

Colten Care (2003) Limited Abbotts Barton

Inspection report

40 Worthy Road
Winchester
Hampshire
SO23 7HB
Tel: 01962 626800
Website: www.coltencares.co.uk

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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

Abbotts Barton is registered to provide accommodation and support for 60 older people who may require nursing care, who may also be living with dementia. The home provides long stay or short stay nursing care. The home was purpose built with accommodation on two floors and a passenger lift for access. The home has a range of lounges, dining areas and gardens.

We undertook an unannounced inspection of Abbotts Barton on 8 and 9 December 2014. This inspection was completed to check that improvements to meet legal

requirements planned by the provider after our inspection on 24 September 2013 had been made. This is because the service was not meeting some relevant legal requirements.

At our previous inspection in September 2013 we asked the provider to take action to make improvements in respect of staffing levels. Following our inspection the provider sent us an action plan detailing the improvements they would make. At this inspection we found improvements had been made.

On the day of our visit 58 people were living at the home.

Summary of findings

A registered manager was not in place. 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 and associated Regulations about how the service is run. The day to day management of the home was being overseen by an acting manager and the providers operations and quality assurance managers.

Staff understood the needs of the people and care was provided with kindness and compassion. People, relatives and health and social care professionals told us they were very happy with the care and described the service as excellent. One health care professional said, "I have no concerns at all over the welfare of people living at Abbotts Barton". People were supported to take part in activities they had chosen. One person said, "I can do whatever I want here. The staff are lovely people and work hard".

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work at Abbotts Barton and fully understood their roles and responsibilities. Staff completed training to ensure the care delivered to people was safe and effective.

The acting manager assessed and monitored the quality of care consistently involving people, relatives and professionals. Care plans were reviewed regularly and

people's support was personalised and tailored to their individual needs. Each person and every relative told us they were continually asked for feedback and encouraged to voice their opinions about the quality of care provided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, we found that the acting manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests

Referrals to health care professionals were made quickly when people became unwell. Each health care professional told us staff were responsive to people's changing health needs. One health care professional said staff, "Always contact us if they are unsure or need advice".

Staff spoke with people in a friendly and respectful manner. The service had a personalised culture and people told us they were encouraged to raise any concerns about possible abuse. One member of staff said, "The home is managed well. If we have concerns we can speak to the acting manager about them".

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. People told us they felt safe living at Abbotts Barton and there were enough staff working at the service.

All the staff we spoke to were knowledgeable about safeguarding procedures and could explain types of abuse and what they would look for.

There were systems in place to provide people with their medication when they needed them and in a safe manner.

Good



Is the service effective?

The service was effective. Staff were trained and supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented. Therefore people were not unlawfully deprived of their liberty.

People told us that they were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People told us there was always plenty to eat and drink. People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good



Is the service caring?

The service was caring. We saw positive, caring relationships between staff and people using the service

People and their relatives told us they were involved in making decisions about their care and these were respected.

People told us staff treated them with respect and we observed caring interactions between staff and people who used the service.

Good



Is the service responsive?

The service was responsive. Staff communicated with health or social care professionals to make sure people's health care needs were properly addressed and regularly reviewed.

The provider investigated incidents and accidents to identify risk and to ensure lessons were learned so that people were cared for safely.

The complaints procedure was included in the service user guide and was also displayed in the reception area of the home. People told us complaints were always received and resolved quickly by the manager in a respectful and reassuring way.

Good



Is the service well-led?

The service was well-led. Staff felt supported and included in decisions about service delivery. They felt comfortable speaking to the deputy manager of the service if they had any comments or concerns.

Good



Summary of findings

Checks were undertaken to ensure the quality of service provision. Feedback was sought from staff and people living at Abbotts Barton about the service provided and any suggestions for improvement.

The provider conducted an inspection on a monthly basis and the acting manager took responsibility for an improvements identified. Staff told us additional audits were also complete such as medication and health and safety.

Abbotts Barton

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 took place on 8 and 9 December 2014 and was unannounced.

The inspection team consisted of three inspectors and an expert-by-experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the service and provider. We had received 14 statutory notifications since our last inspection. A notification is information about important events which the service is required to send to us by law.

During our visit we spoke with the manager, operations managers and quality assurance manager. We also spoke with eight members of staff, 14 people using the service and four relatives of people using the service. Following our visit, we telephoned three health care professionals to discuss their experiences of the care provided to people living at Abbotts Barton.

We pathway tracked four care plans for people using the service. This is when we follow a person’s route through the service and get their views on it. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters and eight staff recruitment files. We also looked at feedback questionnaires from relatives and the homes internal quality assurance audit which was dated May 2014.

