

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?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Abbeyfield – New Malden is a residential care home providing personal care up to 36 older people across four separate wings, each of which has separate adapted facilities. The service provides support to people living with dementia. At the time of our inspection there were 32 people using the service.

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

There were breaches of regulation. The provider had not always ensured the premises were secure. A person had left the building through a door that was faulty. Risks to people were identified but not consistently managed. People were at risk of avoidable harm. There were missed opportunities to learn from incidents.

The majority of people using the service and their relatives told us they felt safe living at the home. Comments included, "Yes I believe [person] is safe" and "We are really happy with the care".

Staff were trained in safeguarding and knew how to raise concerns about people's well-being. Medicines were managed appropriately and administered to people as required.

Staff underwent safe recruitment practices. Staff were trained and received supervisions to support them undertake their roles. Enough staff provided care to people using the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements. The provider had systems in place which ensured staff followed IPC guidelines to minimise the spread of infection.

People's needs were assessed and reviewed. Support plans showed how people wanted their care delivered. People were supported to access healthcare services.

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.

People and their relatives told us they were happy with the staff who provided their care. Staff provided care with dignity and kindness. People received support to maintain relationships with people that were important to them, although they had found this difficult during the COVID-19 pandemic.

People were provided with meals of their choosing which they enjoyed. People's preferences and dietary needs were met.

People and their relatives were given an opportunity to provide feedback about the quality of care provided. Feedback received from people who used the service and their relatives was in the majority positive. People and their relatives knew how to make a complaint and raise any concerns.

Accidents were recorded and monitored and discussed with staff to minimise a re-occurrence. The provider worked in partnership with other professionals and agencies to meet people's care needs.

The majority of relatives of people using the service and staff were happy with the management of the service. They said the registered manager was approachable and available to discuss any issues. Audits were carried out to monitor the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us on 16/03/2011.

The last rating for the service was requires improvement, published on 19 August 2019.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbeyfield House - New Malden on our website at www.cqc.org.uk.

Why we inspected

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

We have found evidence that the provider made improvements prior to our visit to mitigate risks. However, the governance systems and risk management required further improvements through consistent practices.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe and good governance at this inspection. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Abbeyfield House - New Malden

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 gave a short period notice of the inspection because of the Covid-19 pandemic to ensure our activity would bring minimal disruption as possible.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 29 November 2021 to help plan the inspection and inform our judgements.

During the inspection

We spoke with the registered manager, deputy manager and three care staff. We looked at a range of other documents in relation to the management of the service, including quality assurance documents.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed care within the home in the lounges, dining room and communal areas.

After the inspection

We spoke with 18 relatives of people using the service about their experience of the care provided to their family members at Abbeyfield House- New Malden. We spoke with three care staff, head of housekeeping and an activities coordinator. We received feedback from the local authority quality assurance team.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- At our last inspection, we found controlled medicines were not disposed of in line with the provider's medicines policy.
- At this inspection we found medicines were managed well. People were supported to receive their medicines safely. Medicines were obtained, stored, administered and disposed of appropriately.
- Managers checked and undertook audits on staffs' medicines handling practices, medicines records and supplies.

Assessing risk, safety monitoring and management

- Risks in the environment were not always identified and addressed to ensure the premises were safe. Systems were in place to identify and manage risks to people living in the home. Care plans included personalised risk assessments that identified those risks.
- However, staff and the registered manager had not always managed risks safely. For example, premises were not consistently kept secure and did not consider fully the risks posed to people living with dementia.
- One person had left the premises unnoticed when they were subject to deprivation of their liberty which put them at risk of serious harm or death. The unidentified faulty door at the time and insufficient monitoring of people by staff also put other people at risk of going out through the unsecured premises. Another person had also left the premises unnoticed on a different occasion. The door was repaired after the incident and security systems increased to minimise the risk of people leaving the building unnoticed. The registered manager discussed the incident with staff to ensure risks to people were managed. Staff told us the registered manager and management team had emphasised the need of close monitoring of people using the service to keep them safe.

Systems and processes to safeguard people from the risk of abuse

- We received mixed feedback from relatives about the safety of people using the service. Some relatives said, "I think [person] is really safe" and "Yes, very safe". Other relatives were concerned a number of people had had unwitnessed falls which had resulted in injury.
- Staff knew their responsibility to keep people safe by reporting any concerns or allegation of abuse. Staff told us and records confirmed they had attended safeguarding training. We received information of instances when intervention methods were not put in place in a timely manner. For example, sensor mats were not consistently used as advised by healthcare professionals to minimise the risk of falls. We sought the registered manager's comment of this, and they explained sensor mats were used as appropriate. One person had a fall resulting in an injury when a sensor mat that was meant to indicate movements in their

room was not in place.

- The registered manager raised safeguarding issues when required. There were ongoing safeguarding issues that were under investigation. One concluded safeguarding investigation showed the provider had not always taken action in a timely manner which could result in people receiving unsafe care. This was in relation to the incident mentioned above when staff had failed to notice the absence of the person and including not being aware of the faulty door. The provider took action to secure the premises and the registered manager discussed staff practice to ensure they supported people safely.

