Coveleaf Limited

Abbey Grove Residential Home

Inspection report

2-4 Abbey Grove
Eccles
Manchester
Greater Manchester
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Tel: 01617890425

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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

We carried out this unannounced comprehensive inspection on 16 March 2017. This inspection was undertaken to ensure improvements that were required to meet legal requirements had been implemented by the service following our last inspection on 18 and 21 August 2015.

At the previous inspection the home was found to be meeting regulations, however the service was given an overall rating of Requires Improvement because further improvements were required to ensure the general environment was suitable for people living with a dementia and concerns were also raised about the home not having sufficient staffing levels required to meet people's needs.

At the last inspection we made a recommendation about exploring relevant guidance on how to make the environment more dementia friendly. At this inspection we found the service had made changes to the environment which would assist people living with a dementia to orientate and navigate around the home.

There was 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.

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.

People who used the service and their relatives told us they felt the service was safe. There were appropriate risk assessments in place with guidance on how to minimise risk.

We observed good interactions between staff and people who used the service during the day. People felt staff were kind and considerate.

Recruitment of staff was robust and appropriate checks had been carried out prior to employment with the service. At the previous inspection concerns were raised about sufficient staffing levels at night time to meet people's needs. At this inspection we found that when determining the level of staff required to meet people's needs the service took into account people's dependency levels using a dependency level tool which had been introduced since the last inspection. This meant that the service was able to identify the level of staff assistance required for various tasks such as washing/dressing/mobilising.

Medication policies were appropriate, comprehensive and medicines were administered, stored, ordered and disposed of safely. Safeguarding policies were in place and staff had an understanding of the issues and procedures.

People's nutrition and hydration needs were met appropriately and they were given choices with regard to

food and drinks. Staff responded and supported people with dementia care needs appropriately. Care plans included appropriate personal and health information and were up to date.

People's health needs were responded to promptly and professionals contacted appropriately. Records included information about people's likes and dislikes and we observed that people had choices, for example, about when to get up, what to do and when and where to eat.

Staff were caring and kind with the people they supported. Throughout the inspection we observed staff members to be kind, patient and caring whilst delivering care. We saw people being treated with kindness and respect when support was provided, such as supporting people eating their lunch time meal.

People and relatives told us they were involved in making decisions about their care and were listened to by the service.

We found the service aimed to embed equality and human rights through good person-centred care planning which ensured that each person had a person-centred plan in their care files.

People were involved in developing their care plan and sensitive information was being handled carefully.

The service had a service user's handbook called a service user guide which was given to each person who used the service in addition to the statement of purpose.

The service followed the Six Steps programme in end of life care and were supported by relevant community professionals.

People who used the service and their relatives spoke positively about how the service was managed.

Staff told us they felt there was an open, transparent and supportive culture within the home and would have no hesitation in approaching the manager about any concerns.

The service undertook a range of audits of the service to ensure different aspects of the service were meeting the required standards.

There was a business continuity plan in place that identified actions to be taken in the event of an unforeseen event.

Throughout the course of the inspection we saw the registered manager walking around and observing and supporting staff.

Residents and relatives meetings were undertaken approximately every three months and comments from people who used the service were positive.

The service worked alongside other professionals and agencies in order to meet people's care requirements where required.

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 who used the service, their relatives and professionals told us they felt the service was safe.

There were appropriate risk assessments in place with guidance on how to minimise risk. Safeguarding policies were in place and staff had an understanding of the issues and procedures.

Recruitment of staff was robust and there were sufficient staff to attend to people's needs.

Is the service effective?

Good

The service was effective.

People's nutrition and hydration needs were met appropriately and they were given a choice of food at meal times.

Care plans included appropriate personal and health information and were up to date.

The home worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People who used the service and their relatives told us the staff were caring and kind.

Staff interacted with people in a kind and considerate manner, ensuring people's dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred and contained

information about their preferences and wishes.

There was an appropriate complaints procedure and complaints were followed up appropriately.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

People told us the management were approachable and supportive. Staff supervisions and appraisals were undertaken regularly.

A number of audits were carried out where issues were identified and action was taken.

