Abbeyfield Society (The)

Abbeyfield House - New Malden

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This unannounced inspection took place on 26 and 27 May 2015. Abbeyfield House provides accommodation and personal care for up to 36 older people. There were 35 people living at the home with dementia on the day we visited. The home is divided into four units and based on two floors.

The last inspection on 17 December 2013 was part of a themed inspection programme specifically looking at the quality of care provided to support people living with dementia to maintain their physical and mental health and wellbeing. We found the service was meeting the regulations we looked at.

The home had a registered manager at the time of the 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

Summary of findings

'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. Staff knew and explained to us what constituted abuse and the actions they should take to report it.

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.

Contracts for the maintenance of equipment used in the home were up to date. A recent food standards agency inspection gave the kitchen a rating of five stars.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. Throughout the inspection we saw staff were available, visible and engaging with people. We looked at personal files and saw appropriate recruitment checks had been carried out to ensure that people were protected from the risks of being cared for by unfit or unsuitable staff.

We observed that medicines were being administered correctly to people. We looked at individual medicine administration records (MAR) for each person using the service and these were up to date and accurate.

Staff had a good understanding of how to meet people's needs. People were cared for by staff who received appropriate training and support.

The service had taken appropriate action to ensure the requirements were followed for 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 is in their best interests and there is no other way to look after them.

People were supported to eat and drink sufficient amounts to meet their needs. People had a choice of meals and staff were on hand to help people eat and drink if required.

We saw that a variety of styles and heights of seating and chairs were in use. People could choose a chair that suited them best and to aid their independence. People could move freely around the home, going up or down stairs and out into the garden.

The home had several 'reminiscing' rooms; one was decorated as a child's nursery, another as a sitting room typical of the 1930 or 40's. This attention to detail meant that people could relate better to Abbeyfield House as their home.

People were supported to maintain good health and have appropriate access to healthcare services. A GP visited the home each week and people could make a private appointment to see them.

People were supported by caring staff. Care plans were kept securely and people's right to privacy and independence was encouraged and supported by staff. People's needs had been assessed and information from these assessments had been used to plan the care and support they received. Care plans were comprehensive and person centred. This information was used to build a care plan that was tailored to a person's individual needs. In response to meeting people's health needs the home had appointed a dementia champion who worked with staff to introduce new and innovative ways of engaging with people.

We saw staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. Signs of wellbeing were evident with people engaging with one another and having quite animated conversations.

The home employed a full time activities coordinator, who organised activities in accordance with people's wishes, their hobbies and experiences. We saw people were engaged in reading, singing, knitting and chatting.

The provider had arrangements in place to respond appropriately to people's concerns and complaints.

Systems were in place to monitor and improve the quality of the service but we saw that the provider's planned quarterly monitoring of health and safety checks of the premises had not been carried out. This meant that

Summary of findings

people were not always adequately protected by effective quality assurance systems. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that the last survey conducted by the provider for people living at Abbeyfield was in October 2013. The results we saw were positive but the report did not include people or families comments. In response to the lack of comments the registered manager had put in place systems to capture views and comments from people, families and visitors. These comments were then shared with staff.

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?

Good

The service was safe. There were safeguarding procedures in place and staff understood these and what abuse was and knew how to report it.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance.

There were enough staff to support the people in the home and to meet their individual needs.

The service had effective arrangements for the management of medicines to protect people against the risks associated with the administration of medicines.

Is the service effective?

Requires improvement

The service was not as effective as it could be.

Staff were suitably trained and they were knowledgeable about the support people required and about how they wanted their care to be provided.

Staff sought peoples consent before providing care.

People were supported to have a varied and balanced diet and food that they enjoyed. They were enabled to eat and drink well and stay healthy.

Is the service caring?

Good

The service was caring. People were treated with kindness by staff who understood their needs in a caring and positive way.

Staff worked with people so that they could be actively involved in their care and support.

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

Is the service responsive?

Good

The service was responsive. Care and support was centred on people's individual needs and wishes.

Staff demonstrated a good understanding of people's needs and choices.

People, their relatives and friends were encouraged to give feedback about the service they received.

There was an appropriate complaints procedure in place which people and relatives were familiar with.

Is the service well-led?

Requires improvement

The service was not always well-led.

Summary of findings

The provider ensured the service was run in an open and transparent manner. Staff and people knew and engaged with the registered manager every day.

