

# Abbeyfield Society (The)

# Morriss House

## Inspection report

23 Coolhurst Road  
Crouch End  
London  
N8 8EP

Tel: 02083409660  
Website: [www.abbeyfield.com](http://www.abbeyfield.com)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 unannounced inspection was undertaken on 20 June 2018 and was carried out by two inspectors. At our last inspection in April 2016 this service was rated 'good'. At this inspection the service has been rated as 'requires improvement'.

Morriss House is a 'care home' for older people, most of whom are living with dementia. People in care homes receive accommodation and 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.

The service is registered to accommodate a maximum of 25 people. The provider had reviewed the number of bedrooms provided at the home and had reduced the number of bedrooms to 19. At the time of our inspection there were 13 people living in the home. Most of the people using the service had been living at the home for many years. Most of the staff team had also been working at the home for some time and everyone knew each other well.

The registered manager had recently left the home and we were informed that an advert had been sent out for a new manager. 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 systems used to identify, mitigate and monitor risks lacked detail. Although staff knew people well and knew how to keep them safe, this information was not always recorded.

Care planning and the assessments of people's needs did not always reflect current evidence-based guidance, standards and best practice. Care plans were basic and lacked sufficient detail to ensure new staff would understand the holistic needs of everyone.

Records required for the running of the service were not always available for inspection. Systems used to monitor and audit quality and safety at the home were inconsistent and ineffective.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. Staff knew what to look out for that might indicate a person was being abused. People using the service were relaxed with staff and the way staff interacted with people had a positive effect on their well-being.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff were positive about working at the home and told us they appreciated the support and encouragement they received from the manager and deputy manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; however, the policies and systems in the service did not always supported this practice.

Staff understood the principles of the Mental Capacity Act (MCA 2005) and associated Deprivation of Liberty Safeguards (DoLS). Staff knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People were included in making choices about what they wanted to eat and staff understood and followed people's nutritional plans in respect of any cultural requirements or healthcare needs people had.

All parts of the home, including the kitchen, was clean and no malodours were detected.

People had access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences. Staff and management made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity. Staff challenged discriminatory practice.

People were supported to raise any concerns or complaints and staff understood the different ways people expressed their views about the service and if they were happy with their care. Records of past complaints were not available which made learning from past mistakes difficult.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to safe care and treatment, meeting nutritional and hydration needs and good governance. You can see what action we told the provider to take at the back of the full version of the report.

## 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. Risks to people's safety had been identified. However, although staff understood how to mitigate these risks, this was not being recorded in sufficient detail.

Staff understood their responsibilities to protect people from abuse and knew how to raise any concerns with the appropriate safeguarding authorities.

Staff understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in the premises.

There were systems in place to ensure medicines were administered to people safely and appropriately.

There were enough staff on duty to support people safely.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. People's needs were not always being assessed holistically or in line with current best practice including dementia care.

Risks in relation to people's nutrition and hydration were not always being mitigated or monitored.

Staff had the knowledge and skills necessary to support people properly and safely.

Staff understood the principles of the MCA and knew that they must offer as much choice to people as possible in making day to day decisions about their care. Systems to monitor the DoLS process did not always ensure that records were up to date.

People had a choice of meals at the home and staff knew about any special diets people required.

The house where people lived was well maintained and appropriate to their needs.

**Requires Improvement** ●

People had access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

### Is the service caring?

**Good** ●

The service was caring. We observed staff treating people with respect, kindness and dignity.

Staff knew about the various types of discrimination and its negative effect on people's well-being.

Staff understood people's likes, dislikes, needs and preferences and people were involved in their care provision.

Staff respected people's privacy.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive. The records of people's care needs were not individualised and people told us they wanted to be more involved in reviewing their care provision.

Staff knew how to communicate with people listened to them and acted on their suggestions and wishes.

Activities provided ensured that people were occupied and engaged as much as they wanted to be and the work of the activities coordinator was having a positive effect on people's well-being.

People felt able to raise any concerns they had with any of the staff and management of the home. Records of past complaints were not available which made learning from past mistakes difficult.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led. Quality assurance and health and safety audits were not taking place regularly and were not always effective in identifying potential problems.

Required records that were important for the running of the service were not always available.

People who used the service and the staff who supported them had regular opportunities to comment on service provision.

# Morriss 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 unannounced inspection took place on 20 June 2018 and carried out by two inspectors. Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection reports before the inspection.

We reviewed other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. By law, the provider must notify us about certain changes, events and incidents that affect their service or the people who use it.

