The Abbeyfield Kent Society

Abbeyfield Dene Holm

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?	Good

Overall summary

The inspection was carried out on 02 November 2015 by two inspectors. It was an unannounced inspection. The service was registered to provide personal care and accommodation for a maximum of 47 older people. There were 40 people living at the service at the time of our inspection.

There was not 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. A manager had been recruited to the service, but had not yet registered with the commission.

The manager was supported by a care coordinator and a team of senior carers to ensure the daily management of the service.

We last inspected the service in July 2014 and found the service was meeting the requirements of the regulations. At this inspection we found there were no breaches of regulations.

Summary of findings

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns. People told us that they felt safe using the service.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of recurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs. The registered manager followed safe recruitment practices.

People were treated with kindness and respect. The manager had clear person centred values that formed the basis of the service and these were followed by staff in practice. Staff demonstrated warmth and affection toward people and were quick to provide reassurance and comfort when people needed it.

People were supported to manage their medicines in a safe way. Staff responded quickly to changes in people's health and worked with health care professionals to meet their needs.

The manager kept up to date with relevant best practice guidance in person centred care and encouraged and enabled staff to improve their knowledge and skills on an ongoing basis. Staff had completed the training they needed to care for people in a safe way. They had the opportunity to receive further training and qualifications specific to the needs of the people they supported.

All care staff and management were knowledgeable in the principles of the Mental Capacity Act 2005 (MCA) and the requirements of the legislation. Staff sought and obtained people's consent before they provided support. When people declined, their wishes were respected and staff reported this to the registered manager so that people's refusals were recorded and monitored.

Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs.

People's privacy was respected and people were supported in a way that respected their dignity and independence. The staff promoted people's independence and encouraged them to do as much as possible for themselves.

Staff knew each person well and understood how to meet their needs. Each person's needs and personal preferences had been assessed before care was provided and were regularly reviewed. This ensured that the staff could provide care in a way that met people's particular needs and wishes.

The manager took account of people's comments and suggestions. People's views were sought and acted upon. The manager sent questionnaires regularly to people to obtain their feedback on the quality of the service. The results were analysed and action was taken in response to people's views.

Staff told us they felt valued under the manager's leadership. The registered provider notified the Care Quality Commission of any significant events that affected people or the service. Quality assurance audits were carried out to identify how the service could improve and the manager had an ongoing and effective improvement plan for the service.

Summary of findings

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.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about recognising the signs of abuse.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs.

Thorough staff recruitment procedures were followed in practice to ensure people's safety.

People were supported to manage their medicines in a safe way.

The environment was secure, well maintained and cleaned to a good standard.

Good

Is the service effective?
The service was effective.

All staff had completed the training they required to safely and effectively meet people's needs. Staff held a health and social care qualification that enabled them to deliver effective care.

The provider was meeting the requirements of the Mental Capacity Act 2005.

People were referred to healthcare professionals promptly when required and staff worked in partnership with them to meet their health needs.

The premises were suitable for the needs of the people using the service.

Good

Is the service caring?
The service was caring.

Staff knew people well, communicated effectively with them, responded to their needs promptly, and treated them with kindness and respect.

People were involved in planning their care and support. Staff respected people's privacy and promoted people's independence. They encouraged people to do as much for themselves as possible.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed before care was provided. People's care plans were personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to complain and people's views were sought, listened to and acted upon.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The manager and staff held strong person centred values and delivered care that reflected these. There was an open and positive culture which focussed on people.

The registered provider sought people and staff's feedback and welcomed their suggestions for improvement.

Staff had confidence in the manager and registered provider's response when they had any concerns.

There was an effective system of quality assurance in place. The registered provider carried out audits to identify where improvements could be made and took action to improve the service.

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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.

This inspection was carried out by two inspectors on 02 November 2015 and was unannounced.

Before our inspection we looked at records that were sent to us by the registered provider or the local authority to inform us of significant changes and events. We reviewed our previous inspection reports. During the inspection we looked at records in the home. They included records relating to people's care, staff management and the quality of the service. We looked at four people's assessments of needs and care plans and observed to check that their care and treatment was delivered accordingly.

We spoke with four people who lived in the service and two people's relatives to gather their feedback. Some people, who were living with dementia, were not able to talk with us about their experience of using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the manager, the care coordinator and eight members of staff in care and housekeeping roles.

