did not receive regular supervision by management, however, they received training and a yearly appraisal of their performance.

People were supported to have a balanced and nutritious diet and their personal preferences were taken into consideration.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People were treated with care, compassion and respect by staff.

Staff respected people's privacy and dignity.

People's independence was encouraged.

Is the service responsive?

The service was not always responsive.

People had their care planned, however, there were inconsistencies in the recording of people's needs in different care plan documents.

People were not fully involved in the planning, reviewing of their care as this was only discussed with them at the pre-admission stage of their care, and they were not asked to participate in the review of support they received.

The provider had a complaints procedure.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There were no audit systems in place to ensure the quality and safety of the service were monitored so poor practice could be identified.

Not all risks to the health and wellbeing of people using the service were recognised and contingency plans were not put in place to mitigate them.

There were no feedback mechanisms in place and stakeholders did not have the opportunity to share their views on the service delivery and suggest possible improvements.

The leadership of this service promoted positive interaction with people using the service, their relatives and staff.

There was a good working relationship with external health professionals.

Requires Improvement ●

Abbeyfield London Polish Society

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 checked 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.

We undertook an announced inspection of Abbeyfield London Polish Society on 22 January 2016.

We told the provider two working days before our visit that we would be coming because the location was registered as providing sheltered accommodation for people who were independent and the manager and staff might not be available to assist with the inspection.

Before the inspection we gathered our information from a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed other information about the service such as notifications they are required to submit to the Care Quality Commission.

During the inspection visit we met the registered manager, a care worker, four people using the service and four family members.

We looked at the care records for three people who used the service, the recruitment and support records for three members of staff, the provider's accidents and incidents book, and the provider's records of health and safety checks.

Following our visit we contacted three external professionals asking about their experience of working with

the service.

Is the service safe?

Our findings

Some of the practices we observed put people at risk of harm.

People's medicines were kept in the corridor in a lockable cupboard. The registered manager told us and we saw that the key was kept under the cupboard in the kitchen. Therefore everyone living in the house or visiting could have an access to medicines. Medicines administration was not recorded correctly as none of the residents had Medication Administration Record (MAR) charts in place. Consequently, it was not possible to assess if medicines had been administered as prescribed. Staff did not have a clear guidance on how to administer medicines. Two people using the service had PRN (medicines on request) prescribed however there were no PRN protocols or specific plan for their administration. Receipt and disposal of medicines were not recorded correctly. We saw records of medicines received and disposed, however it did not state clearly who it for was and why it was prescribed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had risks to their health, safety and welfare assessed and recorded on general and individual risk assessments. However, there were inconsistencies in the recording of these risks on both documents and plans to manage them were unclear. A general risk assessment for one person stated they could suddenly fall down, however, no falls risk assessment for this person was put in place. A second person's general risk assessment stated that they had refused to take their medicines in the past, however their individual risk assessment stated there was no problem with the administration of medicines. Consequently, there was inconsistent guidance for staff on how to minimise identified risks and people's safety may have been compromised.

People's nutritional and dietary needs were assessed however they were not always reviewed and the health professionals' guidelines were not available, therefore staff did not know how to serve food safely. One person was assessed by a speech and language therapist and were to have all fluids they received thickened. The registered manager told us they were adding three spoonful of the thickening powder to fluids as this is what they were shown at the time of the person's stay in hospital. However, this recommendation was given 3 years prior to our visit. Since then the person's health condition had changed significantly but this recommendation was not reviewed. Additionally, the person could have been at risk of choking as there were no written guidelines for staff on how to use the thickening powder.

This was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff files we looked at did not contain any recruitment or induction paperwork. The registered manager provided us with a copy of an employment references policy, however, there was no evidence that recruitment procedures were in line with this policy. On the day of our visit we did not see records of references for any staff member. The registered manager explained that two staff members were employed

many years ago and it was not possible to request references for them now. However, the third staff member who had been in post for the past three years also did not have the required documents. Following our visit, the recruitment manager provided us with two documents from previous employers, however, these were not references obtained from a previous employer as per the provider's policy.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Disclosure and Barring Service (DBS) checks were carried out and all three staff members had up to date DBS certificates in place.