The provider had some systems to assess and monitor the quality of the service provided, but these were not being used effectively so areas for improvements were identified and addressed

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 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 26 and 27 May 2015.

This inspection was carried out by one inspector and a specialist advisor who was a qualified nurse and a dementia awareness advisor. 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 gathered information by speaking with six people living at Abbeyfield House, five visitors, the registered manager and six staff.

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 five care records and six staff records and reviewed records related to the management of the service.

Good

Is the service safe?

Our findings

One person we spoke with said "I like it here, it's very pleasant" and another said "Staff are very good." A visitor said "My [family member] is well looked after." During our visit we saw that staff and people got on well together in a friendly and relaxed atmosphere.

The service helped people to be protected from abuse. Staff we spoke with were aware and could explain to us what constituted abuse and the actions they should take to report it. Staff were clear on who to report it to internally although they needed prompting on who the external organisations were to report concerns to. Staff we spoke with understood what whistleblowing meant and the need to report their concerns. They said they would speak up in the event of an incident, even if it involved a colleague with whom they worked. Staff had received training in safeguarding adults as part of their annual mandatory training. The registered manager told us if there were any concerns or safeguarding incidents they would report them to the CQC and to the local authority safeguarding teams.

Risks to people were being managed so that people were protected and supported. 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 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. 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 had occurred in October 2014, February and April 2015.

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 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 and said if they were busy, one of the managers would always come and give assistance.

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

Medicines were administered safely. We observed that medicines were being administered correctly to people by the care staff. The majority of medicines were administered using a monitored dosage system or blister pack, supplied by a local pharmacy. Only staff trained in medicines administration could give medicines to people using the service.

We looked at individual medicine administration records (MAR) for each person using the service, information included a photograph of the person, details of their GP, and information about any allergies they may have. The MAR sheets were up to date, accurate and no gaps in the administration of medicines were evident. A separate folder included the names and signatures of those staff who administer medicines.

The majority of medicines were stored securely in a locked trolley or in lockable cabinets. 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.

We did see that eye drops for one person were being kept in and administered from a domestic fridge in one unit. The eye drops were not in a separate container and the domestic fridge was not subject to the same checks of temperatures as the medicines fridge. We spoke to the registered manager about this and showed them the fridge. They said they would ensure the eye drops were removed to the correct fridge and staff reminded of where medicines of any type should be stored.

The home has a comprehensive medicines policy that was reviewed in April 2014 and those who administer medicines had signed a declaration that they have seen and read the

Good

Is the service safe?

policy. Records showed and staff told us that they 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.

Requires improvement

Is the service effective?

Our findings

The service was not as effective as it could be. People were cared for by staff who received appropriate training and support. Staff had the skills, experiences and a good understanding of how to meet people's needs. Records showed staff had attended recent training in safeguarding adults, medicines awareness, manual handling, and fire safety. Dementia awareness training had also been undertaken, this included managing behaviours that challenge and an advanced course in dementia awareness. Training on promoting dignity was being conducted on the day of our visit. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for.

Staff we spoke with confirmed that they had received a comprehensive induction saying it was two or more weeks long. The two weeks induction covered understanding of records and documentation, working with a mentor and mandatory training including fire awareness, health and safety, infection control, manual handling. Staff said the induction was sufficient to enable them to work safely.

Staff told us they were fully supported by the registered manager. The Abbeyfield policy for one to one supervision stated it should occur six times a year. Of the six staff files we looked at we saw that supervision did not always occur as frequently as this. We also saw that appraisals did not always happen on a yearly basis for some staff. Therefore staff were not being supervised according to the provider's own policy and some staff did not receive an annual appraisal to review their performance and development. We spoke to the registered manager about this and they explained that since a change in management levels supervision for some staff had lapsed and they were looking at new ways to ensure staff received regular one to one supervision. In the meantime the registered manager made themselves available to all staff during the day, specifically at shift handover times, when we saw the registered manager fully engaged in the discussions that staff had. They also spoke to staff while they were walking round the home.

We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. 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). These safeguards ensure that a service only deprives someone of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The registered manager explained that assessments had been carried out for all the people living at Abbeyfield House and these had been submitted to the local authority for verification. We saw forms had been correctly completed and the outcome of these referrals 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 restrictions appropriately.

People were supported to eat and drink sufficient amounts to meet their needs. We saw that clear pictorial menus were available and showed each individual item of the meal. 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 after the meal and people could have more if they wanted to. Staff demonstrated patience when assisting people and there were sufficient staff on hand to help people eat and drink. We saw plate guards (an aid to help prevent food from spilling from a plate) were used to help a person to eat in an independent and dignified manner.