Good

Is the service safe?

Our findings

People told us that they felt safe using the service. One person said, “I feel very safe” and another said, “They treat me well”. A person’s relative told us, “I have no concerns at all. I feel mum is safe and well cared for”.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was annual and current. The members of staff we spoke with demonstrated their knowledge of the procedures to follow that included contacting local safeguarding authorities and of the whistle blowing policy should they have any concerns. The organisation operated a confidential helpline for staff or people wishing to report concerns about abuse. Posters displaying the helpline number were displayed around the service. Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence.

People had secure storage facilities in which to keep their belongings. People that wished to lock their bedroom door were enabled to do so and held their own key. Robust systems were in place to ensure that people’s financial interests were protected.

The environment was safe. The premises had been assessed to identify risks and action taken to minimise these. The building had been made accessible for people with mobility difficulties. There was a lift to the upper floors and handrails fitted around the service. Bedrooms were spacious and clutter-free so people could mobilise safely. The bathrooms were equipped with aids to ensure people’s safety. People moved around independently or with assistance from staff. The garden was accessible and secure for people to use safely. The safety of the water supply and temperature of the hot water was checked weekly. The manager had recently taken action to respond quickly to the risk of a contaminated water supply.

Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Portable electrical appliances were serviced regularly to ensure they were safe to use. All hoisting equipment was regularly serviced. People’s call bells were checked and regularly maintained. There was an effective system in operation for staff to report minor repairs that were required. The maintenance staff undertook repairs within a reasonable timeframe. Risks within the premises had been identified and minimised to keep people safe.

The service had an appropriate business contingency plan that addressed possible emergencies and people’s temporary relocation to another local residential home. All staff were trained in first aid and fire awareness and fire response strategies were in place. Regular emergency fire evacuation practices took place and the fire alarm system was tested each week. All fire protection equipment was regularly serviced and maintained. Routine servicing of the emergency lighting system was taking place during our inspection. People had a personal evacuation plan based on their individual needs to tell staff how to evacuate them safely from the building in the event of an emergency. Staff knew what action they needed to take to respond to emergencies and keep people safe.

Staff assessed individual risks to people’s safety and the information was recorded and regularly reviewed within their care plan. Individual risk assessments included mobilising independently, the risk of falls and the risk of social isolation. The risk of skin breakdown for people with limited mobility had been assessed and staff understood what action they needed to take to help people regularly change their position to avoid developing pressure ulcers. Pressure relieving equipment was sourced and used appropriately. Staff monitored people’s fluid intake when they had a change in need or if there was a concern. Some people spent most of their time in their rooms putting them at risk of social isolation. Staff told us that they ensured that a staff member spent time with them, if they wished, at regular intervals each day. Accidents and incidents were recorded and monitored by the registered manager to ensure hazards were identified and reduced. They included measures to reduce the risks and appropriate guidance for staff. Appropriate action was taken in response to risks to individual’s safety and wellbeing.

There were sufficient staff on duty to meet people’s needs. In addition to the manager and care staff the registered provider employed an activities coordinator, a cook, kitchen assistants, housekeepers and a maintenance worker. The registered provider used a system for assessing the needs of people using the service on a monthly basis to establish the required staffing levels for the service. The

Good

Is the service safe?

rotas showed that the required numbers of staff for each shift had been provided to ensure people's needs were met. The registered provider used existing staff where possible to cover vacant shifts left by sickness or annual leave. Failing this, agency staff were used. New care staff had recently been recruited to fill current staff vacancies. Staff told us they felt there were enough staff on duty to meet people's needs. Staff were available to respond to people's needs and requests within a reasonable time. Call bells answered quickly and people confirmed there were enough staff to meet their needs.

Staff recruitment practices were robust and thorough. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care and support. There were also copies of other relevant documentation, including character references, job descriptions and application forms in staff files. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People's medicines were managed so that they received them safely. The service had a policy for the administration of medicines that was regularly reviewed and current. Staff had received appropriate training and regular unannounced checks of their competence to administer medicines safely were carried out by the manager. Staff understood the purpose of the medicines they were administering. The manager ensured all medicines were correctly ordered and received, stored, administered and recorded. Staff followed the home's medicines policy and administered medicines safely to people, gaining their consent before giving medication and accurately recording the medication given. All medicines were kept securely and at the correct temperature to ensure that they remained fit for use. Where people were prescribed medicines "as and when required" a protocol was in place to ensure that doses were given appropriately. People were supported to manage their own medicines if they wished to. All individuals wishing to self-medicate underwent a risk assessment to ensure were able to safely manage the process independently.

