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Abbey House - Morden

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 responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Abbey House – Morden is a care home for up to 12 people with mental health needs, at the time of the inspection there were 10 people using the service.

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

We received positive feedback from people and their relatives about the care and support they received at Abbey House – Morden.

At the previous inspection, we found the provider needed to make improvements in relation to the areas of concern we found including staffing, safe care and treatment and good governance. At this inspection, we found that sufficient improvements had been made.

People told us they felt safe living at the home. The provider carried out risk assessments which helped to ensure that people were safe from harm. Checks were also completed on the environment and equipment within the home to ensure it was a safe place for people to live in. There were robust recruitment checks in place which meant staff were safe to work with people. People received their medicines as prescribed and we were assured that the provider had safe infection prevention and control procedures in place, including in relation to the management of COVID-19.

Staff attended training that was relevant to their roles and they received ongoing supervision with regards to their work practice. People received the appropriate level of support in relation to their nutrition, hydration and ongoing health needs. The provider worked with other agencies to provide effective care.

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.

Care plans were reviewed on a regular basis and contained details of people's ongoing support needs, including end of life care. People were supported to maintain relationships that were important to them. The provider acted upon any complaints that were received and responded appropriately.

The service was well-led. Regular quality assurance checks were completed, and the provider sought the views of people, relatives and staff in terms of how the service was run.

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

Rating at last inspection and update.

The last rating for this service was requires improvement (published 30 May 2019) and there was a breach of regulation in relation to safe care and treatment, staffing and good governance. The provider completed an

action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made and the provider was not in breach of regulation in relation to safe care and treatment, staffing and governance.

Why we inspected

The inspection was prompted due to the previous rating and the breaches found at the last inspection. A decision was made for us to inspect and examine improvements against the breaches. As a result, we undertook a focused inspection to review the key questions of Safe, Effective, Responsive and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has improved to Good. This is based on the findings at this inspection.

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

Follow up

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?

Good ●

The service was 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Abbey House - Morden

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was conducted by one inspector.

Service and service type

This service 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.

The service is managed by an individual provider, so there is no condition on their registration requiring a registered manager. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced, the second day was announced.

What we did before the inspection

We reviewed information we had received about the service since it had registered with us. We used this information to plan our inspection.

We did not ask the provider to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the three people using the service, the owner/director, the deputy manager and two care workers.

We reviewed a range of records. This included three care records, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection

We spoke with two relatives of people using the service and received feedback from one visiting professional.

Is the service safe?

Our findings

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

At the last inspection this Key Question was rated as requires improvement. At this inspection, this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found references were not always verified, interview notes were not always completed and there were not enough staff employed at night to meet the needs of people using the service. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 18.

- There were enough staff employed to meet the needs of people using the service. Staff rotas showed there were three staff on shift during the day and two at night, one sleep and one waking staff. Since the previous inspection, the provider had stopped using volunteers to cover shifts and no agency staff were used either.
- Staff files were fully completed, with verified references seen and application forms completed with a full employment history. Interview notes and interview assessment forms were included in staff files and demonstrated that staff employed had been appropriately assessed.
- The provider had completed Disclosure and Barring service (DBS) checks for all staff. A DBS is a criminal record check that employers undertake to make safer recruitment decisions. This meant that staff were safe to work with people.

Using medicines safely

At our last inspection we found stock balance checks of people's medicines were not always accurate. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- People received their medicines as prescribed in a safe way from staff who had received the appropriate training.
- Medicines Administration Records (MAR) were completed for people and these were checked against the stock balances of medicines and were found to be correct.
- Care plans included a medicines profile with details of people's prescribed medicines and dosage, their diagnosis and their GP and pharmacy.
- Medicines audits took place which helped to ensure that medicines practice was safe.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse.

