

# The Abbeyfield Society Pelham House

## 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



### Overall summary

This inspection took place on 29 October 2014 and was unannounced. Although Pelham House had previously been inspected by the Care Quality Commission (CQC), the home was taken over by a new provider, The Abbeyfield Society in November 2013. This was the first inspection of the home since that date.

Pelham House is a medium sized care home which provides accommodation for up to 25 people who require personal care and support. At the time of our inspection there were 19 people living at the home. The home specialises in caring for older people with

dementia. It is purpose built and arranged over two floors. There is a lift to assist people to get to the first floor. Within the home, each person has their own room with en-suite facilities.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

# Summary of findings

During our inspection we found temperatures of medicines in cold storage were not being monitored so staff did not have full assurance these were safe to use. However all other medicines were stored safely, and people received their medicines as prescribed.

People and their relatives told us people were safe at Pelham House. Staff knew how to protect people if they suspected they were at risk of abuse or harm. The home, and the equipment within it, was regularly checked to ensure it was safe. The home was clear and free of clutter to enable people to move freely around the home. There were enough suitable staff to care for and support people.

There were plans in place to manage the majority of identified risks to people's health, safety and welfare. However plans to manage specific risks to people from malnutrition were not properly documented on their individual records.

People's needs were met by staff who received appropriate training and support. Staff felt well supported by the manager. Staff looked after people in a way which was kind, caring and respectful. They had a good understanding of people's needs and how these should be met.

Staff encouraged and supported people to keep healthy and well through regular monitoring of their general health and wellbeing. Where there were any issues or concerns about a person's health or wellbeing staff ensured they received prompt care and attention from appropriate healthcare professionals.

Care plans were developed which reflected people's needs and their individual choices and beliefs for how they lived their lives. People's relatives and other healthcare professionals were involved in supporting them to make decisions about their care and support needs. Where people were unable to make complex decisions about their care and support, staff ensured appropriate procedures were followed to ensure decisions were made in their best interests.

The home was warm and welcoming to visitors and relatives. People were encouraged and supported to maintain relationships that were important to them. People and their relatives told us they felt comfortable raising any concerns they had with staff and knew how to make a complaint if needed. People said concerns raised in the past had been listened to and dealt with responsively.

The systems in place to monitor the safety and quality of the service were not always used effectively. We found where action had been identified by senior managers to improve the quality of people's records this was not taken in a timely manner. We also identified that checks of people's records did not effectively identify when these had not been completed appropriately.

The provider had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had sufficient training to understand when an application should be made and in how to submit one. This helped to ensure people were safeguarded as required by the legislation.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. Although the majority of medicines were stored safely, staff did not have full assurance cold storage medicines were safe to use.

There were plans in place to manage the majority of known risks to people to keep them safe from injury and harm. However plans to manage specific risks to people from malnutrition were not properly documented.

There were enough suitable staff to support people. Staff knew how to recognise and report any concerns they had to protect people from abuse.

Regular checks of the environment and equipment were carried out to ensure these did not pose a risk to people.

**Requires Improvement**



### Is the service effective?

The service was effective. Staff had the knowledge and skills to support people who used the service. They received regular training and support to keep these updated.

People were supported by staff to keep healthy and well. When people needed care and support from other healthcare professionals, staff ensured they received this promptly.

We found the location to be meeting the requirements of the DoLS. The registered manager had received appropriate training, and had a good understanding of the MCA and DoLS.

**Good**



### Is the service caring?

The service was caring. People were supported by staff that were caring and respectful.

People and their relatives were involved in making decisions about their care.

Staff respected people's dignity and right to privacy in the home.

**Good**



### Is the service responsive?

The service was responsive. People's needs were assessed and care plans were developed which set out how these should be met by staff. Plans reflected people's individual choices and preferences.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in the home and community.

People and relatives told us concerns and complaints had been dealt with responsively.