Regular medicines audits were completed to identify issues, errors or trends that could be corrected to ensure the safe and appropriate management of medicines. The registered provider looked at people's medicines documentation every month and took swift action to address any concerns. External audits by the supplying pharmacy were also undertaken every six months.

People lived in a clean environment. People and their relatives told us that the service was cleaned daily and was maintained to a consistently high standard. Housekeeping staff cleaned surfaces and vacuumed throughout the day. Weekly and monthly cleaning schedules were in place for the communal areas of the service and people's bedrooms. These had been correctly completed and signed by staff. Staff had a thorough understanding of infection control practice. They described the measures that were taken to ensure that the service was clean and free from the risk of infection. A recent deep clean of the premises had been completed by an external contractor.

The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff followed safe procedures to manage soiled laundry to ensure the risks of infection were minimised. Guidance for staff on effective handwashing was displayed by wash hand basins. Staff washed their hands, used hand sanitizers and encouraged people to wash their hands after using the toilet and before meals. Protective Personal Equipment (PPE) such as gloves and aprons were readily available and staff wore PPE when appropriate. Systems were in place for the safe removal of clinical waste. As the staff took necessary precautions, people's risk of acquiring an infection were reduced.

Good

Is the service effective?

Our findings

People and their relatives told us that they were confident the staff were trained to meet their needs. One person said, "The staff here are very good, they have a challenging job, but are very skilled in what they do". People told us that their health needs were met. One person said, "They will always arrange for me to see a doctor if I need to, it's no trouble". People told us that they enjoyed the food and had sufficient to eat or drink. One person said, "The food is very good, we have plenty of it" and another said, "They bring me a cup of tea in bed; that's a nice touch".

Staff had appropriate training and experience to support people and meet their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. New staff were required to complete the Care Certificate, which is an assessment based learning programme designed for all staff starting to work in care roles. There were two new staff members undergoing this process and one had completed this at the time of our visit. Records showed that all essential training was provided annually, was current and that staff had the opportunity to receive further training specific to the needs of the people they supported. The provider employed a dementia care specialist who provided training and advice to staff. Staff talked positively about recent dementia sessions with the dementia specialist. One staff said, "It's great to be given permission to show affection and hold people's hand. This is so important to people living with dementia". Staff understood how to meet the emotional needs of people living with dementia, particularly when experiencing periods of confusion. Staff told us that they were provided with sufficient training to carry out their roles. Most staff had completed a relevant health and social care qualification. Staff were able to show that they applied the skills and knowledge obtained in training to their everyday practice, for example by following safe moving and handling procedures. This ensured that staff were skilled and competent to provide care to people.

Staff had regular supervision meetings with their manager throughout the year. Staff said this was an opportunity to discuss their work and to identify any further training or support they needed. Supervision sessions and yearly staff appraisals for all staff had been undertaken or planned, in line with the provider's policy. Regular team meetings were held. Staff were able to contribute to meetings and to make suggestions of importance to them. Staff felt supported in their roles.

Staff understood how to support people who could not consent to their care or make their own decisions about their care and daily routines. Staff had completed training on the Mental Capacity Act (MCA) (2005), including Deprivation of Liberty Safeguards. The staff we spoke with had a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member told us, "People are deemed to have consent unless assessed otherwise". 'Best interests' meetings had been held when a person lacked mental capacity to make a decision about refusing care to ensure they received the support they needed. Written consent had been sought and obtained from people in a variety of areas. These included photography for identification purposes and consent to their care plans.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The purpose of DoLS is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. We discussed the requirements of the DoLS with the manager and care coordinator and they demonstrated a good understanding of the process to follow when restrictions needed to be used for people's safety. They had made applications to the appropriate authority as needed and followed the conditions set in any DoLS authorisations.