We observed interaction throughout the day between people living at Abbotts Barton and care staff. Some of the people living at the home were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

Is the service safe?

Our findings

People gave positive comments with regards to feeling safe. One person, who preferred to spend the majority of their time in their bedroom, told us, “Staff look in on me regularly, you just have to press your call bell and they are there almost immediately, they come very quickly”. Another person said, “I feel my personal belongings are perfectly safe. I don’t feel the need to have anything locked away, but I could ask for that if I wanted”. One person’s relative told us that they had: “No worries” about their relative’s safety. Another relative told us, “I always see lots of staff around. I find this very reassuring that my relative’s needs are being met when needed”.

At our inspection in September 2013 the provider had not taken steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff. This was a breach of Regulation Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following our inspection the provider sent us an action plan detailing the improvements they would make by 15 January 2014. At this inspection we found improvements had been made.

People told us that there was enough staff available to meet their needs. One person said, “They are good staff, and there are plenty of them. Someone is always available”. Another person told us that when they first started using the service they needed to ring for assistance quite frequently, particularly during the night. They told us, “I felt embarrassed at having to do so but the carers came very quickly and told me each time that it’s not a problem, that’s what they’re here for”.

Call bells were answered in a timely manner. Staff and people using the service told us that they felt that there were enough staff to make sure that people were supported in a safe manner. We looked at the call bell audits for the months of September, October and November. We noted that 96% of call bells were answered in less than five minutes. This showed that there were sufficient staff numbers to meet people’s needs.

Discussions with staff and records we looked at showed staff had received training in safeguarding adults from abuse. Staff understood the policies and procedures relating to safeguarding and whistleblowing and their responsibilities to ensure people were protected from abuse. Staff explained various types of abuse and knew

how to report concerns. One staff member told us that safeguarding was, “Very important” and they “Would have no problems with whistleblowing if they needed too”. Another staff member added, “I know all staff would do the same if something was wrong”.

We asked staff about Whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff’s care practice. All staff said they would feel confident raising any concerns with the acting manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.

The service was clean and free of obstacles and hazards which could cause a risk to people. People told us that they were happy with the environment. One person commented, “Everything is good quality here and all the equipment is in working order. I have a beautiful room, very clean”.

Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure that the equipment was fit for purpose and safe to use. Staff had received training in moving and handling, including using equipment to assist people to mobilise. One staff member told us they felt confident that they and their colleagues were fully competent with this. During our visit we observed staff encourage independence of people by using mobility aids in a calming and reassuring way. The provider’s emergency procedure provided guidance to staff on what actions they should take to safeguard people if an emergency arose, including fire, gas leak or if the service needed to be evacuated. Fire exits and evacuation routes out of the building were clearly visible and people we spoke with were aware of external assembly points and what they need to do in an emergency.

Regular discussion with the staff team identified where people’s needs had increased. They explained how the staffing levels had recently been increased to ensure that there were sufficient staff numbers to manage the busier times during the day and in order to meet people’s changing needs. The staff roster confirmed these revised staffing levels.

The procedures for recruiting staff were robust. The records seen evidenced that only people considered to be suitable to work with people at risk had been employed. Applicants were checked to ensure they had the right skills for the job

Is the service safe?

and were of good character. This included a criminal records check, interviewing people and taking up references from previous employers. Staff confirmed they did not start work until the results of the criminal records check had been received. This was also demonstrated from a review of the staff records. Appropriate checks had been undertaken on prospective staff members before they were employed by the service.

People we spoke with told us that their medicine was given to them on time. One person said, “My pills come on time, staff put them in front of me, and let me take them. I have great difficulty in doing it myself but the staff really do try to help me be independent”. At lunchtime we saw people

being given their medicines. This was done safely and people were provided with their medicine in a polite manner by staff. There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People’s medication was stored securely. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medication administration records were appropriately completed and identified staff had signed to show that people had been given their medicines.

Is the service effective?

Our findings

People told us they felt the staff were competent in their role. One person told us, “Staff know what they are doing; they are very good at their work”. Another person living at the home said, “I know they are taught how to care for us, and they do this well”. Another person commented, “The staff all know what they are doing”. One person’s relative told us they were, “Fully confident that the staff had the skills they needed to care for their relative”.

Staff were provided with the training they needed to meet people’s needs safely and effectively. One member of staff told us they were provided with good quality training which was regularly updated. They said that they could have all the training they wanted. Another member of staff said, “Everyone has to do the mandatory stuff, but there are lists of other training on the office noticeboard. If you say you want specific training in something then they will arrange it for you”.