**Good**



# Summary of findings

## Is the service well-led?

Some aspects of the service were not well-led. Systems used to assess the quality of service were not used effectively. This was because improvements that were needed to people's care records were not dealt with promptly. Checks of people's records did not effectively identify when these had not been completed appropriately.

People, their relatives and staff felt their views about the service were welcomed and valued by the registered manager.

Best practice was used to improve the quality of care people experienced, particular for those people living with dementia.

## Requires Improvement



# Pelham 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. 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.

This inspection took place on 29 October 2014 and was unannounced. It was carried out by a single inspector. Before the inspection, we reviewed information we had about the service such as notifications the service were required to send to the Care Quality Commission (CQC).

During our inspection we spoke with four people who lived in the home, one relative, two senior care workers, three care workers and the registered manager. We observed care and support in communal areas. To do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records for five people. We also looked at other records that related to how the home was managed.

After the inspection we spoke with a further three relatives and asked them for their views and experiences of the service.

# Is the service safe?

## Our findings

Not all medicines were kept safely in the home. Staff told us they had not monitored the temperature of the medicines fridge in the two weeks prior to our inspection because the thermometer used to do this had broken. This had not yet been replaced. As medicines must be stored in the medicines fridge at specific temperatures to preserve their integrity, this meant staff could not be fully assured these medicines were safe to use. The registered manager told us a new thermometer would be purchased immediately to ensure the temperature of the fridge was monitored appropriately. All other medicines were stored safely in a dedicated room which was kept locked when not in use. We asked the registered manager whether the temperature of this room was monitored and they told us it wasn't. They said they would begin monitoring this to ensure all medicines were being stored at an appropriate temperature.

People were supported by staff to take their medicines when they needed them. Each person had their own medicines record and staff had signed people's records each time medicines had been given. We carried out checks of medicines in stock and found these were administered and monitored by staff appropriately. Where people had refused their medicines the reasons for this were documented by staff and any concerns about this were discussed with a senior staff member.

Records showed staff assessed risks to people's health, safety and welfare on a monthly basis. There was detailed guidance for staff on how to minimise the majority of identified risks, to keep people safe from harm or injury. However, we identified on three people's records, staff had not appropriately documented on people's individual risk assessments, how risks to them from malnutrition would be managed. Staff told us they were aware of these risks and had put in place arrangements to monitor them which included recording and monitoring people's weights, food and drink intake. We saw this information was recorded and reviewed by staff to check people had eaten and drunk sufficient amounts. In one case a referral had been made to a dietician for extra advice and support. The registered manager told us they would ensure staff followed the provider's own procedures for clearly recording on people's risk assessments, how this risk to them would be managed.

There were plans in place to keep people safe in the event of an emergency. For example, each person had an individualised evacuation plan in case of a fire in the home. In the week prior to our inspection a small fire had broken out in a store cupboard. People said this was dealt with quickly and with very little impact on them. The registered manager told us they had reviewed staff actions at the time of the incident and found all the correct procedures had been followed by staff.

People told us they felt safe in the home. One person told us, "I feel quite safe with the staff." A relative said about their family member, "I feel entirely confident [my relative] is safe." The provider took appropriate steps to protect people from abuse, neglect or harm. Displayed in the home were posters and contact numbers for people to call if they were concerned about elder abuse. Training records showed staff had received recent training in safeguarding adults at risk. Staff knew what constituted abuse, the signs they would look for to indicate someone may be at risk of this and the action they would take if they had a concern about a person to protect them. There were policies and procedures accessible to all staff which set out how they should do this.

There were enough suitable staff to care for and support people. A relative told us, "Certainly during the day time, there's plenty of staff around and they are always very attentive to all the residents." Another relative said, "I feel like there's always staff around if you need them." We observed staff were present in the home throughout the day particularly in communal areas. When people needed help or assistance, particularly when moving around the home, staff were present and responded promptly. Staff told us they felt there were enough of them to meet people's needs. Minutes from team meetings showed staffing levels were regularly discussed to identify whether there were enough staff to meet people's needs. We looked at the staffing rota which showed staff levels had been maintained at a consistent level. The registered manager said they reviewed the rota and staffing levels regularly to ensure there were enough staff on duty, with the appropriate skills to meet people's current care and support needs.

