

# Abbeyfield London Polish Society Limited (The Abbeyfield London Polish Society)

## 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

Abbeyfield London Polish Society is a Domiciliary care service that provides personal care for older people. At the time of the inspection seven people were using this service. People all lived in one adapted house.

Each person had their own bedroom and shared communal spaces such as the lounge and dining area.

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

At this inspection we found some aspects of the recruitment process could be improved to reflect more clearly the steps the provider had taken to ensure staff suitability for their caring role. However, recruitment was undertaken in a safe manner.

The registered manager had risk assessed to ensure people's safety and there was good guidance and information for staff to mitigate the risk of harm to people.

Relatives spoke very positively about the care their family members received and several people and staff described the service as a, "family home." People were provided with a range of activities to entertain and to support them to remain cognitively and physically active.

People had person centred plans and were provided with personalised care and support. People's diverse needs were met by staff who spoke people's preferred language and were able to provide traditional meals and understand people's customs and traditions.

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

Staff supported people to have their medicines in a timely manner and staff ensured people were supported to have access to health and social care professionals.

The registered manager held daily meetings with staff to hand over information, provide training and review policies and procedures to ensure staff had the right knowledge and skills to provide good care.

People and their relatives spoke well of the registered manager as they felt they were approachable, and any concerns would be addressed.

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 good overall on 20 April 2017 (published on 6 July 2017). They were found

to be outstanding in caring and good in all other key questions.

At this inspection this service has been rated good in safe, effective, caring, responsive and well-led. The rating overall is good.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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 not always 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 London Polish Society

## **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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Abbeyfield London Polish Society is a domiciliary care agency. It provides personal care to people living in one shared house.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We inspected on the 6 January 2020. This was an announced inspection as we needed to ensure the registered manager was available to speak with.

#### What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. Including notifications. This is information the provider must inform us by law. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We met with all seven people who used the service. We talked with one of them about their experience of the care provided. We spoke with three people's relatives. We spoke at length with the registered manager, the team leader and one care worker. We also spoke briefly with two other care workers, an activity co-ordinator, occupational therapist and the cook. We observed staff interaction with people throughout the inspection.

We reviewed a range of records. This included three people's care records and medicines records. We reviewed three staff files in relation to recruitment and staff supervision. Also, a variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

### Staffing and recruitment

- At this inspection we found some aspects of the recruitment process were not always carried out so they reflected clearly the steps the provider had taken to ensure staff were suitable for role.
- Whilst the provider had systems in place for the safe recruitment of staff. One recently recruited staff member had not completed an application form. The registered manager told us information sharing had taken place in an email exchange and following the inspection provided evidence of the emails. The provider would usually request the applicant completed an application form to ensure the continuity of information about education and work history.
- The applicant had attended an interview with the board of directors. The interview questions were available to review for this staff member and two other staff, but the actual answers and notes from the interviews which would evidence their aptitude for a caring role, were not available to evidence appropriate responses.
- Notwithstanding the above the provider undertook proof of identity checks, obtained references from previous employers and criminal records checks prior to staff commencing work. They monitored people's progress to monitor their ongoing suitability.
- Staff told us they thought there were enough staff to meet people's care needs. They described good team work meant they were able to manage people's conflicting support needs. Their comments included, "We have different days, some days calm and sleepy and residents don't need a lot and we can focus on them but other days everyone needs someone. It can be difficult but with my colleagues we complement each other."
- Whilst inspecting, a staff member supported one person to an appointment and there were enough staff remaining to provide care to other people. We observed throughout the day people were supported in a timely manner. The pace at times was busy but never rushed and staff made use of ample time to sit and engage people in conversation both in the lounge and individually in their bedrooms.

### Assessing risk, safety monitoring and management

People's care plans contained assessments to identify the risk of harm to people. Risk assessments included, medicines, dementia, skin integrity, physical and mental health conditions, nutrition and hydration, moving and handling and the risk of falls. Care plans contained guidance for staff to mitigate risk.

- There was a good quick staff reference oversight tool which flagged when there were high, medium or low risks to people. For example, high risk of poor physical health or mobility. The registered manager used recognised assessment tools including a Waterlow assessment to identify and manage the high risk of pressure ulcers. Measures used by staff to manage such a risk included, use of a pressure mattress and cushion, inspecting the skin where pressure ulcers might occur and a repositioning schedule.
- All people using the service had personal emergency evacuation plans for staff and emergency services reference in the event of a fire. During the year staff had fire safety refresher sessions with the registered manager and two fire drills took place each year to ensure staff remained familiar with the evacuation procedure.