The provider had systems in place to ensure staff received regular training and could achieve industry recognised qualifications and were supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. Our observations showed that the training provided to staff ensured that they were able to deliver care and support to people to an appropriate standard. For example, staff were seen to interact with people in a caring and respectful manner because they understood issues relating to dignity and we saw staff supported people to move around the home in appropriate and safe ways.

Staff were provided with regular one to one supervision meetings as well as staff meetings. Staff told us that in staff, or, supervision meetings they could bring up any concerns they may have. Staff and supervision records, confirmed staff were able to discuss any concerns they had regarding people living at the home. One member of staff said, “We can say what we really think, and we are listened to”. A second member of staff said, “I enjoy the staff meetings it’s a good place to share our views but also any concerns. It’s also a good place in which we can learn from other more experienced staff”. This told us that staff had the opportunity to discuss the ways that they worked, share experiences, receive feedback on their work and reflect and learn from experience’s

People told us that staff sought their consent and acted in accordance with their wishes. One person told us that they needed some assistance with their personal care and staff asked for the person’s consent before, ‘Doing anything’. Another person said that had been able to have, ‘Really meaningful chats about their care and end of life wishes, which they were confident would be respected’. This person told us they had a copy of their living will in their care plan.

Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included do not attempt cardio pulmonary resuscitation (DNACPR) forms, and showed that relevant people, such as social and health care professionals and people’s relatives had been involved.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff had a good understanding of DoLS legislation and had completed a number of referrals to the local authority in accordance with new guidance to ensure that restrictions on people were lawful. Staff understood the Mental Capacity Act 2005 (MCA) and were able to speak knowledgeably about their responsibility.

People told us that they were provided with choices of food and drink and they had a balanced diet. One person told us, “There is always a good choice of at least two options for both mains and pudding. It is always very nice”. Another person said that their meals arrived, “Nice and hot”. Another said the chef made them, “Very tasty and tempting meals”. A relative told us that their relative always enjoyed the food. The menu for the day was displayed in the home and people confirmed that they made their choices from the menu. However, if they wanted something different this was provided. The chef was knowledgeable about people’s specific dietary and diverse needs. Our observations and records we looked at confirmed what people had told us and showed that people were supported to eat, drink and maintain a balanced diet. At the lunchtime meal, once everyone had been served their meal staff sat with people and offered support where required. People were encouraged to eat and drink and staff interacted with people, chatting and sharing jokes. When one person

Is the service effective?

commented to the chef that they had enjoyed their lunch they responding by saying, “I have done my best” to which the person laughed with the chef. This made the meal time feel a relaxed social event.

People were supported to have sufficient drinks to minimise the risks of dehydration. There was a plentiful supply of water and fruit juices in all communal areas of the home and in people’s rooms. Throughout the day staff replenished these as and when required. One person we spoke with said, “There are always lots to drink and we also get tea and coffee several times during the day. I know it’s cheeky but I ask sometimes for a cup of tea in the small hours when I can’t sleep. The girls are really lovely and go off and make me one. Sometimes they will sit and have a drink with me. It’s so nice”.

All of the people we spoke with told us that they felt that their health needs were met and where they required the support of healthcare professionals, this was provided. One person told us the staff always accompanied them to hospital appointments. They said that when they had

recently felt unwell, the doctor had visited the same day, “They take care of all that side of things for you, including organising hospital appointments”. Another commented that the staff liaised with their family regarding hospital appointments and visits from their doctor. One person said that they were having dental problems and needed a dentist which was accessible. During our inspection we saw a staff member making a number of telephone calls to local dentists to find one which would meet the person’s requirements. One person’s relative said that if their relative was unwell the staff were, “Very quick to call the doctor”.

A GP, following our visit told us the provider or staff at the home made appropriate and timely referrals to ensure that people’s health needs were met. They said they had no concerns about the care and support provided to people. People’s care records confirmed this. People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Our findings

People told us they or their relatives were treated with kindness and their dignity was respected. One said, “I am very well looked after. I can sit and chat with staff, they are all very pleasant”. Another person said, “The girls are all very helpful. I like to sit in the garden when the weather is nice and they just leave me to get on with it”. A third person told us, “I couldn’t wish for better care”. A relative said, “It is the staff that make the care here good. I wouldn’t want my relative to move anywhere else”.

Staff knocked on people’s doors before entering rooms and staff took the time to talk with people. People’s bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. People told us they could spend time in their room if they did not want to join other people in the communal areas.