People were provided with sufficient food and drink to meet their needs and had a choice of meals. This included vegetarian options and meals suitable for people with a range of specific health conditions, such as diabetes. The chef ensured that they catered sufficient amounts to allow people to change their mind. Staff knew people well and knew what their likes and dislikes were. People were asked what portion size they preferred when the meals were served and were offered second portions. People at risk of poor nutrition were regularly assessed and monitored. People with special dietary needs were regularly assessed by external professionals such as dieticians. People's care plans showed that advice and guidance given by professionals was followed by staff. People were given the support they needed to eat their meals. A person's relative

Good

Is the service effective?

told us, "X doesn't always eat well so staff encourage her to do as much for herself as possible, but step in and support her if she struggles". Staff provided people with hot drinks when they requested them and offered tea and coffee regularly throughout of the day. Fresh fruit and individually wrapped snacks were available for people to help themselves to at any time of the day. Jugs of cold drinks were available in the lounges for people to help themselves. People were supported to have sufficient to eat and drink.

People's wellbeing was promoted by regular visits from healthcare professionals. Staff enabled people to see their GP regularly as needed to promote good health. An optician visited people annually and a chiropodist visited every six weeks to provide treatment. People were supported to see a dentist when necessary. Where people required input from a healthcare specialist this had been arranged. Staff ensured that people's health appointments were made when they needed them and that they were supported to attend these. The outcome of health appointments was recorded within people plans so that staff knew what action to take. People had their health needs planned for and met.

The premises met the needs of the people that lived there. There were sufficient toilets and bathrooms across the service for people to use. The registered provider had a programme of refurbishment underway to modernise the bathrooms in the service. Bedrooms were personalised and people had been able to bring items of furniture and personal belongings from home if they wished to. There were a number of shared areas around the service that people could use including three lounges, and three dining rooms. There was also a quiet lounge. The manager had provided cluster seating areas, which staff said allowed people to chat easily, rather than seating around the edge of the room. The décor of the premises had taken into account the specific needs of people living with dementia. Old pictures of pubs and buildings in the area were placed on the walls in the hallways along with famous faces from people's younger years. Staff told us that this presented opportunities of discussion as people moved around the service. The manager had furnished the ends of corridors to provide an interesting space rather than people reaching a dead end as they moved around the service. This included a library area and a garden themed seating area. Bold colours and signage were used to provide contrast to help people find their way to toilets and dining rooms. People's bedroom doors had been furnished with a letter box and door knocker to resemble a front door. The premises supported the needs of people living with dementia and promoted their independence.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff were kind and compassionate and they said they felt well cared for. One person said, "The staff are very cheery" and another said, "I have never heard any staff be cross with anyone". One person told us that the staff helped them arrange a celebration for an important anniversary. They said, "They took care to throw us a wonderful celebration party". A person's relative told us they were pleased that the staff knew their relative so well. They told us, "They took time to get to know her and what she likes to do". People told us their friends and relatives could visit at any time and were made to feel welcome.

Staff knew people well. People's care plans contained both life histories and social assessments. They had been compiled in conjunction with people and their families where possible and contained information staff could use to help build relationships. A staff member spent time with a group of people discussing first jobs, which generated interesting conversations and lots of engagement. Staff knew about people's families, pets and people that were important to them and took time to ask them about them. Staff knew that one person used to look after rescue dogs and this generated further conversation about animals that many joined in with.

Staff had positive relationships with people that respected their individuality. Staff took time to chat with people during the day. They were polite when talking with people, but also engaged in appropriate light-hearted conversations with people that created a relaxed and pleasant atmosphere. Staff involved everyone in conservations. Staff showed care and affection toward people and enquired about their well being. One staff asked a person "How are you feeling today, has your cold gone?" A person said to a staff member "Don't worry about me" to which the staff replied "It's no bother at all. It's my job to worry about you". Staff responded with warmth when people spoke with them and took time to chat with them in addition to providing care. A staff member told us, "The manager says it's more important that we put the residents first, other tasks can wait".

Staff were caring and kind in their approach towards people and they were sensitive to each individual's needs, giving reassurance where needed and encouraging people. Staff understood how to provide compassionate care that met the specific needs of people living with dementia. When people became confused they took time to find out what the person needed and provided comfort and support. They sat with people and held their hand and allowed the chance to talk about how they were feeling. One staff reassured a person. "We are all here for you". Staff recognised people's emotional needs and used friendly conversation to help them feel better. Staff told us, "We reassure people and give them the affection they need".