### Using medicines safely

- Relatives told us medicines were administered in a safe manner. For example, one relative said, "Yes medicines are always on time. We switched chemists at the [Registered manager's] suggestion, they suggested using another chemist and it has worked well."
- We checked people's medicines administration records and found they were completed without error. Records were checked by management several times a week to ensure an oversight had not been made. We observed several medicines being administered and found staff worked in line with good practice guidelines. Medicines were stored at an appropriate temperature and in a secured manner.

#### Systems and processes to safeguard people from the risk of abuse

- Relatives told us the service people received was provided in a safe manner. Their comments included, "More than safe here," and "I feel [family member] is in safe hands here." Everyone we spoke with commented on what a happy place the house was to both live and work in.
- Staff had received safeguarding adults training and were able to tell us how they might recognise signs of abuse and what action they would take. Their comments included, "I would look to see if they were mentally different in terms of their behaviour, we know people well, so I would know if something was different," and "Mainly physical signs, bruises, scratches, pressure sores, redness this would all worry me and watch how they behave [if there are changes]."
- The registered manager had raised concerns to the local authority in an appropriate manner when they identified possible safeguarding adult concerns. They spoke with staff during daily handover meetings and checked people's records to ensure no safeguarding concerns were overlooked.

#### Preventing and controlling infection

- The service was clean and free from malodours. Staff had received infection control training and we observed they used personal protective equipment and were careful to change gloves and wash their hands after providing personal care.

#### Learning lessons when things go wrong

- The registered manager told us they had not had any errors or shortfalls since the last inspection. They explained they were vigilant and continually reviewed their own and staff's work practice. They gave an example when they had reviewed infection control procedures to ensure staff and people were safe from the risk of cross infection. They had spoken with all staff about the guidelines and had monitored good infection control procedures were being followed by all staff on each occasion.

# 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 the last inspection this key question was rated as good. At this inspection this key question has improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider worked in line with the MCA. People had signed to say they consented to their care and treatment as recorded in their care plan, the photo in their records, sharing information and medicines administration. When people's mental capacity was in question the registered manager had assessed to ascertain if the person had the capacity to consent to their care and treatment. The registered manager had specified how people could be best supported to make their own decision. Guidance included approaching people when they were not tired and explaining information in an appropriate manner.
- They also ensured if a relative or friend made decisions on behalf of someone they had been appointed as Lasting Power of Attorney (LPA). LPA is the legal right to make certain decisions on behalf of another person in their best interest.

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

- The registered manager met with people and their relatives prior to them moving into the service. They completed an assessment to identify people's care needs and understand their preferences. Records we reviewed contained a detailed check list used to identify any risks to the person.
- The registered manager had followed up the initial information gathered with further conversations with people and their family to ensure they knew about people's personal history and determine how best to support them in the service.

Staff support: induction, training, skills and experience

- Staff told us they had received supervision and training and knew more training was planned. One new staff member told us, "I have had training now and [Registered manager] has promised more." Training received, had included, medicines, safeguarding adults, dementia care, fire safety and basic first aid.
- The registered manager met with staff daily for a team meeting. Each meeting throughout the past year had covered or revisited an area of training, policy or procedure. This was good practice as it continually reinforced and updated staff learning and skills and identified if further input was required. Topics covered had included, recognising symptoms and preventing urinary tract infections, deprivation of liberty, managing complaints, people's dietary needs, recognising signs of abuse and moving and handling practice.

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

- The registered manager and staff worked with health and social care services to ensure people had access to appropriate health support. Health professionals who visited people at the service included the GP, district nurse and speech and language therapist. People were supported by staff to attend hospital and clinic appointments. Guidance from health professionals was recorded and shared with the staff at team meeting.
- People were being supported with their routine health care. This included, sight, hearing and dental care. We observed one person was supported to visit the dentist by a staff member on the day of our visit.
- People's care records contained an information pack to be shared with the emergency services and hospital team in the event the person was transported to hospital.

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

- Meal times at the service took place with everyone including staff sitting around the large dining table. Staff and people ate together as a community activity. We observed people being supported and encouraged to eat by staff in a sensitive and inclusive manner. When people had a dietary need such as soft food or thickener added to their drinks this was done on each occasion.
- All people living at the service were all from a Polish background and enjoyed traditional Polish food. There was a daily menu and the cook asked people for meal requests and gave them choices. They made all meals from fresh ingredients and offered appetising soups and dishes familiar to people. People could always help themselves or were offered snacks during the day which included sweets, fruit and yogurt drinks.
- Staff had received training about the importance of ensuring people remained hydrated and we saw people were offered a variety of drink choices. This included for example, different types of coffee. One person only liked a specific fruit juice. This was kept in stock and offered to them throughout the day.