Abbey Grove Residential Home

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.

The inspection was undertaken on 16 March 2017.The inspection was undertaken by one adult social care inspector.

Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We reviewed statutory notifications and any safeguarding referrals previously submitted by the service. We also liaised with external professionals including the local authority.

We looked at records held by the service, including policies and procedures, staffing rotas and staff training records, four medication administration records (MAR) four care files and six staff personnel files. We undertook pathway tracking of care records, which involves cross referencing care records via the home's documentation. We observed care within the home throughout the day in the lounges and communal areas.

We observed lunch time medicines round and the breakfast and lunchtime meal. We toured the premises and looked in various rooms. We also reviewed previous inspection reports and other information we held about the service.

At the time of the inspection there were 17 people using the service. During the inspection we spoke with the registered manager, the deputy manager, six care staff, four people who used the service, four relatives and three visiting healthcare professionals.

Good

Is the service safe?

Our findings

People we spoke with living at Abbey Grove and their relatives told us they felt the service was safe. One person said, "There's never been a time when I didn't feel safe here." A second person told us, "I prefer to keep myself to myself and stay in my room but the staff come and check on me regularly. There's not one bad egg here and if I use my call bell the staff come straight away." A relative commented, "I feel [my relative] is safe and secure and staff have helped them to personalise their room. [My relative] is always texting me about what's gone on each day." A second relative said, "I feel [my relative] is safe here and it's been much better than I expected." A third relative commented, "I absolutely feel [my relative] is 100% safe here."

At the last inspection a number of staff raised concerns about staffing levels during the night and felt additional staff were required. At that time the manager told us that they were reviewing staffing levels and intended to introduce a dependency tool to assist in accurately determining the correct numbers of staff.

At this inspection we found that when determining the level of staff required to meet people's needs the service took into account people's needs and their dependency level, using a dependency level tool which had been introduced since the last inspection and identified the level of staff assistance required for various tasks such as washing/dressing/mobilising. The tool also took into account the level of risk associated with each task.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service. We looked at the staff rotas for February and March 2017 and these consistently demonstrated that there were sufficient care staff on duty to meet the needs of people using the service. There were three care staff during the day and two care staff at night and these were supported by kitchen staff, domestic staff and the activities co-ordinator in addition to the manager and deputy manager. There was an on-call procedure in place which ensured management support was available outside of normal office hours.

Staff we spoke with told us they felt there were sufficient numbers of staff on duty. One staff member said, "Overall I think we have enough staff; we're busy at mornings sometimes but the activity co-ordinator does a great job so we can get on with doing different care tasks." A second staff member told us, "I think there is enough staff on duty and in general we're okay."

We observed the morning and lunch time medicines round. We saw the staff member checked each person's medicine administration chart (MAR) before administering each medicine to ensure they were administering it correctly. The medicines round was not rushed or interrupted and when the medicine had been administered the staff member completed the MAR chart as required before moving on to the next medicine.

There was a medicines policy in place that included a range of guidance on self-medication; ordering, storing and disposing of medicines; PRN medication (which is medication taken as and when required); homely remedies; controlled drugs (CD); guidance on transfer and discharge; medication errors; safe

disposal of medication; and arrangements for when people were going out of the home; covert medicines. A covert medicine is medication given without the person's knowledge when they are unable to make an informed decision and the medication is given in their best interests.

The systems for medicines management were robust and only trained staff were allowed to administer medication. Staff competency assessments in the administration of medicines had been undertaken which included a direct observation of practice. Medicines were stored safely, in a locked medicine trolley which was chained securely to a wall. There was a lockable cupboard for controlled drugs which were in a lockable room. We checked the stock of controlled drugs for three people and found these to be correct and corresponded with entries in the controlled drugs register, which had two signatures from staff as required.

Body maps were in place for the administration of creams, which identified the areas of the body that required application of creams.

MAR charts had a photograph of the person attached to them which would help to ensure medicines were given to the right person. 'As required' (PRN) medicines were recorded correctly with times of administration on each person's individual MAR. Regular checks were made of staff competence with regard to medicines administration to ensure they continued to be able to administer medicines safely. Regular audits were carried out to determine how well the service managed medicines.

