

Abbeyfield Society (The) Lee House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 22 January 2016 and was unannounced. At our previous inspection in May 2015, we found the provider was meeting the regulations in relation to the outcomes we inspected.

Lee House provides accommodation and residential care for 27 older people. At the time of our inspection the home was providing support to 21 people. The home had a registered manager in post. 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.

People were protected from the risk of abuse because staff had received appropriate support and training which enabled them to identify the possibility of abuse and take appropriate actions to report and escalate concerns. People and their relatives said risks were assessed and managed appropriately. We saw risk assessments were person centred, detailed and responsive to people's needs.

There were systems in place to monitor the safety of the environment and equipment used within the home minimising risks to people. There were arrangements in place to deal with foreseeable emergencies.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work ensuring people were supported by staff that were suitable for their role.

Medicines were managed, stored and administered safely.

There were processes in place to ensure new staff were inducted into the home appropriately and we saw staff received regular training, supervision and annual appraisals. Staff were aware of the importance of gaining consent for the support they offered people. The registered manager and staff were able to demonstrate their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation.

People were supported to maintain good health and had access to a range of health and social care professionals when required. People's nutritional needs and preferences were met.

Staff demonstrated a good understanding of the needs of the people they supported and could describe people's preferences as to how they liked to be supported. We observed staff speaking with and treating people in a respectful and caring manner and interactions between people, their relatives and staff were relaxed and friendly.

People received care and treatment in accordance with their identified needs and wishes. Care plans documented information about people's personal history, choices and preferences, preferred activities and

people's ability to communicate. Staff respected people's privacy and dignity. People and their relatives told us they were made welcome in the home and they enjoyed the social events they were invited to attend.

People were supported to engage in a range of activities that met their needs and reflected their interests. There was a complaints policy and procedure in place and information on how to make a complaint was on display in the reception area of the home so it was accessible to all.

People and their relatives told us the atmosphere in the home was open, friendly and welcoming. People told us and we observed that the registered manager and staff were approachable.

The home and provider took account of people's views with regard to the service provided through satisfaction surveys that were carried out on an annual basis. There were systems and processes in place to monitor and evaluate the quality of the service provided.

The management of the home's records was maintained to a good standard. We found the records we inspected clear and easily accessible.

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 policies and procedures in place to enable the safeguarding of adults from the risk of abuse. We saw that people were protected from the risk of abuse because staff had received appropriate support and training.

Our inspection of people's care files showed that risk assessments were person centred, they contained appropriate levels of detail, they were up to date and were responsive to people's needs.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work. Staffing levels were appropriate to meet people's needs.

We saw that the administration of medicines was managed safely. Medicines were stored as required, appropriately and safely.

Is the service effective?

Good ●

The service was effective. Staff had completed a useful induction programme when they started work. They received ongoing training and effective supervision to ensure they remained knowledgeable, skilled and appropriately supported so they met people's needs.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and understood that where people lacked capacity, decisions had to be made in people's best interests.

We saw that people's dietary needs were assessed and people told us they enjoyed the meals they had provided for them. They said they were supported to have a healthy and balanced diet.

People had access to a GP and other health care professionals when they needed it.

Is the service caring?

Good ●

The service was caring. People told us they felt well cared for and they said they felt staff understood their needs. We observed people being given kind and compassionate care. Staff treated people in a respectful and caring manner.

There was a homely and relaxed atmosphere in the home when we inspected it and we observed there were positive interactions between people, their relatives and staff.

People and their relatives told us that visitors were made welcome to the home. They said they were invited to social occasions and events at the home that they enjoyed.

Is the service responsive?

Good ●

The service was responsive. People received care and treatment in accordance with their identified needs and wishes.

Care plans documented information about people's personal history, choices and preferences. People said they had their own care plans that were reviewed regularly. They told us they were fully involved in the process of care planning. Staff demonstrated a good understanding of people's needs and could describe peoples' preferences in how they liked to be supported.

People were supported to engage in a wide range of interesting activities that met their needs and reflected their interests.

There was a complaints policy and procedure in place and people were provided with information on how to make a complaint.

Is the service well-led?

Good ●

People and their relatives told us the atmosphere in the home was open, friendly and welcoming. People told us and we observed that the registered manager and staff were approachable.

The home and provider took account of people's views with regard to the service provided through satisfaction surveys that were carried out on an annual basis. There were systems and processes in place to monitor and evaluate the quality of the service provided.

