

# The Abbeyfield Southend Society Limited

# Abbeyfield - St George's House

## 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

### About the service

St George's House provides personal care and accommodation for up to 25 older people. At the time of our visit 14 people were being accommodated. The service is provided in a purpose-built building set over two floors with access to garden areas. It is located near a main town.

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

People told us they were happy living at the service and with the care and support they received. One person said, "I can't fault anything here." Another person said, "The staff are kind."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medicines were dispensed by staff who had received training to do so.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for people.

People were supported to follow their interests and participate in social activities. The provider responded to complaints received in a timely manner. People were supported to make plans for the end of their life.

The provider had been successful in driving improvements at the service. Systems had been put in place to monitor the service and improve outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 20 June 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbeyfield - St George's House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Abbeyfield - St George's House

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Abbeyfield - St George's House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with seven people and two relatives about their experience of the care provided. We spoke with six members of staff including the chief executive officer, support manager, chef and care staff.

We reviewed a range of records. This included four people's care plans and multiple medicine records. We looked at two staff files in relation to recruitment and information relating to the management of the service, including training data, meeting minutes and audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I feel safe living here knowing the staff are all around."
- Staff had received training in safeguarding and knew how to raise concerns. One member of staff said, "If I had a concern, I would tell the deputy or if nothing was done, I would go to the chief executive or the local council."
- The provider raised safeguarding concerns appropriately and worked with the local authority to investigate these, to keep people safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place to assess people's needs and mitigate risks of harm to them.
- Risk assessments and care plans provided guidance to staff to support people who were at risk of falls, pressure sores, malnutrition and moving and handling safely.
- Staff had received first aid training and knew what to do in an emergency. One member of staff said, "If a person is unwell, I will check their physical appearance if pale and colour of lips, take their blood pressure and monitor their oxygen level. If an emergency would call an ambulance straight away otherwise, I will contact the GP."
- Fire risk assessments had been completed, equipment had been maintained and new evacuation equipment bought, staff had participated in regular fire drills.
- The provider employed a maintenance person to address day to day issues at the service and when needed sourced specialist contractors.
- General checks on equipment and the environment were maintained and issues addressed.

Staffing and recruitment

- People were complimentary of the staff and felt there were enough staff available to support their needs. One person said, "The staff are very good here."
- Staff told us they felt they had enough staff on duty each day and if they needed additional staff for example to support people attend appointments, this was provided.
- The provider told us they only occasionally needed to use agency as regular staff tended to cover shortfalls. Where agency was used the provider retained profiles of the agency staff so they could ensure they had the skills and training they needed to support people.
- Recruitment processes were followed to ensure staff employed were suitable for the role. This included obtaining references, checking work history and obtaining a disclosure and barring check.

### Using medicines safely

- People received their medicines safely. One person said, "The staff take care of my medication, I have it when I need it."
- Staff had received medicines training and had their competency to support people with their medicines checked.
- Medicine records we reviewed were in good order. There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines.
- Regular audits were completed to check medicines were being managed safely.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- There were appropriate visiting arrangements in place for people to receive visitors at the service and to support people to go out in the community.

### Learning lessons when things go wrong

- The provider had put systems in place to learn lessons when things went wrong. Accidents and incidents were investigated to identify the cause and actions needed to be taken.
- Staff shared learning through regular meetings and handovers to promote safe care.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People needs were individual assessed and care plans identified how people preferred to be supported.
- The provider supplied guidance to staff to follow best practice and work in line with guidance and the law.

Staff support: induction, training, skills and experience

- Staff were supported to have training to enhance their skills and keep them up to date with best practice. One member of staff said, "The training is really good, I have had my medicines training recently and safeguarding training."
- The provider told us staff had recently been supported to have dementia training where they got to experience what it feels like to live with dementia. One member of staff said, "I attended dementia training it was really good and gave me an understanding of what people feel."
- Staff had regular meetings and supervision with management. New staff were subject to a full induction to the service.

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

- People were positive about the dining experience at the service. One person said, "The food is excellent." Another person said, "The food is very good you get quite a few choices. If there is something you don't like they will take it away and get you something else."
- We spoke to the chef who told us people had choice over what they liked to eat and everything was prepared from fresh ingredients. Where special diets were needed these were catered for.
- Nutritional assessments were completed, and people's weight regularly monitored. Any issues were referred to the GP and where needed, people were referred for specialist advice and assessment with a speech and language therapist.

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

- People received support from other healthcare professionals when needed at the service such as GPs and district nurses. One person said, "We talk to the GP when we need to, it is usually over the phone."
- One relative told us how staff had arranged dental appointments for their relative.
- Staff told us they accessed healthcare for people when needed and supported people to attend hospital appointments.

