

Mrs Susan Newman

Abbots Lawn

Inspection report

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Date of inspection visit:
26 July 2016

Date of publication:
23 August 2016

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

Abbots Lawn provides nursing care and support to up to 37 people, which includes older people, people living with a physical disability, sensory impairment and some people living with dementia. Accommodation is provided over two floors and the home is set in its own grounds and is situated in Bognor Regis West Sussex. At the time of inspection, there were 36 people living at 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 told us they felt safe with staff. Relatives told us they had no concerns about the safety of people. The provider had policies and procedures regarding the safeguarding of adults and staff received regular training so they knew what action to take if they thought anyone was at risk of potential harm.

Potential risks to people had been identified and these were appropriately assessed to give staff guidance on how risk could be minimised. Staffing levels were sufficient and staff told us there were enough people on duty to support people. The provider operated safe recruitment practices. Medicines were managed safely.

Staff had received training to enable them to carry out their roles effectively and there were opportunities for them to study for additional qualifications. Staff were supported by the management, through supervision and appraisal. People's health was monitored by staff who took prompt action to address any concerns. People had access to a range of healthcare professionals and appropriate referrals were made for guidance or additional support.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the provider to be meeting the requirements of DoLS. We found the registered manager understood when an application should be made and how to submit one. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

People were supported to have sufficient to eat and drink and to maintain a healthy diet and people spoke positively about the food provided. People's rooms were decorated in line with their personal preferences and they were invited to bring in their own possessions.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and were involved in decisions about their care as much as they were able. People's privacy and dignity was respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided clear information about people's needs in a person-centred way. People's preferences, likes and dislikes were documented so that staff knew how people wished to be supported. There was a range of activities on offer to provide stimulation for people. Complaints were dealt with in line with the provider's policy.

The registered manager was active in monitoring the care that people received and there were systems in place to monitor and audit the service. People, their relatives and staff felt able to raise issues or concerns with the manager, and were confident they would be listened to.

People could express their views and discuss any issues with the provider, registered manager or staff. The culture of the service was homely and family-orientated.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected by trained staff and appropriate risk assessments were in place.

Staffing levels were sufficient to keep people safe and the service followed safe recruitment practices.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received training to carry out their roles and there were opportunities for staff to take additional qualifications.

The registered manager and staff understood how consent should be considered and they supported people's rights under the Mental Capacity Act.

People were offered a choice of food and drink and were supported to maintain a healthy diet.

People had access to healthcare professionals to maintain good health.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff. People spoke highly of the staff at Abbots Lawn and said they were consulted about their care and were able to exercise choice in how they spent their time.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received care that reflected their needs and preferences. Care plans provided information so that staff could support people in a person-centred way.

People were asked for their views and experiences of the service. A range of activities were provided according to people's preferences.

People knew how to make a complaint if necessary and were confident any issue would be addressed.

Is the service well-led?

Good ●

The service was well led.

People gave their feedback about the service provided through regular meetings and by communicating their views through questionnaires sent to them by the provider.

Staff were supported to question practice and were asked for their views at regular supervisions and through staff meetings.

Regular audits took place to measure the quality and safety of the service provided. The registered manager was approachable and proactive.

Abbots Lawn

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 July 2016. The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience at this inspection had expertise in older people and dementia care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and previous inspection reports before the inspection. We also looked at notifications sent to us by the provider. A notification is information about important events which the service is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people who used the service. We looked at how people were supported in the communal areas of the home. We also looked at plans of care, risk assessments, incident records and medicines records for five people. We looked at training and recruitment records for four members of staff including one nurse. We also looked at staffing rotas, staff handover records, minutes of meetings with people and staff, records of activities undertaken, menus and records relating to the management of the service such as audits and policies.

During our inspection, we spoke with 14 people who used the service and four relatives. We spoke with the registered manager, the quality manager, the cook, activities co-ordinator, one nurse and four care workers. We also received feedback from a community nurse who had involvement with people who lived at the service.

The service was last inspected on 7 April 2014 when no concerns were identified.

Is the service safe?

Our findings

People were supported by staff to be safe and people told us they felt safe at the home. Comments from people included: "I am very happy here and have no concerns". "Yes I feel safe here, I am well looked after" and "The staff are all so kind, I know they will keep me safe". Relatives had no concerns about the safety of their loved ones.