The provider carried out regular service and maintenance check to ensure the home, and equipment within it, were safe. We looked at maintenance and service records and saw up to date checks had been made of fire equipment,

## Is the service safe?

the lift, hoists, the heating system and water temperatures. People were able to move freely around the home. Staff had ensured communal areas such as the lounge and hallways were free from clutter and obstacles which enabled people to walk safely around the home.

# Is the service effective?

## Our findings

People and relatives told us staff had a good understanding of how to meet people's needs. A relative said, "I think the staff have the skills to look after people." Another told us, "I visit every couple of days and keep an eye on staff. I have no concerns at all. Everyone is well cared for."

People were cared for by staff who received appropriate training and support. Training records showed there was an annual programme in place for all staff to attend training in topics and subjects relevant to their roles. Staff told us they received regular training which they felt was relevant and helped them to understand the needs of people they cared for. Staff also told us they attended regular one to one (supervision) and team meetings with their line manager and felt well supported by them.

The registered manager had a good understanding and awareness of their role and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a service only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. The manager had made recent DoLS applications for some of the people living in the home, to assess whether restrictions they were subjected to amounted to deprivations of liberty and if authorisations were required to ensure people were being cared for safely and lawfully.

People's records showed staff carried out assessments of people's capacity to make day to day decisions about their care and support. These assessments recorded, where appropriate, how people were to be involved and supported in making these decisions. Where people lacked capacity to make specific decisions about aspects of their care and support, there was evidence staff involved other people such as relatives and healthcare professionals to make decisions that were in people's best interests. The provider had policies and procedures for staff which provided them with clear guidance about their duties in relation to the MCA and DoLS. Staff spoke to us about the

actions they would take to support people who could make decisions about their care and support. It was clear they had some understanding and awareness of how to do this in an appropriate way.

Staff kept detailed records of the care and support people received. This included information about activities undertaken, outcomes from medical and health care visits and people's general health and wellbeing. Regular health checks were made by staff and documented in people's individual records. For example, people's weights and food and drink intake were monitored by staff to ensure people were eating and drinking sufficient amounts.

Staff took appropriate action to ensure people received care and support they needed from other healthcare professionals. Care records showed staff documented any concerns they had about people's current health and the action they had taken as a result such as contacting the GP for further advice and assistance. During the inspection the GP visited some of the people in the home to follow up on concerns or issues staff had raised with them. Staff told us they checked people's records daily and attended handover and team meetings to ensure they kept up to date with people's current health needs.

People were supported to eat and drink sufficient amounts to meet their needs. People told us they enjoyed the food they ate. One person said they could choose another alternative if they didn't like what was on the menu. They told us, "I don't like beef. So when that's on, I can have chicken." A relative said, "The meals have impressed me. I think it's very well done in terms of meal times. It's done to a very high standard."

During the inspection we observed the lunchtime meal. Where people needed help to eat, staff were present to provide this quickly and we observed they did this in a respectful way. Meals were served promptly so that people did not wait long to receive their lunch. Staff told people what was on offer and ensured people received what they wanted. People's food preferences for what they ate were respected, for example, one person preferred to eat a sandwich rather than a hot meal. Staff checked with people they had eaten and drunk sufficient amounts and people were able to have extra helpings if they wanted this.



# Is the service caring?

## Our findings

People were supported by caring staff. One person said, “The staff are very kind and helpful. I get on very well with staff.” A relative told us, “I think it’s very caring. Other places I’ve been to feel clinical. But here I’ve witnessed very comforting physical interactions between the staff and my [relative].” Another said, “This home feels human. It’s such a diverse group of people and I feel my [relative] has responded so well to this. The staff are respectful. They never stand when talking to people. They sit next to people at their level and chat to people as if they were friends.” Staff spoke about people in a warm and caring way. One care worker told us, “I really enjoy working with the people that live here. I listen to people and help them to play games and do activities they want.” Another told us, “I enjoy my job. There are lovely people and staff here.”