- People using the service told us they felt safe living at Abbey House – Morden. Comments included, "I like it here. Staff are nice" and "They look after me." Relatives were also confident that their family members were kept safe from harm. One said, "We are really happy. [Our relative] is settled there."
- Staff were aware of safeguarding procedures and what steps they would take to keep people safe. Records showed that staff had received safeguarding training. One staff said, "Safeguarding is making sure people are safe from abuse. If we find any abuse I would tell the manager straight away."
- There were no current safeguarding activity within the home. Records showed that where concerns had been raised, the provider worked with the local authority safeguarding team in an open and transparent manner.

Assessing risk, safety monitoring and management

- Risks to people were reviewed on a regular basis and updated to reflect any changes.
- At the last inspection we found that Personal Emergency Evacuation Plans (PEEPs) were not reviewed annually. At this inspection, we found that PEEPS were up to date.
- The provider completed risk assessments covering a number of areas such as risk of falls, choking, pressure sores and mobility. These were reviewed on a monthly basis or when people's needs changed and helped to ensure that risks were managed in a safe way.
- Regular audits and checks on the environment which helped to ensure it was safe for people and staff were completed. These included monthly health and safety checks, checks on the first aid kit, and daily fire safety checks. An external fire risk assessment had been completed in January 2021 with no issues found.
- Manual handling equipment was checked weekly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. We saw several instances of staff and visitors undertaking self-testing before coming into the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents and accidents and other events that occurred such as complaints and safeguarding were recorded. These were discussed with staff with the aim of preventing them from happening in the future.

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 requires improvement. At this inspection, this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider completed mental capacity assessments to ascertain whether people were able to make decisions about their care and treatment.
- Where it was found that people were not able to make decisions for themselves, the provider held best interests decision meetings involving people's families, and other professionals. This helped to ensure that any decisions made were in people's best interests. One staff said, "MCA is when they can't make their own decisions so we need to read the care plan to see their likes and speak to their family."
- Where people were deprived of their liberty, the provider applied to the relevant authorities for any DoLS applications.
- Staff that we spoke with were aware of the importance of asking for people's consent and offering them choices with regards to their day to day care. They told us they always respected people's views. Comments included, "Some people are not able to make a decision, so we consult their next of kin" and "We offer residents choices and respect their wants."

Staff support: induction, training, skills and experience

- Staff received appropriate training which meant they were competent to carry out their roles. New staff completed the Care Certificate. This is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers.

- Records showed that staff received regular training in a range of topics that were relevant to their role. The training certificates seen were accompanied by assessments to test their knowledge of the subject matter which showed that staff were competent.
- Staff records showed that they received regular supervision with the manager, these meetings were used to discuss a range of issues including their work, team working and an opportunity to talk about the people they key-worked.

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

- Before people moved into the service, the provider carried out an assessment of their needs which helped to ensure their needs could be met.
- Care and support plans were developed during the first few weeks of people moving in, this meant that relevant support needs and risks could be monitored and amended if required.

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

- We observed care workers preparing breakfast and lunch for people. Although there was a menu in place, people were offered an alternate choice if they wished.
- Nutrition and hydration care plans were in place, detailing people's support needs including if they required a modified diet. Staff followed these care plans as directed, respecting people's religious choices. One staff said, "We make food for all the residents, we have a weekly menu. [Person] only eats halal food, we buy the meat separately and store his food separately."

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

- People's ongoing health care needs were met. They were supported to attend regular health checks and appointments such as eye tests and dental check-ups if needed.
- Care records included evidence of partnership working with district teams and other health professionals such as care co-ordinators and social work teams.
- People's ongoing healthcare needs were monitored regularly by the provider. The provider took part in RESTORE2, this is a physical deterioration and escalation tool for care homes. It is designed to support homes and health professionals to recognise when a resident may be deteriorating or at risk of physical deterioration and to obtain a complete set of physical observations to inform escalation and conversations with health professionals.