There were no regular fire tests and fire drills. The registered manager told us they spoke with people using the service about fire procedures but they did not carry out fire tests and fire drills, however we saw no evidence of such conversations. People using the service did not have personal emergency evacuation plans (PEEPs) in place. Therefore we were not able to assess if people and their carers would know what to do in case of a fire.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People using the service and their relatives said there were enough staff on duty on each shift, however we found this was not always the case. The registered manager told us there were always two staff members working on the premises at any one time. They also told us that in case of sudden hospital admission of a person using the service, the registered manager would go to hospital with them. Additionally, the registered manager informed us that one full time staff member was temporarily relocated to support another project and they could not say when the person would be returning to cover shifts at the service. There were no contingency plans to accommodate such situations, therefore, only one person would be in the building to support people living there. This could put people at risk as staff may not be able to respond promptly to the changing needs of people using the service or possible emergency.

The registered manager and a staff member told us there were no night staff offering care and ensuring the safety of people living in the service. We were told the register manager and a staff member lived upstairs and would be woken up by a call bell which they would respond to. This could put people at risk as they may not receive immediate support. We saw incidents and accidents records that confirmed that people were put at risk. One record stated that one person using the service was found in the morning on the floor and possibly spent the whole night there. The local authority and CQC were not advised of this occurrence as they should have been.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager told us that all incidents were recorded immediately after they happened. We saw an incidents and accidents reporting book completed and available in the office.

There were some systems in place to ensure people lived in a safe environment. We saw records of various periodic tests being carried out by external contactors. They included fire system, legionella and water temperature tests. We also saw records of monthly and yearly building health and safety checks being carried out by the registered manager.

Staff received safeguarding training. We spoke with two staff members who were able to describe potential signs of abuse and were aware of the provider's safeguarding policies and procedures. The provider had a safeguarding policy and procedure and safeguarding of vulnerable adults information was available on the information board in the communal area.

Is the service effective?

Our findings

The requirements of The Mental Capacity Act 2005 (MCA) were not always followed.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty (DoL).

Staff did not receive MCA and DoL training and had limited understanding of its principles. The registered manager told us that all people using the service had capacity to make decisions therefore there were no restrictions put in place and they could make any decisions and they could leave the premises any time they wanted. We looked in files of three people using the service, who were living with dementia. One person's file contained documents from a hospital admission suggesting that a mental capacity test should be undertaken, however the registered manager was not able to say if the assessment had taken place. We did not see records of mental capacity assessments for two other people. Therefore it was not possible to determine whether they could make decisions about specific aspects of their care.

We discussed whether or not a Lasting Power of Attorney (LPA) was in place for all those individuals whose finances were managed by their family. A Lasting Power of Attorney (LPA) is a way of giving someone a person trusts the legal authority to make decisions on their behalf if they lack mental capacity at some time in the future or no longer wish to make decisions for themselves. The registered manager did not provide us with a clear explanation of how this matter was being dealt with and the documents we saw stated that people's finances were a family matter.

Because the service did not assess people's capacity to make decisions about their financial matters it was not clear if individuals had the capacity to make these decisions.

Following our inspection the registered manager forwarded additional information to us stating people's capacity was recorded in their risk assessments, however, this was not the case when we looked at the records during our inspection.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were gaining verbal consent from people but there was no associated documentation supporting decisions being made in people's best interests or providing evidence that they consented to their

treatment.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us new staff received an induction, however, there was no record of formal induction in the staff files we looked at. Therefore it was not possible to assess if staff received appropriate preparation to undertake their role. Staff did not receive regular supervision by management and the registered manager confirmed that there were no formal one to one meetings taking place.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw records of yearly appraisals taking place. The appraisal documents consisted of discussions on what staff members did well within their role and what could improve as well as what training they would benefit from. The registered manager stated and staff confirmed they received ongoing informal support in the form of daily conversations about their practice.

Staff received a variety of training that included medicines administration, safeguarding, manual handling and food hygiene. One staff member was in a process of completing their NVQ 2 in Health and Social Care.

People told us they enjoyed the food and that an adequate choice of meals was offered to them. One person told us, "I always eat everything, the food is very good."

Staff informed us there were no set menus and food was prepared daily by one of the staff members. Relatives told us their family members had everything they wanted and they could ask for fruit at any time. We saw a variety of fresh fruit was available to people in the communal lounge.

Staff told us and it was confirmed by one person using the service that every evening people were asked what they would like to eat the following day and it was then cooked accordingly. We asked three people using the service if they could change their initial choice and ask for something else. They told us that they could but they never had to do it as the food served was very good and suited their preferences. One person said, "I always relay on my mood and if I didn't like something I would ask for something else but there was never a need for it."

