

Abbeyfield Society (The)

# Abbeyfield House - New Malden

## Inspection report

California Road  
New Malden  
Surrey  
KT3 3RL

Tel: 02089490022  
Website: [www.abbeyfield.com](http://www.abbeyfield.com)

Date of inspection visit:  
28 June 2023

Date of publication:  
19 July 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Abbeyfield House – New Malden is a residential care home providing personal care to up to 36 people. The service provides support to older people, many of whom were living dementia. At the time of our inspection there were 36 people using the service.

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

There had been a recent period of instability within the management of the home and this had had an impact on staff morale, communication and engagement with people and their relatives. In the months preceding our inspection the deputy manager had been undertaking the day to day management of the service. They had implemented a number of new initiatives and people, relatives and staff felt comfortable speaking with them and raising any concerns. Any concerns raised or incidents that occurred were investigated and lessons were learnt to improve practice at the home. There was a detailed service improvement plan in place, and the management team were in the process of implementing these improvements.

Staff knew people well and treated them with kindness and respect. They supported people to live as independently as possible, whilst being available to support with any risks to their safety. 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 were involved in their care and how they spent their time.

Staff supported people with medicines management. Infection prevention and control procedures were in place, and people lived in a clean and hygienic environment. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 9 March 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# 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.

#### Inspection team

This inspection was undertaken by 1 inspector 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.

#### Service and service type

Abbeyfield House – New Malden is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbeyfield House – New Malden is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the registered manager was not in post overseeing the day to day management of the service. The deputy manager was currently acting up into this position and overseeing the day to day management of the service, with support from the regional operations manager.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR) and recently completed direct monitoring activity (DMA). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 3 people, 4 relatives and 10 staff, including care workers, team leaders, the deputy manager and the regional operations manager. We reviewed 3 people's care records. We reviewed the safety of the environment, medicines management, staffing records and records relating to the management of the service.

# 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 has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to provide a sufficiently secure environment. This was a breach of regulation 12 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 regulation 12.

- People felt safe at the service and staff supported them to manage risks to their safety. A person told us, "They really take care of you. It does feel safe." Another person said, "The friendliness of the staff makes it feel safe. I can always call someone if I need anything."
- Staff assessed people's needs to identify any risks to their safety and plan for how they were to support people to minimise those risks. We observed, and relatives confirmed, that staff were knowledgeable about the people they were supporting and how to support them safely. A relative said, "They know how to manage [their relative's] behaviour and that means they are safe."
- Staff communicated with each other well if they had any concerns about any changes in people's health or welfare, and liaised with health professionals as and when needed. A relative said, "The staff at the home are really good at spotting health problems quickly." Some healthcare professionals, such as the district nurse and GP, visited the home frequently to support people's physical health needs.
- A safe and secure environment was provided and regular checks were undertaken on equipment to ensure they were in good working order.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Some people like to walk with purpose and were given the freedom to do so within the security of the

building and the grounds. We observed this during the inspection visit and a relative said, "[Their relative] likes to wander and they give them the freedom to do this."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff were respectful of people's protected characteristics and people received support free from discrimination. A relative said, "It is a safe space – I really can't fault them."

Staffing and recruitment

- Safe recruitment practices were in place to ensure suitable staff were employed to support people. This included undertaking criminal records checks, getting references from previous employers, checking people's identity and their eligibility to work in the UK.
- There were sufficient numbers of staff to keep people safe, meet their needs and spend time engaging with them.
- At the time of our inspection, the deputy manager was in the process of recruiting a chef and night care workers. Whilst this recruitment was happening, there was a reliance on agency staff in these positions.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Protected time had been introduced to enable team leaders to administer medicines without interruption.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection. One person told us, "This is my room and here is the bathroom – look, it is all kept clean. I don't have to do anything." Another person said, "I'm very happy with the cleanliness and the laundry. Everything is kept clean."
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

Friends and family were welcome to visit the service. We saw a number of relatives visiting during our site visit, including a birthday party for 1 person.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- There had been a recent incident that had caused some distress amongst the people living at the service and the staff team. This incident was being investigated and areas for improvement were already being



identified so that lessons could be learnt and shared to improve the quality of care provided.

- When things went wrong, staff apologised and gave people honest information and suitable support.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 treated with respect and staff supported them with patience and kindness. A person said, "They have been so kind to me – really, I am spoilt here." Another person said, "The staff are kind and they seem to know my name – I'm not sure how that happened. They know a lot about me – more than I know myself!" A relative told us, "The staff are excellent and always treat my relative with kindness and dignity. They know her better than I do – they understand her moods."
- Staff were respectful of people's preferences, individual differences and abilities. Staff provided people with support in line with any needs they had taking account of the protected characteristics in the Equality Act 2010. A staff member said, "Residents come first. As long as the residents are taken care of that's what matters. We focus on outcomes for residents."
- Staff supported people to build and maintain relationships. During our inspection we saw many friends and family visiting. One relative also told us, "Every day my relative is socialising with other residents and they enjoy each other's company."