Learning lessons when things go wrong

- Accidents and incidents were recorded and managed. Systems were in place to ensure learning occurred when things went wrong. However, while investigations were carried out, incidents discussed above showed lessons were not always learnt as there had been a repeat of situations which put people at risk of harm.

These issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staffing and recruitment

- People received care from staff who underwent a safe recruitment and selection process.
- Relatives of people using the service were in the majority happy about staffing levels. Staff told they were sufficient numbers of them on duty most of the times and had enough time to meet people's needs. When the home had experienced staff shortages, agency staff were brought in to minimise the risk of people not receiving care.

Preventing and controlling infection

- We were assured the service was following safe infection prevention and control (IPC) procedures, including those associated with COVID-19. Staff received training in IPC and followed good hygiene practices to minimise the risk of people catching or spreading infection. The registered manager told us, and records confirmed they undertook checks, regular meetings and communicated with staff to increase compliance in the use of personal protective equipment.
- Access to the care home had been restricted for non-essential visitors during the COVID-19 pandemic. We observed staff using PPE in accordance with current PPE guidance. People told us staff wore PPE correctly. The premises were kept hygienically clean. Housekeeping staff had increased their cleaning routines to meet their COVID-19 cleaning responsibilities,

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

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

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

- People's needs were assessed. The majority of people and their relatives where appropriate were involved in the assessments and regular reviews and of the support the person required. Care plans were updated when needed and contained sufficient detail about the support each person required
- Staff had guidance which they followed to ensure they supported people in line with best practice.

Staff support: induction, training, skills and experience

- People received care effectively because staff underwent induction, training and supervision to undertake their roles.
- Staff had regular supervision to support them with their performance in their roles.
- Staff were trained in safeguarding, first aid, Mental Capacity Act, infection control and manual handling.

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

- People were supported to eat and drink sufficiently and healthily. People's diets were varied and met their nutritional needs.
- Staff knew people's preferences for food and drink and the support they required with eating and drinking.

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

- People received support to access healthcare services and to maintain good health. People attended GP and hospital appointments when needed. Records confirmed staff involved healthcare professionals and relatives of people using the service and to ensure each person received support appropriate to their care needs.

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. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People were provided care in a manner that respected their human rights.
- Staff obtained consent from people before providing care. They had received MCA training to inform the way they provided care.
- People were lawfully deprived of their liberty for their own safety. Records were maintained for applications and DoLS authorisations. Staff understood this legislation and followed the conditions provided in the authorisations.
- Mental capacity assessments were carried out when people did not have the ability to consent to some decisions about their care. Care plans detailed the decisions people could make for themselves and where they may require more support to make decisions, for example in personal care and managing their medicines. Records showed staff respected people's choices on how they wished to receive their care.

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 good. At this inspection this key question remained the same. 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 were supported in a kind, respectful and compassionate manner. Comments from people and their relatives included, "The staff know [person] well" and "They don't talk down to her".
- People were cared for by a consistent team. However, this has been impacted by the COVID-19 pandemic where some long serving members of staff had left the service. The registered manager had a plan to ensure staff familiar with people's needs continued to provide care.
- Staff knew how to promote people's equality and diversity. People and their relatives told us staff were respectful of their individuality and did not feel discriminated. Care plans showed information about what mattered to people's identity such as their history, cultural heritage, spiritual needs and wishes. Staff supported people in line with each person's identity needs.

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

- We received mixed feedback about people and their relatives' involvement in making decisions about their care. The majority of relatives felt people received the support they required to make their views known about how they wished to be care for. A few relatives said they had found it difficult during the COVID-19 pandemic to give their input. Records showed people and their relatives where appropriate were involved in making decisions about the care and support needs.
- Records showed staff delivered care and support to people in line with their preferences and any changes required.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy respected. Comments from relatives included, "[Staff treat [person] with respect" and "The staff are respectful". However, there had been incidents where people's relatives told us, "[Person] sometimes wears clothes that are not their own" and "What I can tell you is that I have seen her wearing clothes that are not hers". This impacted on people's dignity. We spoke with the head of housekeeping who acknowledged the concerns and said was working closely with staff to ensure clothes were labelled clearly.
- Staff understood how to promote the privacy and dignity of people for example closing bathroom doors when providing personal care, dressing them appropriately and calling them by their preferred names.
- People's records were kept secure and confidential. Staff knew their responsibility to keep information about people confidential and to share with others on a need to know basis.
- People were encouraged and supported to remain independent as far as practicable by carrying out tasks for themselves so they could develop or maintain existing skills. Care plans showed what people were able

to do independently such as washing their face, combing their hair or dressing up.