Adapting service, design, decoration to meet people's needs

- The home was designed and adapted to meet the needs of people using the service.
- People lived in individual bedrooms which were furnished to their liking. There were communal and private spaces for them to socialise in outside of their bedrooms.
- There was a large conservatory and an outdoor space which we saw being used by people on the day of the inspection.
- Appropriate checks were carried out on the environment and the equipment in it to ensure that it continued to meet people's needs and was a safe space for them to live in.

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 requires improvement. At this inspection, this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

- The provider completed pen portraits for each person which contained person-centred information about people's likes and dislikes. The manager had also developed summarised care plans, providing staff with a snapshot of people's support needs.
- Care plans covered a number of areas of support that people needed such as communication, personal care, mental health, medicines and social relationships amongst others. These were reviewed every month to ensure that people's support needs were current.
- Support plans included an identified area of support, the intended goal/outcome, people's level of independence with regards to that area of support and the steps that staff could take to further support people.
- Each person had an allocated key worker who they met every month to discuss any support needs, their ongoing health action plan and any issues they had.
- People took part in activities within the home but were also supported to go out in the community, going to the local shops, to parks or the pub. People were supported to maintain relationships that were important to them, for example some people spent time with family a few days every week. Family and friends were also welcome to visit people at Abbey House.

End of Life Care

- End of life care plans were in place, which included details of people's wishes about how they wanted to be cared for towards the end of their life. It also included details of their funeral wishes and other choices including any religious or cultural considerations to be respected.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints procedure in place and responded when concerns were raised.
- Details of how people or visitors could raise complaints were on display at the home. People's concerns and complaints were explored during residents and key worker meetings.
- There had been one formal complaint received in the past year. The provider responded appropriately, carrying out an investigation and raising a safeguarding with the local authority.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found some records did not always appear authentic. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 17.

- The provider had a comprehensive system of governance and quality assurance checks in place to monitor the quality of service.
- Infection control audits were carried out, including the South West London Infection Prevention & Control best practice tool and an internal IPC monthly audit.
- Medicines records were audited on a monthly basis which helped to minimise medicines errors.
- Care plans audits, including checking the date of reviews, people's Do Not Attempt Resuscitation records and their Deprivation of Liberty Safeguards (DoLS) expiry were completed every month.
- A monthly hospitalisation tool was completed, monitoring any ongoing infections, hospital admissions, falls and other indicators.
- Fluid monitoring was done on a regular basis in addition to regular monitoring of respiration, blood pressure, pulse and temperature to try and recognise early soft signs of ill-health.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- We were assured that there was a positive culture within the home. There was a calm, pleasant atmosphere observed during the inspection.
- People and their relatives told us the registered manager was approachable and listened when they had any concerns or questions.
- Staff told us the registered manager was supportive and they worked well together. Comments included, "I don't have any problems here, I can talk to my team leader at any time and they can sort it out. We have a good team here, we all work well together."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The provider used a range of methods to engage with people, staff and relatives.
- People using the service had the opportunity to discuss issues on an individual and one to one basis through monthly key worker meetings. Residents meetings were held every month, which meant they were able to discuss things such as activities, menus and other issues in a group setting too.
- Relatives told us the provider contacted them to discuss any relevant issues in relation to their family members on a regular basis. Comments included, "They always keep us informed, contacting us if there are any changes or when the care plan is being reviewed."
- Staff meetings and individual one-to-one supervision meetings were held with staff and were used to gather their feedback about topics that were relevant to them.

Working in partnership with others

- The provider worked with external agencies to support people using the service. The deputy manager said, "Most of the people are under the care of the mental health team – some have a care co-ordinator. I want to build a rapport with all professionals."
- Details of community mental health teams, and other health and social care professionals were on display in the main office if staff needed to contact them. Care records contained evidence that health professionals were contacted if required.
- One professional told us, "I developed a supportive working relationship with the manager, we had a video meeting once a month to discuss any issues relating to safeguarding or DoLS and I provided guidance and support."