

Abbeyfield Society (The) Lee House

Inspection report

2 Lancaster Avenue
Wimbledon
London
SW19 5DE

Tel: 02089460369
Website: www.abbeyfield.com

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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

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

Lee House provides accommodation and personal care for up to 27 older people. At the time of our inspection the home was providing support to 24 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.

At the last inspection in January 2016, the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People using the service and their relatives were very positive about the care and support provided at Lee House. They said staff treated people respectfully and in a kind and caring manner.

We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Individual care and support needs were fully assessed, documented and reviewed at regular intervals.

People were assisted as required by suitable numbers of staff who were trained and well supported in their job roles. Staff members had been safely recruited and had received an induction to the service. Staff we spoke with were confident that they provided a good service to people and said they would recommend Lee House to others. They had access to supervision and additional support when required.

People and their relatives or friends felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues. Staff also said they felt comfortable in raising any concerns should they have any.

Staff had received training around safeguarding vulnerable people and knew what action to take if they had or received a concern. Risks associated with people's support were monitored and managed well. People had risk assessments in place staff were made aware of any hazards that could affect the delivery of safe care. Well maintained and up to date care records supported staff to meet people's needs and preferences.

People received their medicines safely and on time from staff who were trained to manage medicines safely.

People using the service and their relatives said how clean the home was kept.

An experienced registered manager promoted high standards of care and person-centred support for people using the service at Lee House. They monitored the quality of the service and made changes to improve the service provided when required. People who used the service, their relatives and staff found the registered manager and her staff to be approachable and responsive.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

One inspector carried out this comprehensive inspection on 28 June and 18 July 2018. Our first visit was unannounced.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke with 10 people using the service during our visits. We also spoke with the registered manager and four staff members.

We reviewed three people's care records, looked at three staff files and reviewed records relating to areas such as the management of medicines, any concerns or complaints, staff training and how the organisation monitored the quality of the service.

We received feedback by email following our inspection from seven relatives or friends of people using the service.

Is the service safe?

Our findings

People living at the home told us that they felt safe. One person told us, "It's a good place. The staff are reliable and they take responsibility." Relatives were also confident that people were safe. One relative told us, "We know that [our relative] is safe and well cared for which is all we want." Another relative said, "It is a comfort that we know [person's name] is in safe and loving hands."

The service had effective safeguarding processes, policies and procedures and managed any concerns using local safeguarding procedures where necessary. Staff had received safeguarding training and were aware of the common signs of abuse. They told us they would report any concerns to senior staff and were confident that action would be taken as necessary. A member of staff said, "If there have been issues then they have been addressed. I would talk to the management team."

Risks to people's safety were assessed, monitored and managed to help people stay safe and well. Written assessments addressed areas such as the risk of falls, pressure ulcers, choking and poor nutrition. These were reviewed monthly to help make sure the care and support provided continued to keep people safe. We saw examples where risk assessments had been reviewed and changed following an incident or accident.

People using the service told us there were usually enough competent staff on duty. Comments included, "Enough? I think so, just about right", "Numbers vary. They have been short staffed in the past" and, "Sometimes depends on how many ring in sick." Staff spoken with acknowledged the increase in staffing that had been implemented in April 2018 to respond to people's changing needs. One staff member said, "Recently staffing levels have increased. It's good as people's needs have changed."

Recruitment was on-going but the registered manager acknowledged the current difficulties in finding and retaining staff in social care roles. Consistent agency staff were used wherever possible to cover any vacancies. One person using the service commented, "It's so difficult to get staff."

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks were carried out by the Disclosure and Barring Service (DBS) who help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People told us that their medicines were safely managed and available to them when needed. Suitable arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidance. Medicines were stored safely and in an orderly fashion within a dedicated secure and air-conditioned room. Accurate records were kept when medicines were received, administered and returned. There were audit systems in place to ensure the medicines were being stored and given correctly. People's preferences for taking their medicines were documented and respected. For example, when and how they like to be supported.

The service managed the control and prevention of infection well. People we spoke with were happy with

the cleanliness of the home. One person said, "The cleaning is excellent." Another person told us, "There is a very nice housekeeper who does it beautifully." On both days of our inspection the home environment was clean with no malodours. A relative commented that they had "never seen any aspect of their room or the facilities not looking lovely."

Any risks associated with the environment and equipment in use were assessed and reviewed. Safety checks were regularly carried out such as those for installed fire, gas and electrical equipment. There were also arrangements in place to deal with foreseeable emergencies. Care files contained personal evacuation plans for people using the service. These documents supported staff and the emergency services to support people if an evacuation of the home was necessary.