Records contained information about what was important to each person living at Abbotts Barton. People’s likes, dislikes and preferences had been recorded. There was a section on people’s life history which detailed previous employment, religious beliefs and important events. Staff explained information was used to support them to have a better understanding of the people they were supporting and to engage people in conversation. People’s preferences on how they wished to receive their daily care and support were recorded. One person explained that they did not feel they needed help with dressing or personal care but needed someone to be with them ‘just in case’. We saw that this was clearly documented in their care plan for staff to follow. In other care plans we reviewed and in our conversations with people we found that people’s documented preferences were consistently met.

Staff talked with people and involved them in activities. They used people’s preferred names and we saw people being spoken with in a kind and gentle manner. When people were approached by care staff they responded to them with smiles or by touching their arm which showed people were comfortable and relaxed with staff. Staff took their time with people and did not rush or hurry them.

Staff ensured people’s dignity and privacy was maintained. One staff member explained that if someone was receiving personal care in their room, the door would be closed and a light outside the room indicated that personal care was being given. This ensured staff did not enter the room during this time. Another staff member said they tried to treat people as they themselves would like to be treated. They said, “I try to put myself in their shoes and imagine what it would be like if I was having something done to me”. We observed staff seeking permission before undertaking any care and support with a person. We saw one staff member ask a person if they wanted assistance with their meal which the person accepted. Another person who had not eaten their pudding was offered an alternative. The person declined this which the staff member respected and was an example of staff showing they sought people’s opinions.

At the time of our visit two people within the home were receiving end of life care. We observed staff engaging with relatives regarding how one person was being cared for and how their wishes would be met. The member of staff took time to explain how they would ensure the persons end of life care would be delivered in line with their wishes. The staff member delivered the information in a kind, understanding and empathetic way.

Is the service responsive?

Our findings

People and their relatives told us they felt confident in raising any concerns or complaints if they were unhappy with anything. One person told us, “It’s very pleasant here. I have no complaints”. A relative told us, “The staff are all very helpful. I have nothing to criticise”. Another relative told us that whilst they had no complaints, if they did, they would speak with the manager and were confident that they would be listened to and actions would be taken to resolve the situation.

The home had a varied activity schedule and included arts and crafts, music afternoons, social afternoons, bingo, poetry and quizzes. After lunch we saw people taking part in a dance exercise and engaging with a Pets as Therapy (PAT) dog and its owner who were regular visitors to the home. The exercise class was very well attended and people were laughing and enjoying the activity. The PAT dog was also very popular and people were clearly seen to be enjoying this activity also. One person who was at in the lounge but away from the activity told us, “I don’t go in for this sort of thing but I do enjoy the conversation. I could go and sit in another room but I like to be with people and although I’m not dancing I still feel involved”. Throughout the activities people who did not wish to be involved were acknowledged by staff through conversation or gesture to try and promote involvement. Daily notes in care plans recorded what activities and events the person had been involved with. In one care plan the person enjoyed going out with their relative from time to time. The daily notes recorded this person regularly went out. We spoke with this person who told us they enjoyed doing this and if they wanted a meal saving then they just needed to let staff know if they were going to be back a little late.

The complaints procedure was advertised throughout the home on notice boards and available in the service user guide. One staff member said, “We record everything, even if it isn’t a formal complaint. We would rather deal with any concerns as they arise”. Another staff member said, “Little things can escalate if you don’t act on it. We like to sort things straight away”. Everyone we spoke to said they felt confident to raise any concerns. One person said, “Of course we could say something but there’s never been a need.” The acting manager told us they had received a number of formal written complaints since our last

inspection. We looked at the complaints raised by four people and found these had been investigated by the provider and responded to in a timely way with a satisfactory outcome for the complainant.

People received medical treatment in response to accidents and investigations were conducted appropriately. For example, a recent incident record showed how staff responded effectively after one person had a fall. Their care plans and risk assessments had been reviewed and updated to reflect their change in care needs. The person’s relative told us, “My mother has always been unsteady on her feet but won’t let people help her. Recently she took a tumble and now she accepts support. The staff were brilliant at getting her to accept help when she needs it but also the way they handled the situation was good”.

Plans were in place to give staff guidance on how to support people with their identified needs such as washing and dressing, mobility, activities and nutritional needs. Care plans reflected how people would like to receive care and support. They contained information on what choices to offer the person, what time they liked to get up and go to bed. They also contained information on people’s preferred routines and what support they required to achieve them. It noted on one person’s care plan that they liked to have a bath at least once a week. However it stated that the person may also be a little reluctant and staff should offer encouragement. It also stated that staff were to respect the person’s right to say ‘no’. They could then try again a little later. We observed and people told us staff were never ‘pushy’ and let them make choices and decisions for themselves. They also told us that staff would always talk to them if they were unsure and offer advice if needed.