The management of records in the home was maintained to a good standard.

Lee 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 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.

The inspection was unannounced and was carried out by one inspector. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding referrals. A notification is information about important events that the provider is required to send us by law.

During the inspection spoke with 10 people using the service, three visiting relatives, six members of staff and registered manager. We spent time observing the support provided to people in communal areas, we inspected five people's care records, five staff records and other records relating to the management of the service.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living in the home. They said that one of the important factors that contributed to this feeling of being safe was that staff were kind and supportive. One person told us, "I have lived here for several years and I feel safe. The staff make all the difference because they are so kind and helpful to us." Another person said "The staff are really caring and I feel safe living here." Comments from visiting relatives who we met were also very positive. One relative said, "I have absolutely no doubt that they are safe here, I visit regularly and I have never seen anything to indicate anything else." Another relative told us, "Yes of course, they are all very safe here."

People were protected from the risk of abuse because staff had received appropriate support and training which enabled them to identify the signs of abuse and deal with any concerns appropriately. Staff we spoke with were able to describe the types of abuse that they might come across in this home. They described the actions they should take if any concerns arose. Staff told us that they were confident the registered manager and other senior managers would deal with any concerns appropriately. One member of staff said, "If I had any concerns about suspected abuse of any of the residents I would report it straight away to the manager. I know they would listen to me and deal with it appropriately. I know it's the local authority that investigates."

We inspected the provider's policies and procedures in place for the safeguarding of adults from the risk of abuse. We saw there was also a copy of the local authorities safeguarding policy in the main office. Both were available for staff reference and both contained appropriate information and guidance for staff. We saw that safeguarding concerns were recorded and managed appropriately. There was information regarding abuse displayed in communal areas of the home for people to access. Contact numbers were available for people to use if they had any concerns. Information was also available upon request in different formats to meet people's needs. When we spoke with staff about safeguarding, they were also aware of the provider's whistle blowing policy and knew how to report issues of poor practice appropriately.

People and the relatives of people said they felt any risks pertaining to the provision of care for people was well managed by the staff team and risk assessments and risk management plans were in place for them. We saw that for one person who had fallen when getting out of bed at night, a risk assessment had been carried out and an electronic mat placed beside the bed to warn night staff to check they were alright. The relative of that person said, "It's re-assuring for me to know that staff are keeping an eye on them at night."

From our inspection of people's care files we saw that needs and risk assessments were completed that assessed levels of risk to people's physical and mental health. We saw that care plans contained risk management guidance. From our discussions with staff they told us that this provided them with good information that helped reduce the likelihood of harm to people by minimising the identified risks.

We saw that care plans and risk assessments were person centred. All the people we spoke with were aware they had this information available for them and they knew it helped them to receive safe care. People told us they were fully involved in the process. One person said, "Yes I do have a care plan and I was involved in getting it right." A relative said, "They always discuss my family member's care plan with us both and ask us

how we would like any risks to be managed." Other examples we saw of risk assessments included those for people who were able to self-medicate. We saw guidance for staff on how to support people who were assessed as being able to manage their own medicines. Risk assessments were reviewed monthly together with people's care plans and if a person's needs changed both the risk assessments and care plans were revised appropriately. People had signed to show their agreement with their plan of care.

Peoples' weight was regularly monitored and risk assessments were conducted where people were considered to be at risk of malnutrition. We saw that appropriate action had been taken where risks had been recorded. For example, one person's care plan showed that following a period of weight loss, their diet had been supplemented and their food and fluid intake had been monitored and recorded. Records showed that this action had been effective in returning the person to a safe and appropriate weight.

Accidents and incidents involving people's safety and for staff were recorded, managed and acted on appropriately. We inspected these records and saw that where staff had identified concerns they had taken appropriate action to address them so as to minimise the reoccurrence of risks. For example we saw that one person who had been identified as being at a high risk of having falls was moved to accommodation on the ground floor when it became available and was done with their agreement. Generally we saw that appropriate actions were taken by staff to address any risks identified from the review they carried out from the records of accidents and incidents.

There were arrangements in place to deal with foreseeable emergencies such as for fire. People had detailed individual evacuation plans in place which detailed the support they required to evacuate the building in the event of a fire. Staff we spoke with knew what to do in the event of a fire and who to contact. We saw from the records that regular fire alarm tests and evacuation drills were conducted.