Interactions between people and staff were warm, respectful and caring. During the day staff engaged people in activities such as puzzles and games or chatted with them about whatever they wished to talk about. Staff used people’s life histories and experiences to engage people in conversations that were meaningful to them. For example, a care worker encouraged a person to talk about the work they did when they were younger. People were able to take their time to do things around the home and were not hurried by staff. When one person became anxious staff responded immediately to alleviate their distress appropriately. In another instance they helped a person who couldn’t decide when to take a shower. They did this in a way that enabled the person to consider the choices they had and to then make a decision about which option suited them the best.

People, or where appropriate their relatives, were supported by staff to be actively involved in planning and making decisions about their care and support needs. A relative said, “I feel very involved in making decisions.”

Another told us, “I get consulted on any issues or decisions that need to be made.” And another said, “I’m very impressed with how they try to look ahead and anticipate what people might need. I feel like they know [my relative’s] whole life.” Records showed that people and their relatives were asked for their views about how care and support should be provided. People’s preferences for this were documented. Daily notes made by staff documenting the care and support provided was reflective of people’s personal preferences. For example one person had a specific routine when they received a wash which staff followed.

People’s right to privacy, dignity and independence was supported by staff. One person said, “I can come and watch television in the lounge but I have my own TV so I can go to my own room and bathroom and get the peace that I need.” A relative told us, “They’re very respectful of people’s privacy and dignity.” Another said about their family member, “They can be very demanding of attention but the staff are so accepting and make sure there’s never any conflict.” A third relative told us, “My [relative] has the peace she wants. She has her own en-suite and she really likes it.” Staff ensured people had the privacy they needed when receiving care. During the day when the local GP visited the home, staff asked people where they wished to see them. Some people asked to see them in the privacy of their own room which staff respected.

The home had been refurbished this year and redesigned in such a way as to provide a supportive environment for people in the home, particularly for people living with dementia. We saw the communal lounge had been divided into several smaller, comfortable seating areas. In each area there were reminiscence items, such as clothing, hats and books, to stimulate conversation and memory. People’s bedroom doors had been adapted to look like front doors to promote a feeling of independence within the home.

# Is the service responsive?

## Our findings

People told us staff were responsive to people's needs. One person told us, "I think the staff have a very good understanding of what I need." A relative said about staff, "They always seem to know what needs doing." Another told us, "They became attentive to [my relative] very quickly and know what they like or don't like. They get the attention they need and I feel they've flourished since they've been there."

The care and support provided by staff was reflective of people's current needs. Records showed people's care and support needs had been assessed by senior staff. The information from these assessments had been used to develop an individualised plan for each person which detailed how their needs were to be met by staff. They reflected people's specific likes and dislikes for how support should be provided as well as what was important to them. For example, one person had a specific routine at night time they wished to follow and staff were given guidance on how to support them to do this. Staff demonstrated a good understanding of people's individual care and support needs. It was clear from speaking with staff they knew people well and how to care for and support them.

Staff ensured changes to people's needs were identified and dealt with responsively. Relatives told us staff kept them regularly informed about the health and wellbeing of their family members particularly when there had been any changes in this. One told us, "There have been two incidents and the staff have dealt with these very well. When [my relative] was ill they got them to hospital immediately and then they called me straight away and gave me regular updates." Another said, "I'm always kept updated about how they [my relative] have been." People's care and support needs were reviewed by staff. Records showed, where appropriate, their relatives and other healthcare professionals involved in their lives participated in these reviews.