People's culinary likes and dislikes and religious needs were taken into consideration. One person using the service told us they did not like eating chicken, a second person said they did not like eating herring. We saw this information recorded in their care plans and staff were aware of these preferences for both people.

Relatives told us that the staff knew and understood the needs of their family members. They were happy with the service they received. One person told us "the health condition of my relative has noticeably improved since they have been here".

Is the service caring?

Our findings

Family members told us they were happy with the way staff approached their relatives. Their comments included, "This place is very, very good, I am totally impressed, they care so much about people here." Another person said, "Sometimes I ask my relative if they would like me to bring something for them but they always say there is no need as they have got everything they need." People using the service told us, "I am happy here" and second person said, "Everything is good here."

All relatives we spoke with told us they were very happy that their family members were able to live at the service.

One external health professional told us, "I am very happy with the care they provide for my patients and in fact I feel that they go the extra mile for peoples' health and wellbeing."

Staff spoke fondly about people using the service. One staff member said, "I treat people living here as I would like to be treated when I grow old."

People using the service told us their dignity and privacy was respected. Each room had washing facilities. Staff assisted people with their personal care and people told us they felt comfortable with this. One person told us, "I use the sink in the room every day but If I want a shower I can tell them (staff) and it will be done."

Staff told us and people confirmed that they could choose to have their door open or closed throughout the day.

We saw that interactions between people using the service and staff were friendly and relaxed. We heard staff asking one person living with dementia about their life and what they liked and didn't like.

We saw that interactions between staff and relatives were also very friendly A person told us, "If my relative needs somethings, for example new clothing, they (staff) will purchase it immediately." The relative showed us the items staff had bought for their family members.

People's independence was encouraged. We saw people walking freely around the house. We heard a staff member asking one person if they were planning to go for a walk. The registered manager told us, "We encourage people to go outside, but they often prefer to stay inside or go to the garden."

Staff told us family members could visit at any time and relatives confirmed that this was the case.

Is the service responsive?

Our findings

There was a care planning system in place; however it was complex. Each person had a care plan written in English and, as all people using the service were of a Polish background, a second one was written in Polish. The documents did not always mirror all information contained in each of these and consequently there was a risk that important care details were not being conveyed equally to people using the service, their relatives and external professionals.

The amount of detail in people's care plans was varied. Some plans were very generic and did not include information from the individual perspective. One person's care plan stated, "They had lots of worries and should be controlled and supervised", however, there was no explanation of these general statements and how the person could overcome this.

We spoke with the registered manager about the care plan inconsistencies on the day of our visit. They agreed with our observations and said they would implement necessary changes immediately.

People's needs were assessed before their admissions to Abbeyfield London Polish Society. The registered manager told us they visited each person at their home or hospital to discuss their care needs and personal choices. People using the service and their family members confirmed this. Peoples special care needs were taken into consideration. We saw that one person who had more complex needs than other people using the service was additionally supported by another agency. This was recognised during the initial assessment and the arrangement for additional support was made by the local authority and in agreement with the service.

The assessment was followed by a trial period that could last up to four weeks to ensure that people wanted to live at the service and that it could meet their needs. One family member told us, "My relative moved in for a trial period which meant to last for two weeks, however, after one week they already knew they liked it and wanted to stay here."

People and their relatives were involved in the planning of their care, however only at the initial stage of their engagement with the service. We saw that people using the service signed care plans. The registered manager told us that care plans were reviewed every six months unless a person's circumstances changed and they needed to be reviewed earlier. People and relatives told us they were not invited to any formal meetings to review the care offered by the service, however they were informed about any changes to their relatives care promptly and via regular discussions with the registered manager. One person told us, "They (staff) have recently changed my relative's diet and all food they get now is pureed." We saw records of this change in the person's most recent care plan. A second person told us, "They (staff) always inform us if my relative feels worse. They call straight away."

The service had a complaints policy and procedure in place that was displayed on the information board in the communal area. Not all people and their families were aware of this policy, however, they said they never had any concerns or complaints and if they had they would speak directly to the registered manager.

The service did not have a formal survey or feedback procedures in place to ensure people and relatives had the chance to give their view on the care they received. One family member told us that it "would be useful to have a relatives meeting to discuss any changes and developments at the service and meet other family members of people using the service." Nevertheless, all relatives we spoke with told us they felt they were well informed about a variety of changes taking place at the service via personal conversations with the registered manager.

