Abbeyfield Society (The)

Abbeyfield House - New Malden

Inspection report

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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 unannounced inspection took place on 25 October 2016. At the last inspection on 6 January 2016 we found a breach of regulations in regard to staff support. The provider sent us an action plan and told us they would make the necessary improvements by the end of December 2016. We undertook this comprehensive inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found that the provider had made the necessary improvements in regards to supporting staff.

Abbeyfield House provides accommodation and personal care for up to 36 older people living with dementia. There were 33 people living at the home on the day we visited. The home is divided into four units and based on two floors.

The home had a registered manager but they were no longer in post at the time of the inspection and had not yet deregistered. There was a newly appointed manager who had submitted an application to CQC to register as the manager of Abbeyfield House.

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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe at the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern. We saw that people were able to speak to the manager or deputy at any time.

Risks to people were managed so that people were protected and supported. Care plans showed that staff assessed the risks to people's health, safety and welfare. This helped staff to understand the impact risks had on a person's care and well-being.

We saw that regular checks of maintenance and service records were conducted.

We observed there were sufficient numbers of qualified staff to care for and support people and to meet their needs. We saw that the provider's staff recruitment process helped to ensure that staff were suitable to work with people using the service.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Medicines were stored securely and staff received annual medicines training to ensure that medicines administration was managed safely.

Staff were supported through regular supervision and appraisals. Staff had the skills, experiences and a

good understanding of how to meet people's needs. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. DoLS were in place to protect people where they did not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. We saw and heard staff encouraging people to make their own decisions and giving them the time and support to do so.

Detailed records of the care and support people received were kept. People had access to healthcare professionals when they needed them. People were supported to eat and drink sufficient amounts to meet their needs.

People were supported by caring staff and we observed people were relaxed with staff who knew and cared for them. Personal care was provided in the privacy of people's rooms.

People's needs were assessed and information from these assessments had been used to plan the care and support they received. People had the opportunity to do what they wanted to and to choose the activities or events they would like to attend.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. From our discussions with the manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. The provider had systems in place to assess and monitor the quality of the service.

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. Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take. Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

There were sufficient numbers of skilled staff to ensure that people had their needs met in a timely way. The recruitment practices were safe and ensured staff were suitable for the roles they did.

We found the registered provider had systems in place to protect people against risks associated with the management of medicines.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to meet people's needs and preferences. Staff were suitably trained and supported for their roles and we saw this training put into practice.

People were supported to eat and drink sufficient amounts of their choice to meet their needs. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Is the service caring?

Good

The service was caring. Staff were very knowledgeable about people's needs, likes, interests and preferences and cared for people accordingly.

People were listened to, encouraged and supported by staff to be as independent as possible.

Staff treated people with respect, dignity and compassion, and were friendly, patient and discreet.

Is the service responsive?

Good

The service was responsive. Assessments were undertaken to identify people's needs and these were used to develop personalised care plans for people.

Changes in people's health and care needs were acted upon to help protect people's wellbeing.

People and relatives we spoke with told us they felt able to raise concerns and would complain if they needed to.

Is the service well-led?

Good

The service was well-led. A new manager was in place who promoted good standards of care and support for people to ensure people's quality of life.

Staff told us they felt well supported by the manager who was approachable and listened to their views.

Staff understood the management structure in the home and were aware of their roles and responsibilities.

Systems were in place to monitor and improve the quality of the service. Audit of health and safety, people's care plans and risk assessments, activities on offer and staffing and their support needs had been conducted.

Abbeyfield House - New Malden

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 was planned to check whether the provider was 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 unannounced inspection took place on 25 October 2016.

This inspection was carried out by one inspector and an expert by experience who had personal experience of the care of older people with dementia and related services. We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and deaths.

We observed care and support in communal areas in an informal way. We gathered information by speaking with eight people living at Abbeyfield House, but they were not able to fully share their experiences of using the service because of their complex needs. We also spoke with four relatives, the manager, and a manager from another Abbeyfield home who was mentoring the new manager and ten staff.

We looked at four people's care records and four staff records and reviewed records related to the management of the service.

Good

Is the service safe?

Our findings

Two people we spoke with said "I like it here" and "it's good here, staff are nice." Two relatives commented "Communication is good here, you know what's going on," and "my relative has lived here for several years and they are safe and I can feel they are safe when I leave them." During our visit we saw that staff and people got on well together in a friendly and relaxed atmosphere.