Staff supported people to maintain relationships with those that mattered to them. One person told us, "My son comes every day to check on me." Another said, "I think it's nice that I can talk to people but then be left alone to watch some television if I want." A relative said, "They make people feel like individuals. It doesn't feel like an institution. People go out and are doing things where they can and they're not restricted. It's such a warm environment and family can visit at any time." Another told us, "I'm here two to four times a week and it's very welcoming. I take [my relative] out and they always make sure they're ready."

We observed the home was warm and welcoming to visitors and relatives. Staff treated visitors respectfully and gave people the time and privacy they needed with their relatives. The lounge was purposely designed to create separate comfortable seating areas which people could choose from, to sit in. Some people had formed close friendships within the home and staff encouraged and supported people to maintain these friendships. For example, they made sure people who wanted to sit together were able to do so.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People told us they knew how to make a complaint if they needed. One person told us they had made a recent complaint to the registered manager who had dealt with this promptly. They were satisfied with the way the manager had taken their complaint seriously and resolved this. A relative said, "I am very aware of the complaints procedure. I know what to do if something should go wrong." Another told us, "The home gave me information about how to make a complaint which I still have."

The provider had a complaints procedure which detailed how people could make a comment or complaint. Copies of the procedure were available in the home. It was also available and accessible to people in different formats such as large print. Complaints received were logged in a complaints book. This detailed the actions taken by the staff to deal with the complaint.

# Is the service well-led?

## Our findings

The provider had not ensured systems in place to assess and monitor the quality of the service were effective. A new provider took over the running of Pelham House in November 2013. Quality assurance visits had been carried out by senior managers to the home to review the standard of service people experienced. The registered manager was well informed about issues and concerns identified from these visits. However they acknowledged action was not always taken to remedy issues in a timely manner. For example, they told us following a recent visit, concerns were raised with them about the quality of people's care records. They said these should have all been updated into the provider's new format but only two records had been reviewed and updated by staff, to date, due to a lack of resources. This meant that on this occasion the registered manager did not take timely and appropriate action when improvements or changes were needed.

It was also clear from our own checks that some audits had not been effective. For example audits of people's care records had not identified that staff were not properly completing people's individual nutritional risk assessments.

From our discussions with the registered manager, it was clear they had a good understanding of their management role and responsibilities. We discussed their legal obligations particularly with regard CQC requirements for submission of notifications. We identified the registered manager had not reported three expected deaths this year at the home which they are required to do. Two of these deaths had occurred in the week prior to our inspection. We discussed this with the registered manager and were satisfied with their explanation for why this had not been done. They assured us these would be submitted in future. Checks of our own records showed that notifications for other types of incidents were sent by the registered manager when these occurred.

People spoke positively about the registered manager. One person said, "He's lovely." A relative told us, "His office door is always open. He never makes you feel anything is too much trouble." Another said, "He's very friendly but professional as well." Staff told us the registered manager was supportive. One said, "In staff meetings we learn how we can team work better." Another said, "The manager is very good and he makes sure we all work well together."

The registered manager encouraged people to share their views and experiences. One person said they regularly spoke with the registered manager about suggestions for how things could be improved in the home. They told us they made them feel their views were important. Another relative told us, "I don't feel anything is hidden. It is very open and transparent." And a third relative said, "You get the feeling of everyone being responsible for what happens to people." A member of staff told us, "The manager is really open. There's nothing I feel I have to hide." During our inspection we observed staff listened to and shared information with visiting relatives about their family members in an open and caring way.

The provider also asked for people's views and suggestions about the service through satisfaction surveys. The results of the most recent survey were displayed in the communal hallway. These indicated people were satisfied with the care and support they had received at the home.

The provider had made changes to improve the quality of care people experienced by embedding best practice approaches in the home. The registered manager told us observational tools were used within the home to evaluate the care experienced by people, specifically for those people living with dementia. They said this information was used to deliver training to staff, to improve their understanding and awareness of the experiences of people living with dementia. Staff told us training they had received had helped them to better understand how they could care for and support people living with dementia, in a positive and supportive way.