The PIR returned by the provider said 'Safeguarding training is mandatory and staff are able to identify signs of abuse and know the procedures to follow to maintain people's safety. We found people were protected from abuse and harm and staff recognised the signs of potential abuse. Staff knew what action to take if they suspected people were being abused. One member of staff said, "I would always report any concerns to one of the nursing staff or to the registered manager". Staff had received training in safeguarding and were able to name different types of abuse that might occur such as physical, mental and financial abuse.

Risks to people and the service were managed so that people were protected. Risks to people were identified, assessed and managed appropriately. Risk assessments were kept in people's care plans and these gave staff the guidance they needed to help keep people safe. The included information on potential risks and provided guidance on how these risks should be managed. We saw a range of risk assessments in place and these included risk assessments regarding falls, moving and handling, smoking and going out into the community. Risk regarding pressure areas were managed, using Waterlow, a tool specially designed for the purpose. People's weights were monitored monthly and if there were any significant weight loss or gain the Malnutrition Universal Screening Tool (MUST) was used. This is a tool designed specifically for this purpose.

There were also environmental risk assessments in place, such as from legionella or fire. The provider employed a maintenance person who had carried out regular testing and equipment maintenance. Any defects were recorded in a maintenance book and defects were signed off as they were completed. There was a policy and procedure in place as well as a contingency plan for dealing with any emergencies. Each person had a personal evacuation plan which detailed how they would safely leave the premises and what support would be required. The provider also had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The registered manager used a dependency tool to ascertain the level of dependency for each person. The results were then used to determine the overall staffing levels. The tool used indicated that 628 care hours were needed each week and the current staffing levels provided 680 hours per week. From 8am to 8pm there was one nurse and six members of care staff on duty. From 8pm to 8am there was one nurse and two care staff who were awake throughout the night. The homes staffing rota for the previous three weeks confirmed these staffing levels were maintained. In addition to the care staff the provider employed non care staff, which included a cook, cleaners, laundry staff, an activities co-ordinator, a maintenance person and administrative staff. People, relatives and staff said there was enough staff on duty to meet people's needs.

Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. For nursing staff a record of each nurse's registration with their professional body was maintained to ensure that they were legally able to practice as a nurse. Staff told us they did not start work until all recruitment checks had been completed and said their recruitment had been thorough. These measures helped to ensure that staff were safe to work with people.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage, administration and disposal of medicines. Storage arrangements for medicines were secure. The registered manager told us only nursing staff who had completed training were authorised to administer medicines. She told us staff received regular training and competency assessments to ensure medicines were ordered, received, administered and disposed of safely. We spoke to the nurse on duty who confirmed they received regular training and told us the Medicines Administration Records (MAR) were only signed off once they had been administered. We looked at the MAR and these showed that people received their medicines as prescribed and there were no gaps or errors identified. There was also a clear protocol for administering any 'as required' (PRN) medicines. This meant that medicines were managed so that people received them safely.

Is the service effective?

Our findings

People told us the staff who supported them were good. One person who was on a two week respite break said "I'm happy here and I feel very well looked after which makes life a lot easier for me". Another person said "It's pretty good here" and a different person said "I love it. It's relaxed, there's no pressure". People were also positive about the food provided. One person said "It's good, plenty of choice." Another told us "The food is excellent". Relatives were happy with the care and support provided to their loved ones. One person said "I am very happy with the care and support provided, I feel content knowing (named person) is safe and well looked after"

During the inspection, we undertook a tour of the home. Accommodation was provided over two floors. There were assisted bathrooms on each floor and a dining room and two lounge areas on the ground floor. Seating in the lounges was of different types and heights depending on people's needs. In the corridors and lounges there were large pictures/posters of film stars and well known people from previous eras. In one corridor there was a wall display involving a letterbox and door fixings. In the communal areas there were large clocks and posters showing the day and month.

Throughout the home various older items were displayed such as old telephones and an old sewing machine. Staff used these to engage people in conversation and to interact with them. The home had a large, secure and well-kept accessible garden. There were benches and raised beds and we saw people taking advantage of the warm weather sitting out and chatting with staff. The registered manager told us that people were involved in the choice of furnishing for their rooms; they were able to choose their favourite colours and personalise their rooms with photos and items of their choice. Communal areas were homely with appropriate furnishing.