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

- People were involved in their care and supported to express their views and opinions. A person told us, "I am happy with the personal care – it is all done in a dignified way. I was asked if I'd like a male or female care workers and that has been observed."
- People were supported to make day to day decisions and have choice over how they spend their time. A person said, "They always ask what I would like to eat; would I like a cup of tea and a slice of cake. All of my care is done well – they're always respectful." A staff member told us, "They don't have a set time they need to do anything...People have choice over how they spend their time."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- We observed that people were well presented, and staff spoke to them and about them in a dignified and respectful manner.
- Staff were respectful of people's independence, and we observed staff supporting people to do things by themselves, whilst staff were nearby to enable their safety and support if required.

# 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 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 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; continuous learning and improving care

At our last inspection the provider had failed to ensure sufficient systems were in place to review the quality and safety of service provision. This was a breach of regulation 17 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 regulation 17.

- The registered manager for the service had been away from the service for some time and there had been a period of instability in the management team. A relative told us, "It is unsettling and not good for the home to have instability in management." At the time of our inspection, the deputy manager had been acting up and overseeing the day to day management of the home, with support from the regional operations manager.
- In the recent months preceding our inspection, the management team had introduced a number of changes at the service. This included systems to enable greater oversight of the quality of care delivery. Including a daily manager's walk round, a programme of audits and checks, and regular meetings to go through the service's improvement plan.
- Through the governance programme the management team had identified a number of actions that needed to be completed. Some of these had been completed, including spot supervision with staff when quality concerns were identified, some were in progress and there were further plans in place to complete the rest.
- The deputy manager had also implemented changes across the staffing structure at the home to improve management and oversight of day to day activities. This included introducing an additional team leader on each day shift, so there was one team leader dedicated to the top floor and one for the ground floor. Included in the staffing changes was the introduction of rotating staff to work across the different units so staff got to know and work with all the people using the service. At the time of our inspection, we did receive some negative feedback from people, relatives and staff about this change and the impact it was having on people's relationship with the staff supporting them. A relative told us, "The biggest improvement would be to have better communication about what is going on with the staff rotas."
- There was a focus on continuous improvement and the deputy manager had plans to introduce a key

worker system so people would receive dedicated time from a staff member they knew well to discuss their care and the support they received. The provider also had plans to roll out electronic care planning to further support improvement in care records.

- Relatives and people told us they would also like improvements in communication, particularly around the staff changes at the service. They suggested a photo board of who's who so they could get to know staff's names and faces. Some staff also hadn't been provided with name badges. The management team were responsive to take on board these suggestions and make these improvements on the back of the feedback received.

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 deputy manager had an open door policy and everyone we spoke with said they felt comfortable approaching and speaking with the deputy manager. A relative said, "I'm here a lot and if there are issues they get sorted as we go along." There were also plans in place to reintroduce supportive meetings with relatives. A relative said, "I am here every day and see what is going on and there are a few other relatives who are also very supportive – we are like an extended family."
- The deputy manager had introduced daily flash meetings with staff representing each unit to discuss people's needs and identify any additional support they required in order to improve outcomes for them.
- The provider had recently undertaken a staff survey. Whilst engagement in the survey remained low, it had improved since last year. The survey responses did identify a number of areas that required improvement. This mainly focused around the management of the service and staff not feeling valued. The deputy manager had not had a chance to view these results in detail as they had only recently been produced, but they had plans to review them and incorporate any actions required onto the wider service improvement plan.
- Despite the findings in the staff survey, staff did tell us they felt more included in the home since the change in management. One staff member said, "The atmosphere is better. Staff are more proactive, and I feel the management change has had this impact. Staff feel more included. We can now voice our concerns and requests, and are listened to." The deputy manager told us, "The staff come forward now and suggests things and I can be more flexible and responsive to their requests. I feel the team are happier since the management changes." For example, the team had requested a summer BBQ for people and their families to attend, and this had been scheduled for July.

Working in partnership with others

- The deputy manager received regular support on and off site from an experienced registered manager of their sister service. There were also twice weekly calls with the home managers across the region to discuss the services and share best practice.
- The deputy manager had signed up to receive newsletters and best practice guidance alerts from the local authority and the Care Quality Commission.

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

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.