The provider helped to protect people from abuse. Staff we spoke with were aware of and could explain to us what constituted abuse and they knew the actions they should take to report it. Records confirmed staff had received training in safeguarding adults in July 2016. Staff commented "The safeguarding training is frequent and good and external trainers come in," "we can ask if we want any additional training in safeguarding" and "they [the provider] do refresher training organised in a way that they tailor it to our shifts."

The manager was aware of procedures in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts. The service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for all staff to read.

Risks to people were being managed so that people were protected and supported. Our observations throughout the day showed that there was a good balance between risk and independence in terms of the internal and external environments of the home. We saw that risk assessments and care plans were appropriate to meet a person's needs, including manual handling and the use of hoists, falls and nutrition. Where risks were identified management plans were in place, which gave details of the risks and the preventative measures to take to help prevent an incident occurring. We saw that risk assessments were well written, person centred and updated regularly.

People had individual personal emergency evacuation plans (PEEP), relating to their mobility, communication skills and other relevant issues that could be needed in an emergency. These were updated monthly. Staff were aware of the fire emergency plans and these were kept up to date. Fire drills were scheduled to be conducted every three months and plans were in place to conduct simulated night time fire drills. The new manager had instigated a fire assessment of the home and had checked fire exits for clear access. Old furniture or items of storage that were not needed were being disposed of and automatic door closures equipment were checked and replaced where required.

We did see that emergency pull cords in some of the bathrooms and toilets were not hanging down to the floor where a person could access them if they had a fall. We spoke with the manager about this and they said they would ensure all the cords were untied and would remind staff that this was how they should be at all times.

We saw that the service had contracts for the maintenance of equipment used in the home, including the lift, fire extinguishers, emergency lighting and hoists used for assisting people. A food standards agency

inspection in June 2015 gave the kitchen a rating of five, where one is the poorest score and five the highest score.

Throughout the inspection we saw staff were available, visible and engaging with people. Staff we spoke with felt there were enough staff to meet the needs of people. Staff told us if they needed additional help the manager and senior staff as well as ancillary staff were available to give assistance. The ancillary staff we spoke with said this worked very well because they knew people and it gave them opportunities and variety in their roles. One staff member said "We work as a team, for the benefit of the people living here."

We looked at four staff's personal files and saw the necessary recruitment steps had been carried out before staff were employed. This included completed application forms, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines were administered safely. We observed that medicines were being administered correctly to people by staff trained in medicines administration. The majority of medicines were administered using a monitored dosage system or blister pack, supplied by a local pharmacy. Each person had an individualised medicine administration record (MAR) which contained their photograph and information about any allergies the person had. We found one error out of the eight MAR sheets we looked at. We spoke with the relevant member of staff and they were able to explain why an error had occurred and why an explanation of the error was not given on the MAR. Further evidence showed the person had received their medicine. They said in future they would ensure the reason for an error was written on the MAR. Apart from this one error the other MAR's were up to date and accurate.

A separate folder included the names and signatures of those staff who administer medicines. Medicines were stored securely in a locked trolley. Medicines that needed to be kept cool were stored appropriately in a locked refrigerator and we saw records that the temperature in the refrigerator was checked and recorded on a daily basis. There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use.

The home had a medicines policy that was available for all staff to read. Records showed that staff received regular training and competency assessments for medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

Good

Is the service effective?

Our findings

The service was effective and people were cared for by staff who received appropriate training and support.

During a previous inspection in May 2015 and again in January 2016 we identified that staff were not supported through one to one supervision and annual appraisals. The provider sent us an action plan and told us they would make the necessary improvements by the end of December 2016.

We undertook this comprehensive inspection to check that they had followed their plan and to confirm that they now met legal requirements. We returned before their given completion date as we felt sufficient time had been given to embed their changes and because a new manager was now in post.

At this inspection we found the provider had improved the support given to staff. Staff we spoke with told us "I had one to one supervision this week and I've had an appraisal this year," and "I've had supervision every six or eight weeks and my next appraisal is due soon." A schedule was now in place giving dates of when supervision would occur. Supervision records were kept on line and a copy given to the staff member if they wanted it. We saw that plans for appraisals for the next three months were in place and the necessary forms were ready to be given to staff.