We spoke with eight people who used the service. It was not always possible to ask everyone direct questions about the service they received because some people had cognitive impairment as a result of dementia. However, all the people we spoke with could express how they felt about where they were and the staff who supported them. We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We also spoke with seven care workers, the cook, the activities coordinator, the acting manager and the business manager. The business manager wrote to us after the inspection and provided some additional information we had requested.

We looked at six people's care plans and other documents relating to their care including risk assessments and medicine records. We looked at other records held at the home including three staffing files, meeting minutes, health and safety documents and quality monitoring audits. We spoke with two health and social care professionals who had regular contact with the home before this inspection.

# Is the service safe?

## Our findings

People told us they enjoyed living at the home and felt safe with the staff who supported them. One person told us, "I'm well taken care of." Another person commented, "Oh yes, it is very secure."

We were informed that people's risk assessments had been recently reviewed and rewritten. However, information about risks and the action needed to mitigate them was often unclear and not recorded in sufficient detail to ensure new staff understood how to keep people safe. For example, one person had been identified as being at risk of falls. In the section regarding how this risk was to be mitigated it was recorded, 'Staff to monitor regular'. There was no other information for staff in relation to this risk.

In another care plan we looked at, the person was identified as being at risk of developing pressure ulcers. Information about how staff were to reduce this risk were unclear and there was no link to other factors that might increase the risk such as continence care.

Staff had been working at the home for many years and knew the people they supported very well. Staff understood the potential risks to people in relation to their everyday care and support. Staff knowledge about the people they supported mitigated these poor records however, accurate and detailed records were required if any new staff were employed at the home.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everyone had a Personal Emergency Evacuation Plan (PEEP) which gave advice about the most appropriate and safe way individuals should be evacuated from the home. The acting manager and business manager told us that a fire safety grab bag had been obtained for the home and included everyone's PEEP. This is a bag that contains important equipment, such as torches and blankets, for the evacuation of people at the home in an emergency. This bag could not be located during our inspection. The acting manager told us that they would ensure everyone's PEEP was stored by the front door.

Staff understood what abuse was and knew how to recognise if people were being abused, bullied or experiencing discrimination of any kind. They knew about the process for raising any concerns. Staff told us they would always report any concerns they had to the acting manager. They knew they could also raise concerns with other organisations including the police, the local authority and the CQC.

The acting manager told us how lessons had been learnt from a recent safeguarding incident. This included improving communications between the service and community nurse teams as well as reviewing recording systems.

Staff understood their responsibilities and knew how to raise concerns and record safety incidents and near misses. We were informed by the business manager that any accidents were recorded and analysed by the provider's central health and safety team. Information on lessons learnt or further safety advice was then

communicated to the service.

Domestic staff were employed and all parts of the home, including the kitchen, were clean and no malodours were detected. The kitchen had been inspected by the environmental health department recently who awarded the home the top score of five 'scores on the doors'.

Staff told us they had sufficient amounts of personal protective equipment and completed training in infection control and food hygiene. They understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in the premises.

People told us they were satisfied with how their medicines were managed and administered. One person told us, "Staff give me my medication when necessary. I trust them." We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines at the home. Records showed that medicines were audited regularly so that any potential errors could be picked up and addressed quickly.

There had been no changes to staffing levels since our last inspection and staff did not have any concerns regarding this. People told us they were happy with the number of staff on duty. A person told us, "They are always here if you need anything." We saw that staff were not rushed and took time with the people they were supporting.

No new members of staff had been appointed since our last inspection. We checked staff files and saw that the provider was following appropriate recruitment procedures. Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual.



## Is the service effective?

### Our findings

We were informed that care plans had recently been redesigned but this new format was basic, had not always been carried out holistically or with reference to good practice in the care of people living with dementia. Despite this, staff had a very good understanding of the needs and preferences of people living at the home. Staff explained to us how they ensured people were not discriminated in relation to care provision. One staff member told us, "We treat everybody the same, regardless of their dementia."

Supervisions and appraisals were taking place for all staff and were used to develop and motivate them and review their practice or behaviours. One staff member told us, "Generally you say how you are doing and get feedback." Another staff member commented, "If you have any problems you can say it."

Staff told us they were provided with good training opportunities by the organisation. They gave us examples of how this training had improved their work. One staff member, who had recently completed moving and handling training, told us, "It was brilliant. After the training we asked for equipment as soon as possible. Each person now has their own sling with their name on it." Training was repeated each year and staff told us how useful this was for them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us that staff respected their choices, preferences and decisions. Staff understood the principles of the Mental Capacity Act and told us it was important not to take people's rights away and that they must always offer as much choice to people as they could. Staff knew people very well and explained how individuals communicated their choices about menus, clothes and activities.

For safety reasons some people needed staff to accompany them when they went out of the home and we saw the management had applied to the local authority for the relevant DoLS legislation. However, the system used for monitoring when these safeguards needed reviewing was inconsistent.