# 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 the last inspection this key question was rated as outstanding. At this inspection this key question has been rated as 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 and staff told us they felt well cared for by the staff and registered manager. Their comments included, "I think it's an amazing, happy place from the bottom of my heart...they respect and care so much, so patient, they listen to what people are saying," and "Staff are exceptional. They are perfect here... only praise and more praise."
- We observed staff to be warm and kind in their manner towards people. They approached people to engage them in conversation and activities pre-empting their requests for support.
- Staff told us how they built a good working relationship with people. They said for example, "I am patient, it is the most important thing here. People will ask over and over again the same question, but I talk with them as if they haven't asked before. I smile, and I treat them like I would my grandparents," and "The biggest strength of this [service] is it is like a family, not big, not institutionalised. Very homely."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- All people living at the service spoke Polish as their preferred language. Staff were able to converse fluently with them. This meant they could determine what people were expressing and could check out what might be an acceptable choice.
- People were supported to retain their independence through expressing their choices and staff supported them to maintain their dignity. When possible their basic skills of daily living were encouraged and maintained.
- The registered manager told us they ensured people were able as they got frailer to continue to live at the service by using another provider's staff to come in at key times and give extra support. They said, "It is so lovely they are able to stay here. We have got another agency [to provide extra support] if needed. This is a home where no one is thrown out of the home. If they wish to move on we will help as well."
- Staff told us how they ensured people's privacy and dignity were maintained. They said, "We always knock on the door. We must respect their room space. I ask them are you ready for personal care? I always shut the door when supporting with personal care."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people's needs were met through good organisation and delivery.

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

- Staff demonstrated they supported people's preferences and all care provided was done in a person-centred manner. Care plans reflected people's choices in all areas of their daily living. Staff provided a good level of person centred care and support.
- When the hospital staff contacted the home to say that one person who had been admitted was not eating or drinking, staff prepared a meal for them which they knew the person would like. One staff member went to the hospital with the meal and encouraged the person to eat and drink. The service then continued to provide extra meals and encouragement whilst the person remained in hospital. This supported them to recover and return to their home.
- The service provided to people was person centred. Each person's bedroom contained a memory box which was made with great care and thought to show and celebrate important aspects of their life. The boxes were each constructed differently so items important to people could be best displayed and opened to be handled by the person.
- People showed us their memory boxes and were proud of them. Staff used the boxes to talk with people and remember for example their childhood or events in their adult life. This helped staff understand people in the context of their life.
- People had their own bedroom which contained some of their own furniture and possessions from their home. This was important as it made each bedroom an individual comfortable space, so people could feel at home still surrounded by their belongings.
- Personal care was provided in a person-centred way. The staff provided care to several people who were reluctant to accept some aspects of personal care. The staff had encouraged them and developed individual strategies to make personal care a pleasant experience. For example, staff had put the people's fresh clothes on the radiators to make them warm and comfortable and a pleasure to put on. This had resulted in these people now enjoying changing into fresh warm clothes with the staff support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured people and relatives had accessible information. All important information was translated into Polish and displayed. This included fire procedures, service user's handbook and infection

control hand washing guidelines.

- On the activities board each activity was written in Polish next to a picture and objects of reference to help people understand what was scheduled. For instance, a playing card pinned against a board game activity and pastry cutters next to a cooking session.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- One staff member told us, they believed the service was delivered as if it was a family home. They said, "Abbeyfield wanted this to be built like a home for lonely people, so they should feel part of a family. Richard Carr-Gomm (Founder of Abbeyfield) wanted people not to feel lonely at home. I think this is very important."

- People were encouraged to join in the communal life of the house. There was a large comfortably furnished lounge and dining area. These communal areas had been personalised. For example, table lamps had portrait drawings of each person living at the service.

- There were several activities each day people could attend. Activities included, ball games, skittles, bingo and music for health. A volunteer occupational therapist also visited once a week and some Saturdays to provide varied activities. People were encouraged to choose activities of their choice. This ensured everyone had some activities of their choice each week and gave them an opportunity to pursue their interests.

- When people chose to remain in their room, we observed staff monitored them regularly and went in to have chats. They kept them included in the daily life of the service. Incidental activities also took place for example the winner of the bingo session chose the music they listened to at lunch time. Cultural, religious and individual celebrations were observed. For example, the New Year was marked with champagne and New Year Eve songs and a member of the committee visited.

- People were supported to take part in local events. The registered manager told us they mentioned to people there was a visiting circus and people showed an interest in going. After discussion with people and staff the registered manager decided to organise an outing. The staff team took seven people to the circus. This had involved planning for people with poor health and poor mobility to go out. The staff team were enthusiastic in supporting the outing and people enjoyed the experience which for some brought back happy memories.