We checked to see how people who lived at the home were protected against abuse. We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. There was a safeguarding policy in place, which referenced legislation and local protocols. The policy included details of the local authority safeguarding process, including contact numbers and also contact details for CQC.

Safeguarding posters were on display in the home with telephone contact details to enable people to report concerns directly to the local authority if required. We found that all staff received annual update training in safeguarding vulnerable adults, which we verified by looking at training records.

We spoke with care staff who demonstrated an awareness of safeguarding and were able to describe how they would make a safeguarding referral. One staff member told us, "Abuse could be physical such as bruising or it could be through neglect or financial. I've done the training for this and would first speak to my manager but we also have other contact numbers for the local authority." A second staff member said, "Safeguarding is about protecting people. If I thought a safeguarding alert was needed I would tell my manager first or if they weren't available I would tell the local authority; we have a process for this."

The home had a whistleblowing policy in place. We looked at the whistleblowing policy and this told staff what action to take of they had any concerns. Staff we spoke with had a good understanding of the actions to take if they had any concerns and told us they would contact the proprietor, the local authority or CQC.

We reviewed a sample of six staff personnel files, including recruitment records, which demonstrated that staff had been safely and effectively recruited. The files included written application forms, a written record of the job interview, a health questionnaire, proof of identity, proof of address and at least two references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. This showed us staff were recruited safely. The files also contained historical training certificates and supervision records

We saw people had risk assessments in their care plans in relation to areas including falls, nutrition, moving

and handling, pressure sores, continence. We looked at how the service managed accidents and incidents. There was an appropriate up to date accident/incident policy in place and addition to a serious injury notification policy. Accident/incident forms were completed correctly and included the action taken to resolve the issue and reduce the potential for repeated events.

There was appropriate information regarding the maintenance of the premises. We looked at a building maintenance file, which included information about the maintenance, servicing and testing of the lift, hoisting equipment and fire equipment. All the records were complete and up to date. Up to date gas, electrical and legionella certificates were in place. There was a fire risk assessment and a fire policy and procedure in place. Care files included an initial assessment and an environmental assessment to help ensure people's safety.

Fire call points were tested regularly and we saw there were monthly emergency lighting and fire door tests and weekly fire alarm tests. Fire drills were undertaken and there were personal emergency evacuation plans (PEEPS) for each person who used the service which identified their level of dependency and what assistance was required in the event of an evacuation of the building. Staff were also formally observed by the manager to ensure their competency in emergency evacuation situations. This would help ensure people received the required level of assistance in the event of any emergency.

Bathrooms and toilets were cleaned daily. Records regarding cleaning were completed and up to date. Liquid soap and paper towels were provided in each of the toilets/bathrooms. There was instruction on appropriate hand washing techniques which helped to minimise the risk of cross infection within the home. The premises were clean and tidy and there were no malodours in any areas. Building cleaning schedules were in place and these identified tasks to be carried out in various areas of the home. Staff wore appropriate personal protective equipment (PPE) such as gloves and aprons as required which would help prevent the spread of infections.

Good

Is the service effective?

Our findings

A visiting healthcare professional told us, "Whenever I visit staff always know where people are and what they're doing; it's a bit like one-to-one support all the time. I've never had any concerns about the quality of care; staff are approachable and helpful. " A second healthcare professional said, "Staff are always asking about ways they can better support people. They are very willing and always refer to my service in good time."

A relative told us, "I'm very happy with the way things are here. [My relative] would be very unsafe at home. Staff seem very competent from what I've seen and they're very reactive to [my relative's] needs." A second relative commented, "[Staff name] in the kitchen has been incredible with [my relative's] diet. [Staff name] is trying out a new vegan recipe for [my relative] and because she is getting nutrients this is helping her immune system. They [the service] made a vegan birthday cake for [my relative] who told me they made a fuss of her on her birthday."