We saw in some people's care plans that their safeguards were coming up for review but this information did not always match up with the spreadsheet, used by the management, to monitor applications to deprive people of their liberty.

People told us they enjoyed the food provided. One person told us, "It's nice, its fabulous. The cook has come from the Palace." Another person commented, "We have eaten today, it was lovely." We saw that culturally appropriate meals were provided and this was confirmed by the staff. One staff member told us,

"We have a couple of staff members that cook cultural food." Lunch was relaxed and sociable and staff were providing discreet assistance when required.

Staff had a good knowledge of people's dietary preferences and any special diets that people required. However, this information was not always reflected in people's care plans. For example, in one person's care plan, it stated that staff should ensure that this person had enough fluids. But there was no further information to say what 'enough' was. Other information in care plans stated that if people lost weight they needed to be referred to the dietician. However, the weighing scales had not been working since February 2018. This meant that people were at risk of not having their nutritional needs met. This had been highlighted by a visiting healthcare professional and a safeguarding alert had been raised.

The above issues were a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the business manager wrote to us to say that letters about the weighing scale had been sent to relatives under the requirement for duty of candour.

The service comprised of a large house just like the other houses in the street. There was nothing about the house either in design or adaptation that had an institutional appearance. Everyone had their own room and there were several communal areas and a very large garden. We saw people moved freely around the house and chose either to be with other people or to be on their own. There was appropriate signage around the home to show where the toilets, bathrooms and lounges were.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. We saw examples of where people had regularly accessed doctors, dentists, chiropodists and opticians.

# Is the service caring?

## Our findings

People were relaxed with staff and we saw that positive and supportive relationships had developed between everyone. Staff and people using the service had been together for many years and this had led to a strong feeling of community and friendship. One person told us, "We are all growing on each other and developing a friendship." Another person commented, "I love living here." A recent comment from the quality assurance survey stated, "The staff are competent and kind."

Throughout the inspection we observed people were encouraged to be as independent as they could be and we saw people were moving around the home with staff supporting them only when they required support or encouragement.

Staff knew what support people required and were aware of people's likes, dislikes and life history. Staff understood people's individual care preferences. For example, one staff member told us, "The only person who gets up early is [name] she's an early bird."

Staff told us that everyone could express their views and preferences and make day to day decisions about their care. Staff understood that some people had different ways of communicating and gave us examples how they ensured people were not disadvantaged because of this.

We asked how staff ensured people were not disadvantaged by any communication issues they might have. One staff member told us, "One of the ladies I always come closer to her as she might not see me." Another staff member told us, "I come closer if they have hearing aids. We have pictures and cards we use."

Staff understood how issues relating to equality and diversity impacted on people's lives. They told us they made sure no one was disadvantaged because of, for example, their age, gender, sexual orientation, disability or culture. We talked about how they would support a same sex couple who might be admitted to the home. One staff member told us, "Our residents are very welcoming. If anyone was upset I would explain to them that they are partners, they are together."

Staff gave us examples of how they upheld and respected people's diversity which included making culturally appropriate meals and by celebrating various religious and cultural events.

People told us their privacy was respected and upheld. One person commented, "They know when to leave me alone or when to involve me in an activity." Staff gave us examples of how they ensured people's privacy and dignity were maintained and respected. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

## Is the service responsive?

### Our findings

People's care plans had recently been redesigned but staff did not see this as an improvement. A staff member told us, "Before they used to be better, we could look at it and find anything, they weren't neat but they were helpful. Now they are different."

People we spoke with had mixed views on how much they saw their care plans or if they were involved in developing or reviewing them. One person told us, "I've not seen it [care plan] recently." Another person said, "I would like to be more involved. I would ask them to explain so I could understand."

People told they were happy with the way staff supported them and that staff responded to their changing needs. One person said, "If you need help with anything you just ask and staff help, they all help." Staff communicated and updated each other about people's changing needs at regular staff handovers and through daily progress notes for each person.

The activities coordinator had a very good knowledge of people living at the home and what particular activities they enjoyed. People told us they were happy with the provision of activities. One person told us, "They are always good, they know I love crosswords." Another person commented, "We all watched the Royal Wedding here, the Queen wore yellow and then I got a yellow skirt."

A staff member told us, "[The activities coordinator] is great, he organises everything. If something is going on we join in. We sing with them." Another staff member said, "They went out for fish and chips the other day." A third staff member commented, "If [the activities coordinator] is not there it is all our responsibilities to engage with people."

We saw the activities coordinator energetically engaging with people throughout the day which was having a positive effect on people's well-being. Records and pictures on display showed that community activities as well as activities within the home were taking place on a regular basis.

