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

Summary of findings

Overall summary

This inspection took place on 05 June 2018 and was unannounced.

At our previous inspection of 16 and 17 June 2017, the service did not meet all the requirements we inspected at that time. These were in relation to person centred care, safe care and treatment, fit and proper persons employed and good governance. The provider was rated 'Requires Improvement' overall and across each of the five key questions of 'Safe', 'Effective', 'Caring', 'Responsive' and 'Well-led'.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the five key questions to at least good. At this inspection we found that the provider was now meeting the requirements of the Health and Social Care Act 2008 and the associated regulations.

Abbey House - Morden 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.

Abbey House - Morden accommodates up to 12 people in one adapted building. At the time of our inspection the home was at full capacity.

The home was not required to have a registered manager as the provider was an individual person in day to day charge of the service. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Minimal improvements were required to ensure that people's care files and staff training records were better organised. We will check on the provider's progress with this at our next inspection.

The provider had measures in place to ensure the premises were safe, and cleanliness and hygiene maintained. Home safety checks were up to date and systems were in place to prevent and manage infection control.

Staff were aware of the potential risks to people and how to report any concerns through the providers safeguarding procedures. People's risk assessments provided guidance for staff on how best to support them and keep them safe. There were suitable numbers of regular staff to meet the needs of the people at the home, and recruitment processes were robust. People's medicines were stored, administered and recorded safely and the home ensured people received their medicines at the times they needed them.

People's consent was sought and decisions appropriately recorded in their care files. People were supported to access healthcare professionals at times when they needed them. Food and fluids offered were sufficient in supporting people to maintain a healthy, balanced diet. People's rooms and communal areas reflected their needs and were personalised to individual tastes. Staff received support through a

range of training, regular supervision and appraisal.

People were cared for by staff that treated them with kindness. People's privacy and dignity was respected when meeting their needs and staff knew how people preferred to be cared for. People were supported to express their views about their support needs.

Activities had been improved to reflect people's choices, we observed and records reflected that people were supported to access activities both in and outside of the home. People's end of life preferences were clearly documented. Complaints procedures were in place to support people to express any concerns they may have.

People and staff spoke well of the manager. Quality assurance systems were effective in identifying improvement issues and maintaining the quality of the service provided.

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.

People were safeguarded from the risk of abuse, and risk management plans were clear in identifying individual risks.

People were supported by appropriate numbers of staff that had been safely recruited.

The premises were clean and effectively maintained. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received training relevant to their roles, as well as regular supervision and appraisal. People's consent was sought in line with the Mental Capacity Act 2005 (MCA). People received a healthy, balanced diet and were supported to access healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Staff knew the needs of the people at the home and treated them with dignity and respect. People were treated kindly and were supported to express their views.

Is the service responsive?

Good ●

The service was responsive.

People were supported to participate in activities relevant to their needs. The provider had ensured people's end of life choices were sought, and they had a sufficient complaints procedure in place.

Is the service well-led?

Requires Improvement ●

The service was not always well-led. Some improvements were required to make sure the service was as well-led as it could be.

People's care files required further organisation, and staff training records were not always clear.

Quality assurance systems were in place to improve the quality of the home and staff felt well supported by management.

Abbey House - Morden

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.

This inspection took place on 05 June 2018 and was unannounced.

The inspection was conducted by one inspection and an expert-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.

Prior to the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the care records for two people at the home. We also looked at three staff files and documents relating to the overall management of the service which included quality assurance audits and daily records checks.

During the inspection we spoke with three care staff and the manager. We also spoke with three people living at the home and one relative.

Is the service safe?

Our findings

At our last inspection on 16 and 17 June 2017 we found that the provider had not taken steps to mitigate risks to people's health and safety when moving around the premises.