There were systems in place to monitor the safety of the environment and equipment used within the home thereby minimising risks to people. We saw certificated evidence that showed equipment was routinely serviced and maintenance checks were carried out. Hoists, gas appliances, electrical appliances, legionella testing and fire equipment tests and maintenance were routinely maintained and serviced. Together with the registered manager we inspected all the premises and we found it was very clean and all the facilities and equipment was appropriately maintained. Several people said how clean the home was and one relative told us "there were none of the smells you often get in homes."

There were safe staff recruitment practices in place and we saw appropriate recruitment checks were conducted before staff started work. This helped to ensure people were supported by staff that were deemed as being suitable by the provider for their role. Records we looked at confirmed that pre-employment and criminal records checks were carried out before staff started work. Staff told us that staffing levels were appropriate to meet people's current needs. We looked at staffing rota's which evidenced this. On the day of the inspection we saw there were good staffing levels that enabled people's needs to be met.

We saw that medicines were managed and administered safely. We observed a member of staff administering medicines correctly and safely to people. Staff told us they had received training for this and they also said there was a monthly audit of the processes involved with administering medicines to people. We looked at medicines management training, competency and supervision records for staff. These confirmed what staff had told us and showed they had received training on a regular basis.

People's medicines were stored in individual dosset boxes. We looked at people's medication administration records (MAR) which listed their medicines and doses along with space for staff to record

when medicines had been given. We did find some gaps where staff had not signed the records correctly. However when we carried out a stock take check we found the recorded level of medicines matched the stored stock of medicines. The error was therefore a failure of staff to sign for medicines that were administered rather than a failure to give the medicines to people. The registered manager told us that an immediate review would be carried out to ensure that staff signed the records appropriately when administering medicines to people. We found that each person had a medicines profile that included their photograph and known allergies were also recorded on MAR's to ensure safe administration.

We saw that medicines were stored and kept safely in a temperature controlled room. They were locked in two secure medicines trolleys. We also found all controlled drugs were safely stored. Staff told us medicines which needed to be refrigerated were stored appropriately in a medicines refrigerator. We noted all medicines within the refrigerator were in date and stored correctly. We found daily recordings of the room and the refrigerator's temperature had been taken and logged by staff to ensure medicines were fit for use and stored as required.

Is the service effective?

Our findings

At this inspection we found the provider ensured people received effective care. One person said, "Staff know me so well and the help I need." Another person said, "We all get really well looked after here, you can see how comfortable the home is, it's clean and the food is good and the staff are kind and caring."

From our discussions with staff and our review of the records we found that staff had the knowledge and skills required to meet the needs of people living in the home. Training records evidenced that all staff had completed an induction and training programme that the provider considered essential. The training programme included food hygiene, fire safety, manual handling, first aid, administration of medicines, safeguarding adults, health and safety and infection control. We saw documented evidence that staff were enrolled to do training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) in February 2016. Staff confirmed they were booked in for this training.

Additional training was also provided for staff specific to the needs of people, for example end of life care training. A member of staff told us they had completed the induction programme when they started work and they were up to date with their training.

Staff told us they received supervision between four and six times a year. They told us this provided them with a useful support mechanism that helped them work more effectively with people. Identification of their training needs and the provision of effective training, they said, meant that they remained knowledgeable and skilled in the areas they required for their work. Our inspection of staff records evidenced this. We saw there was a wide range of topics discussed in staff supervision sessions. This included discussion about key-working with people, individual training needs and other important issues to do with the running and management of the home. We saw evidence documented in staff files that showed staff had all had an annual appraisal in 2015.

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

DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty. The registered manager told us that all of the people living in the home had capacity to make decisions about their own care and treatment. For this reason no DoLS were in place for anybody in the home at the time of this inspection.

Staff told us if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives (if appropriate) and any health professionals such as the GP to ensure appropriate capacity assessments were undertaken.

We saw that people's dietary needs had been assessed and they were supported to have a healthy and balanced diet. All the people we spoke with told us they enjoyed the food. One person said, "The food here is so good, it's healthy and varied. We get a choice if we don't like the main meal and if we don't like the alternative they usually cook something like an omelette for us." Another person said, "It's very good, I enjoy the meals I get here. No complaints at all." A relative told us they thought the food provided for people was "Excellent, I'd have no trouble eating it myself".

Staff told us meal choices were discussed with people at the monthly residents meetings. The registered manager said they always asked people what they wanted to eat and provided people with choices. We saw a monthly menu plan that included a choice of foods for breakfast, lunch and dinner. Staff told us that some people liked to make tea or drinks for themselves and we saw small kitchen stations on each floor where people could do this.