Is the service effective?

Our findings

People using the service and their relatives were happy with the care provided and they said this was provided by staff who were competent and trained.

Records showed that staff completed training relevant to their role and responsibilities. This included mandatory training to keep people safe such as safeguarding adults, moving and handling, infection control and fire safety. Staff confirmed that they had regular training and that courses were refreshed as required. All of the staff spoken with said they had sufficient training to undertake their roles although they used to receive more in the past. One staff member told us, "We get all the mandatory training although we used to get more bits and pieces. They are doing the training differently now." The registered manager confirmed that the training was now being managed centrally by the organisation and they were awaiting further information about the new programme being made available to staff.

New and existing staff were required to complete the Care Certificate. This is a set of standards that have been developed for care workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support.

Staff were also supported through regular supervision, performance development and appraisal sessions which considered their role, training and future development. In addition to these formal one to one meetings, staff said they could approach the managers informally to discuss any issues they had. Staff said they found the management team at Lee House to be supportive.

Systems were in place to ensure that all the staff in the home knew what their duties were on each shift. Staff were allocated to a particular floor and they told us how their tasks for the shift were identified for them by the senior carer. There was a thorough handover process when the shifts changed to ensure that all staff had the information to care for people safely.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. People had an information sheet in their care file which included important information about them. This could be taken to hospital with them so that important information about the person was shared.

Staff worked with healthcare professionals and families to support people to access healthcare whenever needed. One person said, "You can see the doctor. It's not difficult. They also come with you to hospital." Relatives told us that the registered manager and staff had contacted healthcare services for support and advice when needed. One relative told us, "[Family member's] health has also dramatically improved since they have been at Lee House...I'd say it's now better than it was 5 years ago."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. The registered manager had clear processes in place to monitor the DoLS and when they expired and would need reauthorisation.

Staff had received training in the Mental Capacity Act. They understood it was about supporting people to make decisions for themselves. They explained how they supported people to make choices by responding to everyone's abilities and respecting their choices. We saw people were able to go out in to the local community during both our visits. One person told us, "I can go out on my own. I'm free to go out."

Written mental capacity assessments completed for one person seen during the inspection were found to be generic in content and did not fully address a specific decision. The person's care plans contained much better information about how they were supported to make choices for themselves in their daily life. This issue was discussed with the registered manager who agreed to review the MCA assessments kept on file.

People we spoke with were happy with the food provided. Relatives were also satisfied that people received the support they needed around mealtimes. A relative commented, "[Family member] also likes the food and has no complaints about that."

There was a rolling menu in place which had been developed by the service in consultation with people using the service. This changed seasonally or if people did not like a particular item on the menu. We saw a recent resident's meeting had been used to get suggestions about changes to menus. Comments from people using the service were generally positive and included, "Our cook loves to feed us up. Nice big plate of porridge in the morning", "I think it's good", "The food is very well done" and "A bit like school food but they do it very well."

People's nutritional needs had been assessed and where needed people had been appropriately referred to other healthcare professionals for further assessment and advice. The risk assessment had guidance in place on the action staff needed to take at each level of identified risk. People's weight was also monitored regularly.

Is the service caring?

Our findings

People and their relatives were consistently positive about the friendly caring attitude of the staff.

One person told us, "I think the staff are approachable and helpful. Could not ask for better." Another person told us, "The girls come in. They are perfect. Well educated." A third person commented, "The carers are excellent."

A relative commented, "The staff are kind and understanding with them...my [family] and I frequently turn up unannounced and have never found anything going on that shouldn't be." Another relative told us, "The comfortable, friendly environment at Lee House is a credit to the wonderful team." A third relative said, "Every time I visit the staff are, without exception, friendly, jolly and helpful. "

People using the service told us that staff were respectful and upheld their privacy and dignity. Comments included, "Very polite and respectful", "All very nice" and, "very good staff – polite."

Positive feedback had been received in a 2018 organisational survey based on the CQC caring domain. All twenty people responding said they were treated with kindness, dignity and respect.

There was a relaxed and homely atmosphere on both days we visited. Our observations were that staff were kind, caring and compassionate. It was evident they knew people well, speaking to people respectfully and giving them choice when making everyday decisions such as what they wanted to do, eat or drink. For example, we saw staff always checked with the person they were supporting before doing anything saying, "Are you ready?" or "Would you like me to help you?"