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 remained the same. 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

- People received care that met their needs. Care plans detailed person's needs, life history, preferences and how they wished their support to be provided.
- Staff had developed positive relationships with people using the service and understood how to support them. Staff told us they were informed of changes to people's needs and the support they required.
- Staff updated care plans to reflect changes in people's needs and the manner they wished to be cared for.

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.

- People's communication needs were assessed and met. Staff had information about people's communication preferences. Records showed staff followed the guidance on how best to communicate with people to meet their needs.
- People received information about their care in line with AIS.

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.

- People were supported to maintain contact with those that mattered to them to ensure their social contact and wellbeing needs were met. However, some relatives had raised concerns that they found it difficult to have communication in person or otherwise during the peak of COVID-19 pandemic. The provider had suitable arrangements in place to help people stay in contact with their friends and relatives.
- Staff encouraged and supported people to engage in various activities for stimulation and to access the local community. Care records contained information about people's hobbies, interests, likes and dislikes. The provider had employed an activities coordinator who provided stimulation to people by engaging them in a variety of individual and group activities.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a concern if they were unhappy with any aspect of the service. Their comments included, "I will speak with the manager" and "I have no problems picking up the phone and contacting the manager". People received the provider's complaints policy and procedure which detailed the process of how their concerns would be addressed.
- The service had received complaints about the quality of care and resolved concerns. For example, people

wearing clothes that were not their own. The registered manager had ongoing plans to ensure staff were vigilant about this and that all clothes were marked with each person's name.

End of life care and support

- People were supported to have a comfortable and dignified passing. People and their relatives where appropriate were involved in planning and discussing their end of their lives wishes. Relatives and records confirmed staff respected people's wishes of their end of life care.
- Staff were aware of their responsibility to ensure people received appropriate care at the end of their lives and in line with their preferences. Staff worked closely with other health and social care professionals such as GPs, district nurses and the palliative care team when needed.

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 Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At our last inspection, we identified the provider did not consistently undertake monthly and annual health and safety checks. Since the last inspection there had been a full review of health and safety within the home. The provider had appointed a health and safety compliance officer. Monthly audits on various aspects of the home were carried out. Reports were discussed with the registered manager, business manager and the health and safety compliance officer. The most recent report showed the home's 94.6% achievement in the audit. The audits were detailed, and plans were put in place to make improvements as required.
- While the provider was making the necessary health and safety of the environment, there had been incidents of a breach of security due to a malfunction door or insecure systems to ensure people did not leave the premises unnoticed.
- We identified further issues around the governance of the service. Some risks required further assessments to ensure robust managements were in place. For example, some safeguarding concerns raised were avoidable and action taken was not consistent to minimise a recurrence, such as people having unwitnessed falls.
- The provider carried out audits of the service, for example, premises, medicines, staff training and care plans. However, these had not identified the issues we found as they did not consider fully the risks posed to people living with dementia..
- We received mixed feedback about the management of the home. This was partly due to the management style of the previous registered manager who had now left the service and the current one who was turning around things. The majority of the relatives were happy with the registered manager for being "Eager to see [person] have good standards of care" and "Focussed on making the right decisions for the home".
- The majority of the staff said the registered manager was "Very supportive"; "Available when needed" and "A stabilising factor after all the changes we have had". Some staff had found changes being introduced by the provider and registered manager difficult. A few members of staff felt while the registered manager was clear about driving the provider's vision, they expressed views that the registered manager had not always carried them on. Staff said the changes in the management of the home caused a lack of consistency and certainty in the running of the service. The registered manager told us some staff had found change difficult

as the provider was implementing policies to improve the quality of care. They showed a desire to work with every member of staff to drive improvement. We were assured that relationships between management and staff had improved significantly with the current registered manager.

- Staff found supervisions and team meetings beneficial for their learning and development to undertake their roles.

Continuous learning and improving care

- The provider had not always demonstrated a strong focus on capturing learning to improve the service. However, with the outcome of the safeguarding investigations, the registered manager showed us evidence they were responding and taking action on outcomes, such as improving the safety of the premises and sharing experiences with staff for learning

These issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014

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

- The provider had made changes to promote a culture that was person centred. This was having an impact on people achieving positive outcomes but required to be evidenced consistently. For example, staff needed to be aware of the whereabouts of people using the service and manage the risks of people having unwitnessed falls.
- Due to the ongoing COVID-19 pandemic, some relatives felt they did not have as many opportunities to meet with the registered manager and staff to talk about the quality of care provided. The registered manager ensured relatives could use other means to communicate such as via telephone calls and emails and continued to seek their input.
- Staff attended team meetings and minutes were shared with those who could not attend so they were aware of what was discussed. Staff told us they found handovers at the start of each shift beneficial as they discussed concerns and meeting people's needs.

Working in partnership with others

- The provider worked in partnership with the local authority, various other agencies and health professionals to address people's health concerns and following up on referrals made.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 The provider had not done all that is reasonably practicable to mitigate risks to people's health and well-being. Regulation 12(1) (2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance The systems and processes in place were not effective in monitoring the quality of care. Regulation 17 (1) (2)(a)(b)