From our inspection of people's care files we saw maintaining their mental and physical health and wellbeing was an important aspect of their care provision. We saw people had regular contact with a range of health care professionals such as with their GP's, dentists, opticians and chiropodists when required. One person said, "I get to see the doctor when I need to. We also get visits to the home from a chiropodist. I am well looked after in this way". The registered manager told us they monitored people's mental and physical health on a daily basis. If there were any concerns for people, staff would refer people to appropriate healthcare professionals. We saw people's care files included records of their health appointments so staff could keep track of these.

Is the service caring?

Our findings

At this inspection we observed staff speaking with and treating people in a respectful and dignified manner. One person using the service said, "The staff are very kind and caring. The staff know us well, it's like a big family home." Another person said, "The manager and staff are very kind and caring towards us." A relative said, "From what I see when I visit, the manager and staff are all very caring people. The home is always clean and comfortable." Another relative said, "They have successfully created a homely and caring environment and I feel we are all very lucky to have this here. It's a weight off my mind to know my [family member] is so well cared for."

People living at Lee House told us they were consulted about their care and support needs. One person said, "I have a care plan and I was involved in making it. If there are any changes it gets reviewed." Another person said, "I know I have a care plan that gets reviewed with me and my relatives if that's what I need." We saw people had an appropriate care plan in place that was regularly reviewed and which included some historical information about the person. Staff told us this helped them understand people better at the start when people had just moved in and before staff had a chance to get to know people properly. We saw from the records people had been involved in planning their own care. Those we saw had been signed by people to show they agreed with the content of their care plans.

We asked staff we spoke with how they tried to ensure people's dignity was preserved at all times and especially when giving personal care. Staff gave us appropriate examples of how they achieved this with people. One example was the provision of a towelling gown for people when they were washed so as to preserve their modesty.

We saw staff gave people time and space to do the things they wanted to do and to make their own choices. They respected people where they wanted privacy. Some people preferred to spend time in their own rooms. A member of staff told us they tried to help people remain as independent as possible as well as making sure people's privacy and dignity was respected. Another example we witnessed was where staff knocked on people's doors before entering their rooms. We saw that people's information was kept confidential and secure.

There was a homely and relaxed atmosphere in the home when we inspected it and we observed that interactions between people, their relatives and staff were positive. People and their relatives told us that visitors were made welcome to the home and there were no restrictions to visiting. The registered manager told us there were regular social events held where people's relatives and friends were welcomed to join in so they could spend time together. An example of this we witnessed was held in the afternoon of this inspection to celebrate Burns Night. We saw other examples of social events that had been held over the previous year evidenced in photographs and other records.

Is the service responsive?

Our findings

People told us that they were given the care and treatment they needed. They said that staff were responsive to them and asked how they wanted their care to be provided for them. People said they felt they were listened to and relatives we spoke with agreed with this. People said they were fully involved in the needs and risk assessment process and the subsequent drawing up of the care plans. One person said, "I am able to do quite a lot for myself and staff know that and support me when I do need help." Another person told us, "The staff give me all the support I need. They are treasures."

The care plans we inspected for people provided guidance for staff about people's varied needs and how best to support them whilst promoting choice and enhancing independence. Details of how people liked to receive their care and support were documented in care plans and took into account of people's ability to be independent. We saw examples of this such as people going out to the local village shops where assistance was needed and people being able to choose their own clothes before they were supported to get dressed. Choices were also clearly indicated in care plans such as people's preferred bed times and morning preferences such as 'doesn't want to be checked over-night'.

Care plans documented information about people's personal history, choices and preferences and preferred activities. For example one care plan documented that the person enjoyed attending a local church and recorded how staff would support them to attend. A relative we spoke with said, "My [family member] has always been involved in the care planning process, as have I. The care given here is all about the person and what they need and want." Another relative said, "It's good to know staff are interested in them as people and they ask about their earlier life and history to get to know them better."

Care plans showed people's care needs were regularly assessed and reviewed in line with the provider's policy. One member of staff told us, "We review everybody's care plans every month and we keep daily records about people's health and wellbeing. We also record the activities they do to ensure that their care and support meets their needs. This helps us to identify any changes that occur in people's health and care so that we can amend their care plans appropriately."