When a person was assessed as being at risk of malnutrition then staff completed food and fluid charts. The charts we looked at had regular entries through the day but not all of the fluid charts we looked were totalled at the end of the 24 hour period. Staff could not easily check and monitor how much a person had drunk to determine if they had enough to drink or if they needed more support with drinking or a referral to a relevant healthcare professional. 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.

Staff also monitored people's weight to check on their nutritional state. The weight charts in the care plans were up to date and showed people's weights were regularly monitored. 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

Requires improvement

Is the service effective?

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.

The home has developed a hospital passport document, which contained information about the person and was used when a person was transferring to hospital, or other care. We did see that not all the information had been fully completed or was not as comprehensive as it could be. This lack of information could mean that a person's needs may not be met. The hospital passport was in addition to the care plans which were comprehensive.

Abbeyfield House was a purpose built home, divided into four units to accommodate nine people in each unit. There were en-suite bedrooms, bathrooms and open plan lounges, dining areas and kitchens in each unit. The units were identified by the different colours of the carpets. We saw that a variety of styles, shapes and heights of seating and chairs, including recliner chairs were in use. This allowed people to choose a chair that suited them best, from which they could get up from independently and were comfortable sitting in. We saw that foot stools were also provided for people's comfort. People had various mobility aids including zimmer frames and wheelchairs. We saw many people independently mobilising, going up or down stairs and out into the garden and they were able to do so safely.

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. There was on old style phone box with a working phone. Staff told us people needed to get a coin to use the phone. Throughout the home there were display cabinets full of items that would bring back memories of past years. There were plants, books on coffee tables and photos of famous film stars everywhere. Plus plenty of seating areas and soft furnishings to give the home the feeling of a person's own home.

People's rooms 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. Some people had labels on their chest of drawers to help them remember what items of clothes were in the draw. 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. 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 observed the handover meeting in the afternoon and this showed that all staff, including the registered manager knew 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 engagements throughout the day in communal areas. We saw staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. There were daily newspapers available and 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, playing music or discussion programmes. 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. There were also reminiscence type books as well as novels and other reading matter.

Signs of wellbeing were evident with people smiling, engaging with one another and staff, making choices about what they did and generally spending time as they wished. Some people were having quite animated conversations and others were having friendly disagreements, all signs of wellbeing. People moved freely within the home and no restrictions were placed upon them. This meant that people had a freedom of choice in how they spent their time.

We met with a church visitor who had visited the home for many years at different times and different days. They felt the home provided good care and they said they were "Very impressed with the staff," who they felt were very caring and vigilant and they were impressed with the standard of care. Another relative told us that having looked at other homes they found this one to be more homely and less clinical looking than the others, and it was more like their own home, more personal. Overall they were happy with the care provided and felt that the staff looked after their family member saying "They [family member] look fitter than me and they have settled in."

A short church service was held each week in each of the four units and everyone was welcome to join in. A staff member told us that they took one person to church whenever they were on duty on a Sunday and the person really liked going. We did mention that the staff member and person were from different faiths and the staff member said "It's not about me, it's what the person wants to do and I am happy to help."

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. We saw the minutes of these meetings were held each month and gave people the opportunity to speak about the running of the home.

We saw that people had the privacy they needed and they were treated with dignity and respect at all times. Staff knocked on people's bedroom doors before they went in. We saw staff transfer one person from their wheelchair to an arm chair in the lounge and this was done very quietly and competently. This helped to ensure 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. Assessments were comprehensive and 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. We were told that people could come to the home for a day to 'sample' the services offered prior to admission. This helped give reassurance to families and people that the home was suitable for their needs.

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 and person centred 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 registered manager told us that people's care plans were developed using the information gathered at the person's initial assessment.

Specific information in care plans, such as a person's sleep pattern, what time they liked to get up or go to bed were well completed. This provided staff with information about a person's usual patterns of daily life and could help staff get to know a person better. Information was also recorded on how to maximise communication with the person, how to aid orientation and how to reassure the person. We saw that where needed consent forms had been signed either by the person or their family to show they had been involved in decisions. Reviews of a person's care were conducted monthly, although some of the care plans we saw noted "No changes" and did not give any details of why there had been no change or to demonstrate how effective the care plans were.