Staff had the skills, experiences and a good understanding of how to meet people's needs. Records showed staff had attended recent training including moving and handling, fire safety awareness, first aid and nutrition. Dementia awareness training had also been undertaken; this included managing behaviours that challenge. Staff spoke positively about the training they had received and how it had helped them to understand the needs of people they cared for.

The provider had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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. We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. Where people were unable to make a decision a best interest meeting would be held with professionals, families and staff to help decide what would be best for the person concerned.

Many of the people at Abbeyfield House were mobile and we saw people were not restricted in their movements or where they wanted to go. Doors to the secure garden and patio areas were open and easily accessible. People could move between the four units and access the stairs to do so without restrictions.

DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty. People can only be deprived of their liberty to receive care and treatment when it 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.

Documents showed that assessments had been carried out for all the people living at Abbeyfield House as to whether they were being deprived of their liberty and applications under DoLS had been submitted to the local authority for authorisation. We saw forms had been correctly completed and the outcome of these applications retained on a secure computer system. This information was also noted in peoples care plans and staff were informed about the decisions so they could apply the restrictions appropriately whilst promoting people's independence as much as possible.

People were supported to eat and drink sufficient amounts to meet their needs. We saw that pictorial menus were available and showed each individual item of the meal. Staff also showed people the actual food to help them decide what they wanted to eat. We observed two choices of meal were offered and choices were clearly explained to people. We saw people appeared to enjoy the food and we noted that there was very little food left on people's plates after the meal and people could have more if they wanted to. Where it was required people had adapted cutlery and crockery to help them be independent with their meal times. Staff demonstrated patience when assisting people and there were sufficient staff on hand to help people eat and drink. Staff were also invited to have a meal with people and this made for a friendly relaxed meal time.

We saw that a variety of drinks were provided regularly throughout the day and people could help themselves from the accessible kitchens in each unit. Care plans contained information on people's food preferences their likes, dislikes, the food consistency and type of drinks they preferred so staff had the necessary information to support them appropriately with their nutrition.

People were supported to maintain good health and have appropriate access to healthcare services. Care files we inspected confirmed that all the people were registered with a local GP and a GP visited the home each week and people could make a private appointment to see them.

People's health care needs were also well documented in their care plans. We could see that all appointments people had with health care professionals such as dentists or chiropodists were always recorded in their health care plan.

Abbeyfield House was a purpose built home, divided into four units to accommodate nine people in each unit. There were en-suite bedrooms, which were individually decorated and each door had the name of the person and their picture. Beside the door was a memory box, and photo board both filled with items special to that person. There were bathrooms and open plan lounges, dining areas and kitchens in each unit. There were separate 'reminiscing' rooms on each unit. One reminiscing room was decorated as a child's nursery, another as a sitting room typical of the 1930 or 40's. The units were identified by the different colours of the carpets. This attention to detail of the homes lay out, furniture and decoration helped people to relate to Abbeyfield House as their home.

Good

Is the service caring?

Our findings

People were supported by caring staff. One person we spoke with described a staff member as 'my best friend.' A relative said "I'm very happy, staff are so kind and if I'm not here, staff phone me to check to see if I am all right." Another relative said "Staff are very chatty and friendly." We saw that staff showed people care, patience and respect when engaging with them. The staff knew people well and this was evident in the way staff and people spoke together. We heard staff calling people by their preferred name.

We read the notes of the handover meetings held during shift changes and these showed that staff knew and understood people, their health issues, any on-going concerns and behaviours that challenged the service. This knowledge of people gave staff the opportunity to care for people in the most effective way.

We observed staff engaging with people throughout the day in the communal areas. We saw staff treating people in a respectful and dignified manner. We also saw people showing kindness and respect to staff. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them.

Staff were sitting with people and using non-verbal ways of communicating with people and smiling. We heard radios and music on in different parts of the home, but there were also several quiet areas with no radio on where people could just sit. Each person had a photo book of their life and the people and places that were important to them.

Signs of wellbeing were evident with people smiling, engaging with one another and showing kindness and compassion towards one another. People were making choices about what they did and generally spending time as they wished. People came to the manager or administrators office and chatted to staff. We observed that staff made them welcome and spent time with them. We saw that family and friends could visit at any time and were made to feel welcome. We saw one visiting family with children playing a game with their relative that everyone appeared to be enjoying. These examples meant that people had a freedom of choice in how they spent their time.