People said there were residents meetings where they were able to talk about things that were important to them and about the activities they wanted to do and to discuss their meals. One person said, "We have monthly meetings, most people do attend them. They are useful because we can discuss anything we want to with everybody and with staff." We were provided with the minutes from all the meetings held in the last year. We saw meetings were well attended by people. Comments and suggestions were recorded and agreed actions highlighted. We saw that items discussed at the meeting included planning and discussing outings and social activities and meal planning.

People and relatives all told us they were supported to engage in a range of activities that they enjoyed and that met their needs and reflected their interests. One person said, "The scope of what we can do is really amazing. If we don't want to do something that's fine we don't have to." Another person said, "It makes life so much more enjoyable, I love it." A relative told us, "There is always so much going on here. It's great for

people." We spoke with the activities co-ordinator as a part of this inspection and we were shown evidence of an impressive range of activities and social events that were provided for people over the last year. We saw that this included volunteers and voluntary organisations who regularly visited the home to provide entertainment in a multitude of different ways that included sing along sessions and events such as the "Robbie Burns" evening to celebrate Burns night. People's different religious needs were also met within the home for those people who could not get to churches outside of the home. While we were there for this inspection a vicar was in the home to offer a religious ceremony for people who wanted to attend. We also observed people in the lounge engaged in a lively discussion about the day's news; we were told this was regular weekly event.

The activities co-ordinator told us at the weekends there was a film afternoon where people could choose what they wanted to see. One person said, "I really enjoy watching a good film. We all chose what to watch and sit together."

People had access to appropriate equipment that met their needs and which enabled greater independence. As an example we saw hoists, slings and wheelchairs were provided in the home. We saw that people were encouraged to personalise their bedrooms with personal belongings and furniture that they had chosen to make the room more familiar and comfortable for them.

We saw there was a complaints policy and procedure in place and information on how to make a complaint was on display in the entrance hall of the home so it was accessible to all. Information provided guidance on the complaints handling process and how complaints could be escalated. People told us they knew how to make a complaint if they had any concerns. One visiting relative said, "I don't have any complaints but I'd know how to go about it if I needed to. I have seen the leaflets in the hall." Another relative told us, "I'd go straight to the manager, but I don't have a complaint or concern." We saw there was a comments box located in the reception area to provide another opportunity for people to give feedback about the service. The registered manager confirmed that this was not often used by residents or visitors as people were more likely to raise concerns with staff or themselves directly.

Is the service well-led?

Our findings

People told us there was always a relaxed atmosphere in the home and they felt their views and opinions were valued by both the staff and the registered manager. One person told us, "I think the home is managed very well. I am happy here." A relative said, "It's a brilliant home, very well run and both myself and [my family member] think we are really lucky to be here." A member of staff told us, "The manager listens to us and we do feel like a family, a team." Another member of staff said, "The manager is supportive and accessible for us."

It was clear from our observations to do with how the home was managed and as well from the discussions we had with the manager, staff and relatives and people using the service, the ethos of the home was to encourage people to maximise their independence. Also to have a happy and enjoyable time while all their needs were met as well as possible.

During the inspection we were invited to sit in on the day's daily handover meeting where staff shared and recorded every person's progress detailing any immediate changes to people's needs. Staff said this helped to ensure people received continuity in their care. We saw that staff could express their views at this meeting and that it was a good way to ensure continuity and consistency of care for people.

The registered manager said they had regular team meetings every month that helped communication with the team. They told us that given the difficulty for night staff on the late shift's attending these meetings, other team meetings were specially arranged in the evenings to accommodate their needs. We saw the minutes from the last six team meetings; we saw that agenda items discussed included the needs of people using the service, meal planning and organised activities and any staffing issues.

The registered manager showed us records that demonstrated regular audits of the home's services, policies and procedures were being carried out. These included a quality assurance feedback survey of professionals, relatives and people who used the service. This was carried out in September 2015 by Ipsos / Mori, an independent polling agency. The results of this survey had not been published at the time of this inspection.

We inspected records of other audits that included complaints, infection control, finance, health and safety; staff training, medicines administration; fire safety and care file audits. We saw that accidents and incidents were recorded and monitored. The registered manager showed us the accidents and incidents log book. They told us and we could see that measures were put in place to reduce the likelihood of any re-occurrence's happening again.

All the records we inspected during this inspection were in very good order. They were easy to access by being clearly labelled and information was logically and chronologically filed. The management of records was good and we saw that this had benefitted the organisation and the running of the home's services as well as the process of this inspection.