People's right to privacy was respected. Staff knocked on people's bedroom doors, announced themselves and waited before entering. People had been asked how they preferred to be addressed, including whether they were comfortable with terms of endearment being used. Staff addressed people by their preferred names and displayed a polite attitude. People's records showed that they had been asked about their preference for a male or female member of staff for their personal care and staff knew who had particular preferences. Staff respected people's privacy and confidentiality.

Staff ensured people's right to dignity was maintained. They were attentive to people's personal care needs, for example tucking in labels in their clothes and helping people to clean their glasses. Staff complimented people appropriately on their appearance. People were able to access a hairdresser in the service four days a week and could pre-book an appointment if they wished. Staff understood how to meet people's cultural and religious needs. They had worked with people and their families to find out what was important to them. Staff were confident in describing how they met the needs of people from differing religions and backgrounds.

People were involved in decisions about their day to day lives and their care. People and their representatives had regular and formal involvement in care planning and risk assessment if they wished. Staff varied the way they presented information to people depending on their needs. Pictures were available to help people make choices from the menu and large print information about the service was available.

Staff promoted people's independence and encouraged people to do as much as possible for themselves. A person's care plan described how staff prepared a range of finger foods that allowed the person to maintain their

Good

Is the service caring?

independence whilst eating. Staff told us, “We try to encourage them to do things for themselves and only step in when needed”. Staff took care to provide care and support at an appropriate pace to meet people’s needs.

Good

Is the service responsive?

Our findings

People told us that the service was flexible and provided care that met their needs. One person said, “They are very responsive. I needed a handrail in my bathroom and it was fitted the next day”. Another person told us, “We are asked for our views about things such as new activities and the menu”. People and their relatives knew how to make a complaint if they needed to. They told us that they were confident that any concerns they raised would be taken seriously.

Each person’s needs had been assessed before they moved into the service. This ensured that the staff were knowledgeable about their particular needs and wishes. People’s care plans contained detailed information about their care needs, for example, the management of the risks associated with people's dietary needs and the risk of falling. One person’s care plan noted that they were a light sleeper so staff should take care to be especially quiet when checking on them in the night. People's choices and preferences about their care were documented. The daily records showed that these were taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were reviewed monthly or more frequently if required so they were up to date. There was good communication in the management of people's care between the provider and external professionals such as GPs and community nurses.

People received personalised care. They had been asked what was important to them and their support had been planned around this. A person’s relative described how important it was for their relative to hear music and sing. This had been reflected in their care plan and we saw staff supporting the person in a sing-along session on the morning of our inspection. People’s care plans described how their dementia presented and in the way staff should respond to each individual. Staff quickly noticed when a person dropped their glasses and provided discreet guidance to a person looking for the toilet. Staff were responsive to people’s needs.

The service provided a wide variety of social opportunities for people. The service had an entertainment room, with a piano, bar, snooker table and comfortable seating with snack table. We saw some people using this space during the day. People told us they were looking forward to the Remembrance service and party that was being held in the service. A recent 100th birthday of a person living in the service had been celebrated with a large party and people told us they had enjoyed this event. Other outings were planned and advertised in the service. This included a trip to a garden centre to see Christmas displays, a Christmas boot fair and a trip to the National Battle of Britain Memorial. Photos were displayed around the service showing people enjoying community based activities. Staff described a recent shopping and coffee trip they had arranged for some people. Some people had also been to a local airshow and upon their return had been supported to decorate an area of the service with photographs and hanging models of the aircraft. Staff told us that everyone had the opportunity to participate in community based activities as they were able to book wheelchair accessible transport for those that required it. People were supported to maintain their hobbies or develop new ones. One person was a keen gardener and enjoyed growing vegetables for the kitchen. Another person had a dedicated shed in the garden to develop their model railway. People were supported to be occupied in the way that met their preferences.

People were aware of the complaints procedure. It was displayed in communal areas for people and their representatives to view. The complaints policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. There had been no complaints recorded this year. However, the provider had systems in place to monitor the outcomes of any future complaints and learn from them. This took the form of regular audits, conducted by both the manager and a member of the provider’s senior management team. People told us they felt confident to raise any concerns and felt the manager would take them seriously. People told us they did not have cause to complain. Past complaints had been handled appropriately and responded to quickly.