Care plans included good detail about the person, their preferences for care and their likes and dislikes. Examples seen included people's favourite music, the tv programmes they liked to watch and the card games they enjoyed. One person told us, "I get to know most of the carers well." A relative commented, "Most of the carers talk knowledgeably about [family member], not just her key worker."

Meetings of the monthly meetings held with people using the service included discussion about activities, food, the home environment and any concerns or suggestions. We suggested that a 'you said, we did' summary could be produced following up on issues and suggestions raised at meetings. The registered manager agreed to consider this following the inspection.

Suitable arrangements had been made to make sure that people's information was kept confidential. We saw that written records which contained private information were stored securely when not in use. In addition, computerised records were password protected so that they could only be accessed by authorised members of staff.

People told us they were able to see family and friends. Relatives felt able to visit at any time and said they were made to feel welcome. One relative told us, "We are made to feel welcome, offered tea or coffee and

someone always pops in to say hello."

Is the service responsive?

Our findings

People's needs were regularly assessed and responded to. People's individual needs were assessed before they came to live at Lee House. A comprehensive pre-admission assessment form was completed that staff used to discuss with the person and/or their representatives about the support they required. Care plans were then written and developed as the staff got to know people and their support needs better.

A relative told us, "They all know [family member] well and are keen to discuss their care." Another relative said, "The home is in regular contact with me and we discuss and deal together with issues such as hearing loss."

Care planning was holistic, focusing on the person with each plan personalised to the individual. Care plans fully addressed people's care and support needs and contained good information about the person's care and their personal preferences. Care staff we spoke with were knowledgeable about people's needs and were able to describe the care as recorded in the care plan. Care plans were reviewed regularly and when people's needs changed.

People's beliefs, religion and diverse backgrounds were respected. Regular Church services were held in the home and dietary changes made where required respecting culture and religion.

Staff kept daily records documenting how care was delivered on each day. This information was shared with the staff team during the shift handovers to ensure continuity of care and that no important information was missed.

People told us and records confirmed that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. One person using the service said, "Always a few things going on." Another person said, "Yes enough activities." A third person commented, "I have been on lots of trips. We have regular classes."

A dedicated co-ordinator provided activities five days a week and at weekends when required. A monthly activities schedule was shared with people using the service based on their preferences including exercise sessions, quizzes, visiting musicians and birthday celebrations. A shop was opened for people regularly and one person using the service told us how they helped to run this. People were able to enjoy occasional organised trips out into the local community with a recent boat trip receiving very positive feedback from the people we spoke with. Photograph books were available in the communal areas documenting parties, trips out and other events.

There were arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. People using the service and their relatives felt confident that, if they complained, they would be taken seriously, and their complaint or concern would be listened to. One person said, "I go to the team leader. They listen to me." Another person told us, "You can talk to the manager."

Is the service well-led?

Our findings

Lee House was led by an experienced registered manager with the support of a deputy manager and senior staff members leading on each shift. 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 using the service and their relatives said that the home was well run. One person told us, "The manager is alright. She is always very pleasant and she responds to you." A relative told us, "Lee House seems to be a well-run and pleasant care home." Another relative commented, "[Family member] tells me they're happy at Lee House which is a huge relief to us. They feel that the carers are very friendly and helpful, alongside the manager and her deputy, and the premises officer."

The majority of people using the service said they would recommend the service to other people. This view was echoed by some of the relatives we received feedback from. A relative told us, "I would have no hesitation in recommending Lee House to a friend, whose parent needed care and nursing." Another relative commented, "I wouldn't hesitate to give a 5-star rating and recommend to anyone with a family member who needed care."

Staff were motivated and proud of the service. They were positive about the leadership of the registered manager and were confident of the high quality of care provided at Lee House. One staff member said, "People are well cared for. It's person centred and feels like home." Another staff member told us, "Excellent care. The staff here are a caring lot."

There were systems in place to monitor the quality of the service being provided. The organisation had audits and reports to help them monitor the quality of care provided. Where concerns were identified action was taken to help staff ensure that there was no repeat of the concern. For example, an annual risk management audit had taken place with a full written report provided to the registered manager. The organisation had also surveyed people using the service to identify what they did well and any areas where improvements could be made. We saw that they had analysed the results and shared them in a residents meeting.

The provider received all the accidents and incidents for the home and all their other homes and so was able to analyse the data and look to see if there were any trends which would indicate areas for review.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. They ensured that they shared information with other agencies to support people's care. For example, when people went in to hospital or accessed other social care services.