We found that areas of the home required improvements to ensure that infection control risks and safety were appropriately managed. A pond in the garden was not sufficiently covered to mitigate the risk of people falling in. Carpets were worn and bathroom and en-suite facilities were not sufficiently maintained to ensure people were able to maintain personal hygiene. There was not always soap and appropriate hand drying facilities to ensure good hand washing practice and people's rooms were not always sufficiently cleaned. One window did not have a suitable window restrictor and we saw that in some people's rooms some fixtures and fittings were broken or in poor condition. Hot water temperatures were not regularly checked across all areas of the home.

At this inspection on 5 June 2018 we found that the provider had taken appropriate action to improve safety across the premises. A previously uncovered pond was now covered with a tarpaulin and the surrounding area was free of any potential dangerous debris. The provider had replaced the carpets throughout the hallway area and these were clean and sufficiently maintained. Bathrooms now contained liquid soap dispensers and paper towels to enable people to wash their hands. All rooms had sufficient window restrictors in place, and we saw that the fixtures and fittings had been updated where required. The provider had also redecorated communal areas to a satisfactory standard. Hot water temperature checks were conducted regularly, and records showed that these were up to date and within safe levels. Each person also had an environmental risk assessment within their care file to highlight any risks when manoeuvring around the home or in the garden areas. The provider was now compliant with the regulations.

Regular infection control audits were conducted to monitor the hygiene and cleanliness of the premises. We observed that the premises were clean and records showed that regular cleaning schedules were in place to ensure that hygiene levels were maintained. One person said, "They hoover and polish everywhere."

At our last inspection on 16 and 17 June 2017 we found a breach of regulations in relation to the safe recruitment of staff. Recruitment application forms did not always list the staff member's previous employment history, and there was not always sufficient references on file to check the applicant's suitability for the role. At this inspection we found that those staff recruited to the service since our last inspection had been subject to satisfactory recruitment processes. The provider was now compliant with the regulations.

Prior to the commencement of employment staff were required to submit their employment history, proof of identity, right to work in the UK and two satisfactory references. Disclosure and barring service (DBS) checks were also carried out to check that staff were safe to work with people.

Following our last inspection we reported that fire drills did not take place at night, as recommended by an external fire risk assessment. At this inspection, records showed that a night time fire drill had been

conducted within the last 6 months. Each person also had a personal emergency evacuation plan (PEEP) on file to guide staff with the most appropriate methods to support people from the building safely in the case of an emergency.

Appropriate measures were in place to protect people from the risk of abuse. Staff were able to tell us the different types of abuse and knew the action they would take if they suspected someone was at risk. A staff member said "I would talk to the manager" and another said "We need to keep residents safe, and have to follow the training. I would tell whoever was in charge, if I need to I would take it to the manager." The provider had a safeguarding policy in place to guide staff on the most appropriate action to take and they received relevant training.

People's medicines were safely managed by the home. Relevant staff had received medication training and were subject to an annual medicines competency assessment. Each person had a medicines profile which included a list of their medicines, dosage, time required and a list of any possible side effects. Records showed that people's medicines administration records (MAR) were complete and up to date.

Staff knew the steps to take if any person refused their medicines, and medication refusal form was completed detailing full actions taken in the case of such an event. The provider ensured that the temperature that medicines were stored at was checked regularly and both the cupboard and refrigerator storage areas had thermometers in place.

Is the service effective?

Our findings

At our last inspection on 16 and 17 June 2017 one person was being unlawfully deprived of their liberty due to a lock on their wardrobe which was not part of their DoLS authorisation. At this inspection on 5 June 2018 we observed that no one had a lock on their wardrobe doors. Where required, applications had been made to the appropriate authority to ensure that people were not deprived of their liberty unlawfully.

The provider ensured that they followed guidance as set out the Mental Capacity Act 2005 (MCA and Deprivation of Liberty Safeguards (DoLS). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Outcomes of any best interests decisions and appropriate capacity assessments were held on people's files.

At our last inspection on 16 and 17 June 2017 we found that the majority of people's bedroom doors were kept locked, without this being noted in their care files. We observed that people's rooms were open throughout the day of this inspection on 5 June 2018, and people shut them if they wished. People were also able to lock their rooms, with staff having access to a master key if they needed to access people's rooms for their own safety.