People’s views were sought and listened to. An annual customer satisfaction survey was carried out. The findings of the 2014 residents and relatives’ satisfaction survey showed the feedback was generally very positive, but where issues had been raised these had been included in an action plan and resolved quickly. For example, some relatives had complained they were having to wait for several minutes at the front door when visiting before a

Good

Is the service responsive?

staff member answered. As a result, the provider had identified that the entry system was inadequate and replaced it with a newer, more effective one. Our observations on the day confirmed no one visiting the service waited excessively to gain entry.

Residents' and relatives meetings were held. The minutes showed that they were able to contribute to the meeting and to make suggestions concerning their welfare and future service provision. However, the minutes did not contain a plan to decide what action would be taken as a result of the current meeting, by when and by whom. Consequently, it was not possible to judge the effectiveness of residents' meetings or to know if people's concerns or requests had been dealt with. **We recommend that a system for formally responding to points raised from the resident and relatives meetings be introduced.** A recent menu planning meeting had been held. People had made suggestions for new dishes they wished to see on the four week menu. Action had been taken to include these.

Good

Is the service well-led?

Our findings

People told us they were satisfied with the service they received. One person said, "I am very happy with it, I have no concerns". A person's relative told us "I know it is consistent. We visit at all different times and it is always good". Another person told us, "The manager has made some really good changes recently to make it more homely".

The service had a clear vision and set of values that were person centred. The manager described their values for the service, "It's a partnership between us, the residents and their families. We try and make it an extension of home for people, which means involving them (in the day-to-day running of the home)". The manager gave examples of this in practice. This included that the garden was managed by people in a way they wanted and for their own use. The provider did not employ a gardener because of this. We were told that one person had plans to design and build a putting green in the garden. People with skills from their previous employment were also encouraged to participate if they wished. For example, one person was a retired painter and decorator and had assisted in the redecoration of the service. The manager had developed a positive person centred culture that ensured people were at the heart of the service.

Staff told us they felt supported in their roles and that their views were sought and listened to. Staff told us that they could raise suggestions for improvement with the manager and that their ideas would be listened to. Staff praised the manager telling us, "The manager has worked really hard", "The manager has made some good changes" and "The manager is great, she has some really good ideas". Staff were clear about their roles and responsibilities. There was a set of policies and procedures that were appropriate for the type of service, reviewed annually, up to date with legislation and fully accessible to staff. Staff were confident in their roles and knew what support people needed.

The manager had a quality assurance action plan for the service, which outlined improvements needed, with action points and target dates. This included areas such as health and safety, fire risk management and staffing. The manager had, in conjunction with senior managers, worked through the plan and rectified all issues identified by their due date. For example, the registered provider had completed the fitting of window restrictors, had ensured monthly water temperature tests and legionella screening were undertaken in addition to fire safety drills and system maintenance. They had completed manual handling risk assessments for each person living at the service. They had also addressed the shortage of social activities for people and had ensured all staff received adequate training and supervision. In addition, senior managers had interviewed people, their relatives and staff in order to ascertain the effectiveness of these changes. The manager conducted weekly audits covering areas such as people's care, infection control, manual handling, the dining experience, medication management and the maintenance of the premises. There were also weekly audits of wound management, social activities, complaints, safeguarding issues and staff training and recruitment. Issues identified as a result were these were dealt with quickly and effectively. Systems for reviewing and improving the quality of the service were effective.

The manager participated in meetings with other managers within the Abbeyfield Kent Society to exchange views and information that may benefit the service. Staff told us that the manager shared new and interesting practice information with them. Records indicated the manager worked with the local authority when appropriate to discuss how to keep people safe, and kept them involved in decisions concerning their safety and welfare. The registered provider understood their legal responsibilities and consistently notified the Care Quality Commission of any significant events that affected people or the service and promoted a good relationship with stakeholders.

People's records were kept securely. All computerised data was password protected to ensure only authorised staff could access these records. People's care records were detailed and provided staff with clear information about how to meet their needs. Daily records of the care provided to people reflected the care required by their individual plan. The records were sufficiently detailed to allow the manager to monitor that people received the care they needed.