A person who used the service told us, "I can't praise the staff highly enough and they all do a good job. The food is good and I like it and I'm not concerned about anything at all." A second person said, "I'm vegetarian and I get a good choice of what to eat, though I'm not a big eater. I get lost easily so this small home suits me and I've settled in very well. The nurse has visited me today to check my leg; they were coming every day at first and now it's every other day as my leg is getting better. "

We saw that newly recruited staff followed a formal induction programme and undertook a range of basic mandatory training and were required to read a variety of policies prior to starting their employment. An induction checklist booklet was completed for each new staff member and this was carried out until the staff member was deemed competent.

One staff member told us, "I've been here for several years now but I remember having an induction at the start. I read various policies, did lots of different training and 'shadowed' another member of staff for the first week. I've done training in safeguarding several times and think we get enough training and I've had several observations of my practice." A second staff member said, "I had an induction when I started and I've done training in medicines, moving and handling, infection control, food hygiene, dementia, the Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DoLS)."

We looked at staff training records which included details of training previously undertaken and dates for when training was due for renewal. We saw 85% of staff had completed training in safeguarding and all staff had undertaken training in fire awareness. 90% of staff had completed moving and handling training, 72% had done food hygiene training and 62% had done training in infection control including all domestic staff, with 62% of all staff also having completed dementia training.

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 MCA/DoLS require providers to submit applications to a 'supervisory body' for authority to do so and we saw that the service had made the appropriate applications as required.

The manager maintained a matrix of applications submitted; information regarding applications was also in people's care files. There were appropriate MCA assessments and best interest assessments in place, which were linked to screening tools, restrictive practice tools and applications for DoLS where the indication was that this was required. These were up to date and reviewed regularly to capture any changes in the person's capacity. We also saw that the conditions relating to DoLS authorisations related to what was recorded within the care plans about people's support. Appropriate supporting policies and procedures were in place. Where required people were supported by an Independent Mental Capacity Advocate (IMCA) and this was recorded in their care files.

We checked whether the provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and (where relevant) the specific requirements of the DoLS and found that 67% of all care staff had completed training in MCA/DoLS.

A relative told us, "I'm involved in the planning of [my relative's] care and have contributed several times and I feel they [the service] are acting in [my relative's] best interests." A second relative said, "I've always been involved in care planning and it's very important to me that I'm not left in the dark. I don't think there is anything missing from this service and communication is great."

Staff received regular supervision from their line manager in addition to an annual appraisal, and the documentation within staff files confirmed this. One staff member said, "I get regular supervision and it's helpful because you can discuss any issues you have." A second staff member told us, "Supervisions are about every 2 months or so and because there's two-way feedback it helps me to improve my performance and confidentiality is always maintained."

We looked in the kitchen and saw that it was clean. The fridges, freezers and cupboards were well stocked with food. There were plenty of frozen and tinned provisions as well as dry goods, fresh food and fruit. Cleaning schedules were being followed and staff wore appropriate PPE as required.

People were eating breakfast when we arrived which was a choice of cereal, porridge, toast and jam or marmalade, and there also a cooked option available if requested. We saw snacks and drinks were offered throughout the day. There was a food hygiene policy and we saw that staff had completed training in food hygiene. There was a four week rolling menu which was posted on the wall of the dining room.

In the morning we saw the cook explaining to people what was on the menu and asking what they would like for lunch. At the lunchtime meal there was a relaxed unrushed atmosphere and we saw that staff interacted with people in a respectful and dignified manner, encouraging their engagement.

There was discussion and laughter between people who were dining. Staff provided assistance to people who required it and spoke politely to people confirming with them what they wanted to eat and drink before serving it.

Information on special diets was posted in the kitchen and there was also guidance around fortified food and drinks for those who required extra calories. We saw evidence of diet and fluid charts for people who required monitoring in these areas, which were complete and up to date.

We heard staff seeking verbal consent from people for all support provided, for example when moving between rooms. This ensured that people were happy with the care being offered before it was provided.

A visiting healthcare professional commented, "I've no concerns about the two people I've come to see today. The service keeps accurate and up to date records that are all at hand and easy to find. All staff are lovely and have a positive attitude and visiting here is always a positive experience for me."