At our last inspection effective arrangements were not always in place to promote people's comfort in their own rooms, with little or no personal decorations. At this inspection on 5 June 2018 we saw that people's rooms contained personal artefacts and decoration of their choosing. Staff were able to explain to us people's preferences in relation to the decoration of their room and we saw these reflected in the rooms we looked at.

Staff were trained in a variety of topics to enable them to carry out their role effectively. The provider was also in the process of implementing a new training schedule for the coming year that covered all aspects of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Staff had received training in medicines administration, safeguarding, moving and handling, fire safety and mental health. Records showed that some staff were out of date with their refresher requirements, however the manager showed us a confirmation of future bookings and their updated training schedule in line with their new training package.

Staff told us that they received support through regular supervision and bi-annual appraisal. A staff member said, "We review the last one, discuss taking people on outings and any training" whilst another told us, "It's every three months, yes, it's supportive." Records showed that staff received regular supervision that covered staff teamwork, development, training and discussions about people at the home. Records also showed that appraisals were completed in line with the provider's requirements.

People were supported to maintain a balanced diet, being offered enough to eat and drink. One person told us, "I enjoy the food. I have salad, rice and curry." Where one person required regular food and fluids, records were in place to ensure staff recorded the quantities that they had offered the person. We observed

that people were offered regular fluids and snacks throughout the day with a variety of choice on offer. Menus were shared with people to support them to make choices about the foods they wanted to eat, and food items were prepared and handled safely in the kitchen area. For example, where some people required halal meats these were stored and prepared separately to other foods.

Referrals to other healthcare professionals and medical advice were sought in a timely manner. One person told us, "My doctor visited me and I went to the surgery." People's care files included GP appointment logs, chiropodist and optometrist records. We saw that where one person had required support and advice from district nurses the provider had liaised with them appropriately.

The staff team worked effectively to ensure that issues in relation to each person were communicated at handover. Daily records of each person's activities were up to date and reflected people's whereabouts and any issues across each shift of the day.

Is the service caring?

Our findings

At our last inspection on 16 and 17 June 2017 we found that people's spiritual and cultural needs were not always supported by the home. People's daily notes did not reflect that their religious preferences had been met, food menus were not always displayed to ensure people were able to make choices and variety was not available in people's cultural foods.

At this inspection on 5 June 2018 we found that these areas had greatly improved. We overheard people speaking of the cultural community groups they were due to attend, and one person attended a faith led community centre on the day of inspection. Their care file reflected that this was an activity they undertook regularly.

Records showed that people were supported to attend the mosque or church at their request, and these activities were scheduled into the home's weekly activities. A member of staff also told us of a external visitor that attends to lead a weekly bible study. One person chose to speak in their preferred language, and we observed that a staff member was available to converse with them in their preferred way.

Where people required halal foods the provider had ensured there was a range of available food items. Food menus were displayed on the wall in the communal area and we saw that alternative options were available to people when choosing their meals.

Staff knew the people they cared for well, and we observed thoughtful and considerate interactions. Where one person was often repetitive staff spoke with them calmly and reassured them in ways that were effective in improving the person's demeanour.

Staff told us of the ways in which they respected people's privacy and dignity, especially when supporting them with personal care. A staff member said "We knock on the door and wait for permission [to enter]." Another staff member spoke to us in detail about the manner one person preferred to be spoken to, and the gestures they used to emanate a response from the person.

People felt that staff treated them well and that they were involved in decisions around their support. Comments included, "Anything I ask they do good", "They are very co-operative", "They do respect me" and "They try to make me happy." Records showed that where appropriate people received support from advocates, we also saw a feedback form from an advocate commenting positively on the service.

Is the service responsive?

Our findings

At our last inspection on 16 and 17 June 2017 we found inaccuracies in people's care plans, meaning that they may not receive the care they needed. Care plans were not as accurate and up to date as they could be.