To support staff to deliver appropriate care to people with dementia, the home had a dementia champion. They confirmed that they had received training and on-going support through a pilot study run by Kings College Hospital. This pilot had lasted for a year with training and weekly visits by staff from Kings College to the home. The purpose of the visits was to observe whether the training was becoming embedded into practice as well as to support staff. The dementia champion confirmed they lead on and enforce the concept of person centred care and introduce new and innovative ways of engaging with people.

The home employed a full time activities coordinator, who organised activities in accordance with people's wishes, their hobbies and experiences. On the first day of our visit the activities coordinator was on leave but we saw that staff were engaging people in a variety of activities. People were engaged in reading, singing, knitting, chatting, having a walk in the garden and jig saw puzzles. In the afternoon a singer came to perform and people came down to the music room area. The singer engaged people in the singing and was talking to them about the songs and asking for their thoughts and memories. A hairdresser visited the home once a week and there was a well-equipped hairdressing salon. The hairdresser told us they try to make the session a sociable time, while giving people personal one to one care.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People and 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 registered manager would deal with any concerns promptly. Complaints information was on display in the hall way on a large poster. The complaints policy was also available in Braille, to help people with sight problems.

Requires improvement

Is the service well-led?

Our findings

Systems were in place to monitor and improve the quality of the service but we saw that regular checks and audits did not always occur. The scheduled quarterly health and safety checks of the premises had occurred in February, June and November 2014 and in April 2015. This meant that the checks were not always conducted consistently.

We saw a medicines audit had been undertaken. The manager told us four medicines sheets should be checked each month. But records showed that this was not always done consistently. We found that some people's medicines records were checked each month but other people's records had not been checked. This could mean that any errors were not seen and rectified in a timely manner. The last infection control audit that we saw was conducted in 2012.

Monthly monitoring of the fire extinguishers and emergency lighting had not occurred since September 2014. The same was for the water temperatures in people's rooms and the bathrooms, these were last checked in October 2014 and were noted as being below the recommended temperature but no action had been taken to rectify the problem. The flushing of unused water outlets to help prevent Legionella (a water borne disease) had not occurred since October 2014. Call bells and emergency lighting had not been monitored since September 2014. The lack of checks meant that people were put at risk of faulty equipment.

Prior to the dates given above the monitoring of the home had been consistent and actions had been taken to rectify any faults found. We spoke to the register manager about this and they told us that they now shared a maintenance person who would normally carry out these tasks, with other homes. This meant that the monitoring had not occurred as regularly as it should of. The registered manager told us they were looking at other ways of conducting these checks because they understood how important they were to the safety and smooth running of the home.

The registered manager told us that the provider conducted the annual surveys. Records showed that the last survey conducted by the provider for people living at Abbeyfield was in October 2013. The results we saw were positive under the four main headings of staff and care, home comforts, choice and having a say and quality of life. The report did not include people or families comments.

In response to the lack of surveys conducted by the provider the registered manager had put in place other systems to capture views and comments from people, families and visitors. When a person's care plan was being reviewed, families and other people involved in the person's care were asked for their feedback on how they felt the person was being cared for. When a comment was made either in person or over the phone or email this was put into the daily communications book which was shared with staff.

This lack of oversight of the provider meant that people were not always protected against the risks of poor care and treatment because the quality assurance systems were not always effective in identifying areas for improvement and for ensuring that prompt remedial action was taken to make improvements. The provider did not take into account the experience of service users and others on the services provided to continually evaluate and improve the services. The above shows that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We could see that people who lived at Abbeyfield House knew who the registered manager and staff were by name and could freely chat with them at any time. All the people who commented about staff said they were nice and kind and listened to them.

From our discussions with the registered manager, it was clear they had an understanding of their management role and responsibilities and their legal obligations for submission of notifications to the CQC, which they had submitted in a timely manner.

We looked at minutes of staff meetings and found there were frequent and regular meetings held in 2014 including meetings with the night staff. In 2015 the frequency of meetings had declined, with only one night staff meeting this year and one senior staff meeting 2/4/15. The registered manager told us that they keep up to date with changes by attending the provider's quarterly managers meetings and workshops. Information and training is then passed on to staff at meetings or during the shift handovers.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have effective systems or processes in place to assess, monitor and improve the quality and safety of the services provided, including the quality of the experience of service users nor seeks and act on feedback from relevant persons and other persons on the services provided for the purposes of continually evaluating and improving such services. Regulation 17(1)(a)(e)