We conveyed this information to the registered manager who said they would look into it and they would start with reintroducing a comments box in the communal area.

Is the service well-led?

Our findings

The service had a registered manager who was supported by two care staff members. The registered manager had been managing the service for the past 25 years.

The registered manager did not know all the requirements related to being a registered provider with the Care Quality Commission (CQC) and the delivering of registered activities. Consequently, they did not always understand their responsibilities with regards to managing a registered service.

There were no robust records and data management systems in place to audit the service delivery and ensure consistent high quality of care. We did not see any records of medicines audits, care plans audits or daily and weekly health and safety checks. The registered manager confirmed they did not carry out such checks.

The registered manager did not have systems in place to ensure the service actively sought feedback from stakeholders including people using the service, their relatives and external professionals. Consequently, the stakeholders did not have an opportunity not be involved in the evaluation and improvement of the service.

There were no contingency plans to ensure sufficient staffing levels in case of sudden staff absence. The registered manager told us that nothing would ever happen, therefore we concluded the registered manager did not identify, assess or mitigate potential risks to the health and wellbeing of people using the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the registered manager about all our findings on the day of our visit. They acknowledged the areas for improvement and said they would put measures in place to rectify all gaps in service delivery.

People who used the service knew the manager well and we could see they had a positive rapport with people and their relatives. Everyone we spoke with provided positive feedback about the manager, comments included, "The registered manager knows the needs of people living in the home" and "I am totally impressed, on the day of the admission we arrived very late but they had no problem with it and helped us a lot."

Staff told us they felt supported by management and there was open and transparent communication with regards to care and the provision of the service. Staff knew what was expected of them and felt comfortable approaching the registered manager with any queries if needed.

We spoke with external healthcare professionals who gave positive feedback and said that communication with the service was prompt and efficient. One person told us, "We have over the years found open dialogue

and open discussions to be of great use in managing the care of the residents, at times the staff putting themselves out considerably especially when terminal care has been involved." Another person said, "I have no concerns about how this home is run and feel that the patients are well cared for. I visit the home to see my patients and I feel the patients seem very content there and are well fed and cared for. I highly recommend this home."

Relatives had confidence in the registered manager and the staff team. One family member told us, "When my relative was in a hospital the registered manager came to visit to check how they were doing."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not always ensure that care and treatment of service users was provided with the consent of the relevant person.</p> <p>Regulation 11(1)</p>

Regulated activity	Regulation
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 were provided in a safe way to service users because:</p> <p>They had not assessed the risks to the health and safety of service users</p> <p>Regulation 12 (2)(a)</p> <p>They had not done all that was reasonably practical to mitigate risks to people using the service.</p> <p>Regulation 12(2)(b)</p> <p>They did not ensure the safe and proper management of medicines</p> <p>Regulation 12(2)(g)</p>

Regulated activity	Regulation
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Personal care

Regulation 13 HSCA RA Regulations 2014
Safeguarding service users from abuse and improper treatment

The registered manager did not take preventive actions, including escalation, to prevent abuse of service users.

Regulation 13 (2)

Regulated activity

Regulation

Personal care

Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs

The registered manager did not ensure the people using the service had up to date nutrition and hydration assessment.

Regulation 14 (4) (a)

Regulated activity

Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person did not operate effective systems to:

Assess, monitor and improve the quality of the service.

Regulation 17(2)(a)

Assess, monitor and mitigate the risks relating to health, safety and welfare of service users.

Regulation 17(2)(b)

They did not actively seek feedback from different stakeholders to evaluate and improve the service.

Regulation 17(2)(e)

Regulated activity

Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered manager did not effectively operate recruitment procedures because they had not obtained and kept a record of the information required as described in Schedule 3 of the HSCA 2008(Regulated Activities) Regulations 2014

Regulation 19(3)(a), Schedule 3

Regulated activity

Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered manager did not have procedures to follow in an emergency to make sure sufficient staff and suitable people are deployed to cover emergency and routine work of the service.

Regulation 18 (1)

The registered manager did not carry out an induction programme to prepare staff for their role.

Regulation 18 (2) (a)

The registered manager did not provide regular supervision to staff members to make sure their competency is maintained.

Regulation 18 (2) (a)