At this inspection on 5 June 2018 we found that people's care plans had been improved and provided up to date information on people's care needs. Each care plan was subject to a monthly review, and updated if there had been any changes. These monthly care plan reviews covered medication, mental health, eating and drinking, personal care, health and any other risks pertaining to the person. Where one person had recently been admitted to hospital, records showed that they had been subject to a further care plan and keyworker review meeting upon returning to the home.

People's needs were assessed by the manager of the home prior to their admission. People told us that staff reviewed their care needs with them. A staff member told us, "I'm responsible for checking if they're happy with the home, if they're satisfied with their room and if they want to put any pictures up. I know their likes and dislikes."

At our last inspection people were not always given the opportunity to engage in meaningful activities of their choice. At this inspection we observed that improvements had been made to ensure that suitable activities were on offer for people. Upon entry to the lounge area we saw a large activities board with pictorial images displaying the activities planned for each day of the week. People told us they were supported to take part in social activities that interested them, with one person telling us, "We had a barbecue in the garden and cut the grass and set the place nice." A staff member said "I feel that activities have really improved, they're personalised to people's needs."

One person was supported by staff to visit family every other day, we also observed some people participating in arts and crafts activities in the conservatory area. The provider had also utilised an outhouse in the garden area as a sensory room, and spoke to us about their plans to improve the equipment in this area. On the day of inspection chair exercises were planned, and we observed these taking place with the home's activity lead. People appeared to enjoy the activity, discussing the benefits with staff and enjoying a sing song afterwards. People's care files reflected the activities that people had been supported to pursue on a daily basis. Records showed that people had been supported to take part in singing and music sessions, movies, colouring, writing activities and use of the sensory room.

People's end of life preferences were recorded within their care files. These included a plan for whether people would prefer to be at home or in the hospital and any religious preferences, when at the end of their lives. Records showed that people or their relatives had been consulted where appropriate and people had provided information as to what they would like to happen with their belongings.

The provider had an appropriate complaints policy in place and people and staff that we spoke with were aware of where to direct any issues raised. Records showed that the provider had not received any complaints since our last inspection.

Is the service well-led?

Our findings

At our last inspection on 16 and 17 June 2017 we found that quality assurance systems and processes were not always effective in identifying and addressing areas of improvement. The provider had not identified the issues we had found at our last inspection.

At this inspection on 5 June 2018, quality assurance systems were robust and effective in identifying issues and driving improvements across the service. The provider ensured that monthly premises safety and infection control checks were conducted to ensure that the home was well maintained. These included checks across people's rooms.

Quarterly quality assurance checks were in place for each person's care file to check that the content was up to date and accurately reflected their current needs. People's care files were updated if any gaps were identified. However, we observed that despite containing full information people's care files were not as organised as they could be; meaning that it may have been difficult for staff to access accurate information. We raised this with the manager who advised they would ensure people's care files were better organised.

At the time of our inspection staff training logs were only maintained through the collation of their training certificates, meaning the provider did not have an effective monitoring system to check the expiration dates of staff training records. We raised this with the manager who sent us training logs for each staff member including refresher requirement dates. We were happy with the provider's response and will check on their progress at our next inspection.

People and staff spoke positively of the support they received from the management. One person said, "I think [manager] is very good, excellent. I think she manages the home correctly" and "I like her, her name is [manager's name], she is kind." A staff member told us, "There is good communication with management, we can speak about what we need to management and they will give us opportunities. It's easy to talk with the manager."

The manager was clear on the important information that they were responsible for submitting to the CQC. The manager kept their knowledge up to date through attendance at local provider forums and conferences.

Staff were supported through regular team meetings where they were able to discuss the cleanliness of the home, any procedural issues and discuss how best to meet the care needs of the residents. Records showed that resident's meetings were also held regularly to enable people to discuss activity choices, management of their rooms and house rules. We viewed survey forms that had been completed by other agencies and relatives and saw that positive feedback had been received.