- The staff supported people to remain calm at times which might be stressful for them by diverting their attention to activities they enjoyed. This in particular helped some people who experienced anxiety due to declining cognitive states. One person loved animals and staff showed them clips of cats on an electronic tablet. This helped them remain calm. They also had a visiting dog and this person and other people enjoyed the opportunity to pet and watch the dog.

- People currently living at the service were all Catholic. Most people liked to watch mass on the TV each Sunday together. There were Catholic items in the communal areas which were of relevance to people and prayers were said before meals and in the evening before bedtime.

- The registered manager told us they would welcome people from cultures other than Polish and religions other than Catholic. We saw they had supported people from other cultures in the past and the feedback had been positive.

End of life care and support

- People had an end of life care plan section in the care plan. Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in their records. One person's care record reviewed expressed their funeral wishes. However, most people had simply asked for relatives to be contacted in the event they became unwell.

- The registered manager described supporting one person who at end of life had chosen to stay at the service as their preferred place of care. The registered manager and staff worked with the palliative care team and the district nurse to create a caring environment in the person's room. They ensured the person

was cared for in familiar surroundings by staff they knew. They also ensured there was a place for their relative to stay and rest. The person's last days were peaceful surrounded by friends and family.

- The registered manager explained when approached most people had declined to discuss the matter with them. They felt this might be a cultural response and was seeking out further information to help them broach the matter in a sympathetic and appropriate manner.

Improving care quality in response to complaints or concerns

- We talked with people's relatives and they confirmed they knew how to complain and felt any concerns would be addressed by the registered manager. Their comments included, "I've never had to complain because there has never been anything wrong," and "I would raise a complaint, but I haven't had the need so far. [Registered manager] absolutely would sort it out. Straight away probably."

- No complaints had been made since the last inspection. The registered manager told us how they would acknowledge, investigate and address any complaint made.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role and was able to describe their leadership and support of the staff team. They were 'hands on' and were well informed and familiar to people living at the service.
- The registered manager undertook monitoring and audits of the service. Checks included, a daily walk around the service to inspect for health and safety and to greet each person living at the service. The registered manager told us this was to establish how people were feeling and make sure they had received all the support they required.
- The team leader was responsible for shift oversight and daily medicines checks. The registered manager undertook checks of medicines several times a week. Daily checks included, temperatures of fridges and freezers in the kitchen and medicine room temperatures. There were monthly medicines, infection control health and safety audits and twice-yearly audits which included a kitchen audits undertaken in February and June 2019.
- Weekly fire alarm testing occurred. A fire risk assessment had been undertaken by the registered manager in August 2019 and a fire contingency plan had been completed in January 2019 and was due to be reviewed the week of our inspection.
- A consultant visited the scheme and registered manager every three months to support with audits and provide supervision to the registered manager.

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

- The registered manager told us, whilst there had been no mistakes or errors which required them to act with duty of candour they understood the need to be open and transparent in their dealings.
- They described how they would inform the local authority and the CQC if the need arose. They demonstrated they knew when the CQC must be notified by law. This included for example, police incidents, safeguarding adult concerns and deaths in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which

achieves good outcomes for people

- Staff were supported both in the team and individually. Staff told us they were provided with regular supervision sessions. One care worker told us, "[Registered manager] explains everything. I have supervision every month. It's good. I have feedback from her. I like it because I know what I want to change in my work."
- Daily team meetings were used very effectively to hand over information about people living at the service, to share provider memos and discuss any current issues. In addition, each team meetings were used to give training sessions, review policy and procedure with staff and to plan for future events.
- Written feedback from relatives and people was positive. For example, "You are the Gold standard by which all other care homes should be judged." There were two formal, "Residents meetings" in 2019. However, staff talked with people throughout the day and canvassed their opinion on what they would like on the menu, what activities they would like to do and checked they were happy with their care
- People and relatives spoken with told us they were kept well informed by the registered manager. They found them approachable and were confident any concern would be swiftly addressed and had nothing but praise for the registered manager and the service provided.
- The provider had produced two books about living at the home entitled, "Welcome to my home," and "Let us Return." The books which were bound and printed, contained photos of people who lived at the home. For example, people taking part in festivities and activities. All pages contained large print headings in Polish and an explanation. The registered manager explained people and families liked to look through and remember, it was a celebration of life at the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended forums held by the provider. They had for example, attended a registered manager's work shop in April 2019. They described how they feedback their learning from the workshop with the staff team. They also attended the local authority registered manager's forum to keep their knowledge of changing legislation and social policy up dated. They read the CQC information updates each month to keep abreast of changes.
- The registered manager worked in partnership with health and social professionals for the benefit of people using the service.