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

- The service was bright, clean and well maintained.
- People told us they were happy with their rooms and en-suite facilities. The service was spacious, and people had access to gardens. One person said, "I like to feed the birds."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider understood their responsibilities under the MCA and had made appropriate referrals when needed.
- Staff understood how it was important to support people to make choices for themselves and continued to support people to do this where possible.
- People were supported to access advocacy services if they needed support with important decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People expressed positive views about living at the service. One person said, "I am really pleased I came to live here. Care is excellent the staff really do care." Another person told us, "This is a lovely hotel."
- We observed staff were kind and caring towards people and there were positive interactions between staff and people throughout the inspection.
- People's equality and diversity were respected. One person said, "I enjoy the church coming in and singing."

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

- People's views and decisions were respected. Staff discussed with people the care and support they would like, and this was recorded in 'This is me documents.'
- Meetings were held with people to gain their feedback on the day to running of the service, such as activities, food and entertainment. We saw these meetings were also an opportunity for people to raise any concerns, actions from the meetings were recorded and updated with people.

Respecting and promoting people's privacy, dignity and independence

- People were involved in choices over their care and their privacy and independence supported. One person said, "I like to have my door open at night. It is my choice, I like to know the staff can check in on me."
- People told us they were supported to have their own routines and spend their time how they wished. One person said, "I like to spend the morning in my room, then I join others for lunch and like to get some fresh air after in the garden." Another person said, "I go out for walks whenever I want to."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At our last inspection the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person Centred Care. Due to care plans not being person centred, at this inspection we found improvements had been made and they were no longer in breach.

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

- Staff knew people well and how they liked to be supported. One person said, "The staff know what they are doing, and make sure I have everything I need."
- Care plans contained 'This is me' documentation which explained to staff how people liked to be supported.
- Care documentation contained information staff needed to support people safely. In addition, the chief executive and support manager were in the process of reviewing care plans in use at the service.
- People were supported to follow their interests and take part in activities they enjoyed. One person said, "We have a lady come in and she does exercises with us." Another person said, "I enjoy doing gardening and I look after plants in my room."
- People told us they had enough to do and enjoyed following their own interests as well.
- The deputy manager told us they had a dedicated activities person and when they were not on duty staff supported activities with people.
- People told us they enjoyed spending time in the garden and going on trips out. We saw from meeting minutes trips out were discussed. A relative told us they regularly visited and took their relative on trips out.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered. Staff knew how to support people with glasses, hearing aids and to speak clearly to people.
- We saw where needed people had aids to help them maintain their independence, such as a telephone with large buttons and numbers. One person said, "I have sight issues and like to listen to talking books."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place to respond to any issues. We saw where complaints had been made these had been promptly responded to. People we spoke with said they knew how to make a

complaint. One person said, "I would talk to staff or the lady in the office."

#### End of life care and support

- Staff knew how to support people at the end of their life and told us they would get support from the palliative care team.
- The deputy manager had put in place end of life documentation and was discussing with people their wishes for when the time came to ensure these would be met.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. Due to not having governance systems in place. At this inspection we found improvements had been made and they were no longer in breach.

### Continuous learning and improving care

- Since our last inspection there is a new registered manager in post. In addition, the service was being supported by the providers chief executive officer and a support manager.
- Audits had been put into place and were being consistently completed and updated. This meant we were assured the provider had good oversight at the service to drive continual improvements.
- Audits completed and investigations looked at themes and issues and recorded actions taken and included any follow up actions.
- Staff were supported with regular meetings and supervision. The provider had sourced additional training to enhance skills of staff and continue their development.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff told us they felt well supported by the senior team. There was always a senior member of staff on duty to discuss any issues and a member of management on call if not present at the service.
- The management structure at the service was clear and staff understood their roles, in relation to regulatory requirements. Notifications for notifiable events were sent to the CQC as required.
- The provider understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- There was a positive culture, people and staff were engaging together. One person told us, "The staff are very kind and treat you with respect."
- Staff shared the providers vision to provide good care to people. One member of staff said, "People are like our family we want them to be happy and enjoy every moment."
- People told us they were supported to live as independently as possible and make their own decisions about their day to day activities.
- The service worked in partnership with other health professionals such as district nurses and GPs.

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

- Staff engaged with people and their relatives through discussions of their care needs. Regular meetings were held to discuss care and the running of the service. One person said, "We have meetings and air any grievances."
- People's equality characteristics had been considered and people were supported with their cultural and religious beliefs.