People were given choices throughout the day. They were given choices about food, where they wanted to spend their time and activities. One relative told us staff always responded to people’s needs ensuring they took the person’s dignity into consideration by “gently taking them to another place to be supported.”

Relatives told us they were involved in the planning and reviewing of their family member’s care. One relative told us, “I am invited to attend reviews at least once a year. I can talk to the manager or staff however at any time if I am worried”. Records in people’s care plans were reviewed monthly and any changes updated.

Is the service responsive?

People received support from health care professionals such as community nurses where and when needed. Each person's care plan documented who the professionals involved were when the person's care was reviewed by them and guidance for staff on how to deliver specific care and support.

Regular residents meetings were held. Minutes showed that people were able to discuss activities they would like to take part in and food choices they would like to see on the menu. They were also used to update people of changes happening within the home.

Is the service well-led?

Our findings

People and staff told us they felt the service was well-led. One person said, “Everyone knows the staff and the manager. It is not a them and us situation”. Another person told us that they had moved into the service because it had been recommended and, “Has a good reputation”. They said that the service was “Really caring”. Another person also told us that the service had been recommended to them and they had, “Not been disappointed”. One person’s relative said, “The manager was constantly looking to improve services, spent a lot of time in the service and was, always accessible.” Another person’s relative commented, “This place is the same as it was 14 years ago. The standard was set then and they have jolly well kept it there. One or two of the staff are still here too so that says a lot about the home”.

Staff told us that the management and provider listened to what they said. One staff member described the manager as being very approachable and told us, “I can go and speak to the manager any time I feel I need to. She always finds time for that”. Another staff member told us that there was a low staff turnover which showed, “How good it is to work here”. Another member of staff told us, “They enjoyed their work and felt valued”. They commented they believed people were provided with a consistent service by staff that were known to them. All staff spoken with understood their roles and responsibilities in providing good quality and safe care to people.

Each morning at 10am the management held a ‘10 at 10 meeting’. All heads of departments and senior nursing and care staff attended the meetings. The meetings were designed to discuss and communicate any concerns that had arisen during the previous 24 hours and to talk about any impending issues into the next 24 hours. Nursing staff continued after the main issues had been discussed to update themselves on tissue viability concerns, blood test results and used this information to formulate action plans for the day to address any concerns that had been identified. Staff told us they found this a good way to communicate ‘what was going on in the home’ and enabled them to keep up to date with the day to day running of the home and people’s changing needs.

There was not a registered manager in post at the time of our visit. The previous registered manager had left the service in late July 2014. The operations manager was able

to demonstrate to us that the provider had taken satisfactory steps to recruit a replacement. We saw a detailed ‘time line’ showing us the recruitment process from advertising the post, interview, second interview and appointment. We noted that the successful candidate would be taking up the position the week following our visit.

Staff were aware of the organisations visions and values. The culture of the service was monitored in supervision to ensure staff were aware of the need to treat people with dignity and respect. Staff received regular supervision. Staff we spoke with felt that knowing the people they supported ensured people were treated with dignity and respect. Staff told us they were there to offer people support but also to promote and encourage people to maintain their independence.

The provider had a system in place to monitor the quality of the service. This included monthly audits completed by named members of staff, the acting manager and the provider. The audits covered areas such as training, care plans, management of medicines, infection control and staffing and supporting staff. The audits showed that although the service was meeting the standards at the time of our inspection they had identified areas where they could improve further. These were reviewed monthly as each audit was completed.

Incidents and accidents were reviewed to identify trends. Any outcomes were included in an action plan and reviewed regularly or if things changed.

The service had notified us of any incidents that were required by law, such as the deaths, accidents or injuries. We were able to see, from people’s records that actions were taken to learn from incidents. For example, when accidents had occurred staff had reviewed risk assessments to reduce the risks of these happening again. This was also discussed at team meetings and at the 10 at 10 daily meetings to raise staff awareness. This helped to make sure that people were safe and protected as far as possible from the risk of harm.

The home undertook a resident’s survey in May 2014. Fifty seven people lived at the home at the time and 22 responded to the questionnaire. Of these 41% of people rated the quality of care provided at Abbots Barton as excellent whilst 55% rated it as good. Overall comments

Is the service well-led?

regarding the service were positive, for example, “They provide a good service”. “Everyone is so kind and helpful”. “I feel safe” and “My husband can come in and have a meal with me and the home is spotless”.