We found there were people living at Abbey Grove who were living with dementia, and at the last inspection we made a recommendation about exploring relevant guidance on how to make the environment more dementia friendly. At this inspection we found the service had undertaken a programme of redecoration including the dining room and communal areas. New carpets had been installed which were plain in colour and a new office had been built in an area adjacent to the dining room. The flooring to the dining room had also been replaced with plain wood plank effect flooring. New double glazing had been installed in one lounge and the second lounge was due to have the windows replaced shortly after the date of the inspection.

Old photos had been posted on one wall and these provided a point of interest and a stimulus for conversations about the past and a large clock was on the lounge wall which was easy to see. We saw people's bedroom doors had their photo and room number on it which would assist some people to orientate to their room. There was signage throughout the home identifying different areas such as the dining room and bathrooms/toilets which would assist some people to orientate around the building.

We saw staff responded and supported people with dementia care needs appropriately. There were assisted bathrooms and walk-in showers which were easily accessible by anyone with mobility problems. Some toilets had frames on them which would assist some people to use the facility independently or in a safe manner.

People's health needs were recorded in their files and this included evidence of professional involvement such as GPs, podiatrists or opticians where appropriate. Relatives we spoke with told us they were kept informed of all events and incidents and that professionals were called when required.

Care files included appropriate health and personal information and appropriate risk assessments were in place and were up to date. People's health requirements and allergies were recorded and there was a dependency profile to assess the level of assistance required by each person who used the service. This was updated monthly to ensure recording of people's support needs was current. We saw evidence of professional visits and appointments.

Consent forms were kept within people's files, including consent to care and treatment and consent to have photographs taken and used. Within the care files we looked at there was evidence of appropriate and timely referrals to relevant professionals including opticians, chiropodists and doctors.

Good

Is the service caring?

Our findings

Staff were caring and kind with the people they supported. It was clear that staff knew the people they were supporting and had developed good relationships. We saw people smiling and enjoying the interactions that took place. We saw many instances where staff took the time to speak to people and enquire about their welfare or inform them of what was going on.

A visiting healthcare professional told us, "This is one of the more homely homes I visit. Staff are very friendly and have good relationships with people. They are always respectful to people and I have never seen anything untoward or had any issues about the quality of care." A second visiting healthcare professional said, "I've never had any concerns when I've visited. People seem happy and are always doing some sort of activity. Pressure care is managed well and they [the service] call us for the slightest little thing so we can assess the issue and give advice."

A person who used the service told us, "It's fantastic here, staff are marvellous, very helpful, very kind and I tell them. Staff discuss my needs with me, they have a very respectful attitude and I'm always treated with dignity and respect by all staff." A second person said, "Staff are very kind and caring and treat me in a respectful way; I've no concerns. Staff talk with me about my care needs and write it down in my plan."

Throughout the inspection we observed staff members to be kind, patient and caring whilst delivering care. We asked staff how they ensured people's dignity was respected when delivering care, one staff member said, "If I was providing support for personal care I would first ask the person what they wanted and tell them what I was going to do, then I would shut the curtains and make sure the door is closed and secure and cover up any parts of the body not being washed." A second staff member told us, "When giving personal care I would close the door and curtains and talk with the person about what I was doing."

People and relatives told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved when reviews of care had taken place.

One relative told us, "[My relative] had an initial assessment and the family were all involved. Communication is good and we get called straight away if anything needs reporting." A second relative said, "[My relative] had an initial assessment to determine their needs and the family discussed these with the service. All the family are involved in care planning and communication is good." A third relative said, "We got a good range of information at the beginning which helped [my relative] to make a decision to stay at this home. I've always been involved in the planning of care. At the beginning I rang the home every day for an update about [my relative] and it was obvious they [the service] knew all about [my relative] straight away and didn't have to think about what their situation was before speaking to me. Staff know people very well and always speak to them in a kindly way and with lots of care."

A person who used the service commented, "The staff discuss my needs with me regularly, they are very patient and I've not been concerned about anything since I've been here."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning which ensured that each person had a person-centred plan in their care files. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

We found that people were receiving support from a small number of regular staff members. This enabled the development of positive long-standing and trusting relationships between people who used the service and the staff who supported them.