Each unit had a notice board that gave people a variety of information that they may need, such as events taking place, important phone numbers and the minutes of the home meetings that all people were invited to attend. We saw the minutes of these meetings which gave people the opportunity to speak about the running of the home.

Throughout the inspection we saw that people had the privacy they needed when they needed support with personal care and they were treated with dignity and respect by staff. A relative commented "Staff are very respectful, relaxed and friendly." Staff knocked on people's bedroom doors before they went in and addressed people appropriately. This helped staff to respect the person's dignity.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home and care was planned in response to their needs. One relative said "Staff are very responsive and often call me with an update. I can pop in at any time to see my relative." Assessments detailed the care requirements of a person for daily living, including general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health. People's records included information on the person's background which enabled staff to understand them as an individual and to support them appropriately.

People's care plans were organised into clear sections, were securely stored and accessible to staff. The care plans included information and guidance to staff about how people's care and support needs should be met. The information was comprehensive including how a person would like to be addressed, their likes and dislikes, details about their health history, their hobbies, pastimes, interests, career and past life. The manager told us that people's care plans were developed using the information gathered at the person's initial assessment.

Reviews of a person's care were conducted monthly and any changes noted. An annual review was also conducted with the person, their family, GP and district nurses where appropriate. We asked people if they were involved in their review of care and if they had seen their care plan. None of the people we spoke with could remember seeing their care plan. One relative said 'I know there is one but I can't remember signing it. But staff keep me updated with everything I need to know.' Staff and the manager told us that people and their relatives or advocates were involved in their care plans. We could also see that staff asked people about their wishes for support before supporting them.

The home employed a full time activities coordinator, who organised activities in accordance with people's wishes, their hobbies and experiences. We saw the activities co-ordinator working with a small group of people making decoration for an event to be held at the home. People were also engaged in reading, singing, knitting, chatting, having a walk in the garden and jig saw puzzles. A hairdresser visited the home once a week and there was a well-equipped hairdressing salon. The manager told us the activities co-ordinator was part of the Kingston activities forum, a place to share ideas and learn from others. Also they had started to encourage volunteers into the home to help with activities. We met one of the volunteers on their first day and they said they were happy and their time was being well spent.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. One relative told us "If I want to know anything about my relative, especially their care or treatment I ask the manager or person in charge." Relatives told us they knew who to make a complaint to and said they felt happy to speak up when necessary. They had confidence that the manager would deal with any concerns promptly.

Good

Is the service well-led?

Our findings

We could see that people who lived at Abbeyfield House knew who the new manager was and could freely chat with them at any time. The manager had an 'open door' policy and we saw people walking into the office for a chat and the manager and other staff gave them the time to do so. All the people we spoke with were positive about the staff and manager.

The service was led by a manager, who had only been in post nine weeks when we inspected. They were supported by a mentor who was a registered manager from another Abbeyfield Society home nearby. The manager was also supported by three senior staff. From our discussions with the manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

Three staff commented on working at Abbeyfield House "It's very well organised, the manager is open and responsive," "this is a good place to work" and "the manager thanks me for my work and asks if there is anything I need, that makes me smile."

The home had appropriate policies and procedures to do with the running of the home in place and these were readily available for staff to refer to when necessary. Staff said they had access to the policies and any changes were discussed at team meetings.

Systems were in place to monitor and improve the quality of the service. Since the manager had been in post, they had conduct an audit of the whole house, looking at areas of health and safety, people's care plans and risk assessments, activities on offer and staffing and their support needs.

They had drawn up a comprehensive action plan, with timelines and responsibilities. They had also looked to the future and what they would like to see developed, such as the use of electronic IPads and computers as a way of helping people to communicate and keep in touch with families. They also wanted to develop a multi faith room for use by people, staff and families. They said this was very important to give people and staff time to reflect especially when a person had died at the home. Staff and people were being asked for their ideas about revamping the garden with hopefully a vegetable growing area, where vegetables could then be cooked and eaten by everyone at the home.

Several items on the action plan had already been put into place such as new first aid boxes with body fluid and eye wash kits. A rota was also in place as to who should check these items and when. Medicine trolleys had been tidied and revised so storage of medicines was better. Items needing repair and areas needing a deep clean had been actioned. This showed the action plan was a useful document to ensure steps were taken to improve the home and the experience of people living there.

The provider conducted annual people and staff surveys which we saw at our previous inspection in 2015. The manager was planning to conduct a survey for people and their relatives in the coming months for this

specific home.