People told us they had no complaints about the home but knew how to make a complaint if they needed to. One person told us, "I would want to talk to someone in authority." Another person commented, "I worry and [the staff] help." The record of complaints was not available for inspection and it was unclear if this document had been removed from the home. After the inspection the business manager provided us with evidence of a recent complaint from a relative. We saw that this complaint had been investigated appropriately and the business manager had apologised as required.

The acting manager told us that currently no one using the service was being supported at the end of their life. People had lived at the service for a long time and their wishes and preferences in relation to aging and dying were recorded in their care plan. Some people's care plan did not contain this information but we saw that people had been asked but, at present, had not felt ready to discuss this. The service had the relevant policies and procedures in order that staff understood this important aspect of care should it be needed to ensure people had a comfortable, dignified and pain-free death.

Staff had recently attended palliative care training and told us they had been moved by the experience. One staff member, talking about the training, told us, "It was lovely, we learnt about the level of care we should offer, how to deal with our emotions and relative's emotions." We asked if this training had given them confidence in caring for people at the end of their life. A staff member told us, "Yes, we give them the best until the last breath, even after."

## Is the service well-led?

### Our findings

The business manager told us they undertook regular audits of the service including health and safety, staff training, infection control, and care records. We saw two recent records of these but past audit records could not be located. The purpose of providers having such systems in place is to identify areas of the service which require improvement and drive forward the quality and safety of the services provided. We were concerned that the provider's approach to monitoring the quality and safety of the service was not working effectively and therefore not bringing about improvements as a result. This was because the systems did not pick up or address the issues that were identified in this report. This includes concerns about lack of details with person-centred support plans and risk assessments, recording of complaints and the repair of equipment.

An annual Risk Management Audit had been undertaken in February 2018. However, other records of environmental risk assessments, checks regarding the safety and security of the buildings and records that are important for the running of the service were not always updated or available at the time of the inspection. We were assured by both the acting manager and the business manager that these had all taken place and were being reviewed however, it was unclear where these past records were. This meant that systems were not effectively operated to monitor and improve the quality and safety of the services provided to people.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was currently the subject of a review and staff told us they had concerns about the future of the home. Staff comments included, "We don't know what will happen," "It is a big worry of ours" and "When it comes to the future of this home we can't know what it is." The business manager told us, "At the moment the board are reviewing our strategy and every staff team has been asked to fill out a questionnaire with their views on how they see the organisation and the way forward." Staff confirmed they had attended meetings about this.

Staff had recently completed a staff satisfaction survey. The results of this survey were generally positive. However, the sections on the openness of the organisation and information sharing scored lower than the other sections.

The registered manager had recently left and the home was being managed by an acting manager. Staff were very positive about the acting manager and told us they were very supportive. One staff member told us, "We love [the acting manager] we can go to her with anything, she helps so much." Another staff manager said, "We are very outspoken, we feel supported as a team. Anything we have to say we just say it."

Staff understood the values of the organisation and told us how these were promoted and upheld by the acting manager and the management team. The business manager wrote to us after the inspection and told us, "All staff are kept up to date by CEO messages and updates on 'Team Pages' which is our intranet, and a

quarterly newsletter."

Records showed that meetings with people who used the service took place but the frequency of these meetings were inconsistent. We noted that people had made a number of suggestions at these meetings but it was unclear from records, if any of their suggestions had been taken on board.

Surveys for people living at the home and their relatives had also been used to gain people's views and included questions about safety and staff kindness and compassion. The results of these surveys were positive and included the comment, "No need for improvement I am quite happy here." Staff told us they could comment on the way the service was run and make suggestions for improvement. One staff member told us, "We want a new set of chairs, we asked for a new hoist and we got one."

The business manager explained to us how the service worked in partnership with other agencies and organisations. This included working with the local authority safeguarding team and commissioning. They wrote to us after the inspection to tell us how they worked with the local community. They told us, "The staff at Morriss House work closely within the local community, we have the CCG nurses come regularly. They have supported with our care planning and risk assessing. Our residents benefit from the local Integrated Care Team who have visited, and prioritised who needs assessment and worked with health care professionals in local hospitals. Local councillors have fundraised for the home in the past, and we work with local businesses and other charities including the homeless centre to raise funds."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The systems used to identify, mitigate and monitor risks to service users lacked detail and important information regarding how risks were to be mitigated were not always recorded.  Regulation 12(1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  Service user records lack sufficient detail regarding their nutritional and hydration needs to keep people safe.  Regulation 14 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Records required for the running of the service were not always available for inspection. Systems used to monitor and audit quality and safety at the home were inconsistent and ineffective.  Regulation 17(1)(2)(a)(b)(c)(e)(f)