The service had a Service User Guide which was given to each person who used the service in addition to the Statement of Purpose, which is a document that includes a standard required set of information about a service. These documents provided a wide range of information such as the care philosophy; principles and values that the service followed; the standards of care that people should expect; details of the registered manager and nominated individual; a description of the services and facilities provided; how to make a complaint, confidentiality and dignity and respect.

The service followed the Six Steps programme in end of life care and were supported by relevant community professionals. Where people did not wish to discuss end of life care, this was recorded in their care files and individual care plans were used to ensure people's wishes and needs were recorded and available to staff caring for them. At the time of the inspection no person was in receipt of end of life care.

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us the service was responsive to their needs. One relative told us, "Staff are receptive to [my relative] and the wider family, I've talked with staff about [my relative's] needs as have all my family and I feel [my relative] is in capable hands at this home. I have information about complaints but have never had any issues." A second relative said, "There's a good range of activities going on; I contacted the manager and she listened to my ideas about activities and made some changes [My relative] is happy living here and has been knitting loads of beaney hats and I think this is keeping her going. I've been invited to meetings with other relatives to talk about the service and I can't always attend but I get the notes of the meeting emailed to me." A third relative commented, "Staff respond to people's needs quickly and I've found them to be very caring people and not dismissive. I got a service user guide and statement of purpose along with information on how to make a complaint. When [my relative] wanted to change room the home contacted me first to talk about it which I felt was good; it's been much better than I expected.

We looked at a sample of four care files of people who used the service. We found these records to be of a good standard and were easy to follow and included information on people's background and histories likes and dislikes. Care plans were comprehensive and person centred and provided clear instructions to staff of the level of care and support required for each person.

People who used the service had a care plan that was personal to them. This provided staff with guidance around how to meet their needs and what kinds of tasks they needed to perform when providing care. We found care plans included detail of whether people required support in making decisions, cognitive capacity, and whether a DoLS was in place. We saw that people's wishes were adhered to, for example, where they wished to eat their meals and times of rising and retiring to or from bed.

Care plans also provided clear instructions on a number of areas including medication, personal care, continence needs, skin integrity, spirituality and sensory impairment and were regularly reviewed by the service. Care plans provided information on how to talk to individuals and how to be responsive to their individual personalities, such as what could upset them.

All the people living at Abbey Grove were dressed well and well-presented. Some people were still in bed when we arrived at the home and we saw that they got up at a time of their choice.

People were able to personalise their own room and were encouraged to bring personal family photographs and items relevant to the individual. People could use their own bedding if requested. We saw that people's rooms were personalised with items that were meaningful to the person, and all were clean and fresh. Most bedrooms had a photograph of the person, the name of their key-worker and the room number on the door along with a sign that read; 'Please knock before entering' which we observed staff doing throughout the inspection. Some rooms needed this information updating and the manager told us this was on-going and would be done immediately.

As part of our inspection, we checked to see how people were supported with interests and social activities. There was an activities coordinator in post who worked five hours each day; they told us, "I've discussed activities with people and their families and we've recently been to Southport and the bus museum and also out for a pub lunch. At the start of the year I made a calendar with photographs of activities that we'd done and families thought this was great. We now have a residents fund in place and do things like raffles and walks to raise money. Every day I write down what activities people have done in their activity records."

We saw that people were involved in group activities and other individual activities that took place during our visit. There was an activities display board in the reception area that had photographs of activities previously undertaken such a sing-along sessions, cards and dominoes, hair and nails, movie afternoon and round the world quiz.

People's recreational interests were recorded in their care plans, and daily notes recorded any activity that each person had been involved in. We saw a sing-along activity took place during the inspection and there was discussion about the upcoming Mother's day celebrations; one person was asked if they would like to attend church on this day. Some people were involved in a pampering session and some were having their hair done by the visiting hairdresser. We observed one person playing a set of bongo's in the quiet lounge area; they told us they used to play the drums as a child and enjoyed playing them now which we clearly observed.

We saw that staff asked people what activity they wanted to do in the afternoon, and we saw a game of giant skittles being undertaken. A person who used the service said, "I have everything I want here and I like watching birds and squirrels outside my bedroom window. I always get my medicines on time and I know how to make a complaint if I needed to."

A visiting healthcare professional told us, "Whenever I visit I've noticed that people are always doing something, like bingo for example, and staff always ask me about the reasons for my visit so they can get updated straight away. A second healthcare professional commented, "I've never had any concerns whilst visiting here and people seem happy; pressure care is managed very well and the service contacts me straight away about the slightest thing; I've never seen any bad practice."

We looked at how complaints were managed. We found the service listened to people's concerns and experiences about the service. There was a complaints policy and procedure in place which had contact numbers for CQC and the local authority and a copy was available in the entrance lobby to the home. People told us they had never had reason to make a complaint but would feel confident in doing so. We saw evidence within the complaints log that complaints had been followed up appropriately and in a timely manner. People who used the service and their relatives told us that they knew what to do if they had a complaint.

Good

Is the service well-led?

Our findings

People who used the service and their relatives spoke positively about how the service was managed. One person told us, "The manager is great and always available and talks with me about my needs." A relative said, "The manager has always been available when I have needed them and has listened to me and acted on my wishes."

There was 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.

The certificate of registration was displayed clearly within the premises along with the certificate of public liability insurance. A copy of the last CQC inspection report was also on display as required.

Staff told us they felt there was an open, transparent and supportive culture within the home and would have no hesitation in approaching the manager about any concerns. One staff member said, "The manager is always around and always tells me to come to them if I'm stuck with anything." A second staff member commented, "I feel I would be listened to by management and any issues would be dealt with immediately." A third staff member told us, "I love working here; I think it's a friendly place and the workload is reasonable. I think we have a good team and I know if I had a problem I could tell the manager." A fourth staff member said, "All the staff think highly of management and we know we can go to them with any problems we have. I think there's a very supportive culture here and we get praise from the manager every day."

The service undertook a range of audits of the service to ensure different aspects of the service were meeting the required standards. These included audits of medication records, care plans, falls and accidents/incidents, hospital admissions and discharge, people's weights, infection control, the environment, staff supervision, equipment and staff training

Regular testing of fire safety equipment and alarms was undertaken together with fire drills. Regular reviews of care plans and risk assessments were also undertaken and a daily walk-around of the premises was completed by the manager or deputy manager.

There was a business continuity plan in place that identified actions to be taken in the event of an unforeseen event such as the loss of utilities supplies, catering disruption, flood and lift breakdown.

Staff had access to a wide range of policies and procedures. These included medication, nutrition, moving and handling, safeguarding, health and safety and infection control. These could be easily accessed and viewed by staff if they ever needed to seek advice or guidance in a particular area.

Throughout the course of the inspection we saw the registered manager walking around and observing and supporting staff, which meant they were aware of updates to people's circumstances. We saw that the

registered manager was visible within the home and actively involved in the provision of support to people living at Abbey Grove.

Residents and relatives meetings were undertaken approximately every three months. We looked at the minutes of the previous meeting and saw that discussions included activities and outings, food and nutrition, the environment and equipment. We saw that one person had requested a new mattress and this had been provided straight away.

People and their relatives told us they were aware of these meetings in advance and attended when possible or if they wished to. A visiting relative told us they had made suggestions about activities and these had been implemented.

We saw that staff meetings were held regularly and recent discussion included holidays, the keyworker system, cleanliness and infection control and care files.

We looked at a sample of compliments recently received by the service and comments included, 'Thank you for looking after [my relative] so well over the past months; your care and attention is most appreciated,' and 'I cannot express in words or thank you or your staff enough for the care and attention that [my relative] received whilst in your care especially during his last days.'

The home submitted statutory notifications to CQC as required. Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications.

The service worked alongside other professionals and agencies in order to meet people's care requirements where required. Involvement with these services was recorded in care plans and included IMCA's, opticians, chiropodists, dieticians, dementia nurses, district nurses and doctors.