Staff told us about the training they received and said it was good. One member of staff told us "The training is very good" and another said "There is always some form of training going on". Training included emergency first aid, moving and handling, safeguarding, the Mental Capacity Act, DoLS, infection control, health and safety, care planning, equality and diversity, managing challenging behaviour and understanding dementia. The provider had an online system to manage training. The system generated alerts when training was due to expire. Each member of staff had a training record and this identified when each staff member was next due their refresher training. This helped to ensure that all training was up to date. A Healthcare professional said "The staff are highly skilled, they have a lot of training which is evident on how they care for the residents".

Nursing staff told us they were supported by the provider and registered manager to keep their skills up to date and to maintain their registration with the Nursing and Midwifery Council (NMC). Recent training for nursing staff included Venepuncture training to enable nursing staff to take blood samples from people and specialist wound care. Nursing staff also carried out their own reflective practice. The Nominated Individual (NI) for the provider is a registered nurse and is the clinical lead. The nurse on duty told us all the nursing staff were well supported by the provider to keep their skills up to date and were provided with training to enable them to keep their nurse registration up to date. The registered manager told us that a Clinical Meeting was held every two months to discuss issues such as skin integrity, hydration and diabetes. The

clinical lead, registered manager and nursing staff attended for advice and guidance.

All new staff were given an induction which included working alongside experienced staff so they could get to know the people they would be caring for. The registered manager told us that new staff were expected to complete the Care Certificate. This covers 15 standards of health and social care topics, and is a national qualification. The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed 21 care staff. Eight held a National Vocational Qualification (NVQ) 2 or 3. Three were undertaking NVQ3 and four were completing additional qualifications such as health and care diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The registered manager told us, she, the NI, nursing staff and senior carers regularly worked alongside care staff and this enabled them to monitor staff performance and identify if the training was effective and also to identify any additional training needs. This meant that people were supported by a staff team who had the skills required to provide effective care and support. Staff confirmed they were encouraged and supported to obtain further qualifications.

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. The registered manager told us that some people had given power of attorney to others to act on their behalf. We discussed this with her and explained she would need to obtain documentary proof that these people had the legal authority to make decisions on people behalf of people for both financial and care before following their instructions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 DoLS. The registered manager and staff understood their responsibilities in this area. We saw that capacity assessments were contained in people's care plans where required. The registered manager told us that currently five people were subject to DoLS and these had been approved by the local authority. A further 15 applications had been submitted to the local authority's DoLS team but these had not yet been processed.

The registered manager told us that people living at Abbots Lawn were able to make day to day decisions about their care and treatment. We observed people being consulted about their care and support needs. Carers talked to each person who needed support to help move, telling them what they were going to do before transferring them in a hoist. One person told us there were several male carers in the home but that she had been given the choice to choose a female carer if she preferred. Another said The staff take time to get to know you, you're not just a name. Staff told us they would always respect people's decisions and if they had any concerns they would speak to the nurse on duty or to the registered manager. This meant that people were able to exercise as much choice as possible in their day to day lives.

Staff received regular supervision and staff and records confirmed this. Supervision was carried out by team leaders, the registered manager and one of the nursing staff. The registered manager told us that supervisions included a discussion of the staff member's training needs/wishes, a record of any issues discussed and any agreed actions. Staff told us that the meetings were useful. The registered manager and

senior staff regularly worked alongside staff most days and they had regular conversations with staff and observed their practice. Staff confirmed this and said they did not have to wait for supervision to come round if they needed to talk with the provider, nurse or the registered manager. Staff said they were able to discuss any issues openly and felt that communication was good with everyone working together as a team.

We spoke to people and staff about the meals provided. All the people we spoke to told us they enjoyed the meals provided. Breakfast was cereals and toast and every other day there was a choice of cooked breakfast and bacon sandwiches. The cook said these were available everyday if people requested this. The main meal of the day was at lunchtime and the cook told us there was a choice of two meals that were cooked from fresh ingredients. Each person was asked for their choice for the next day in the afternoon. The staff checked people's choices half an hour before lunch. One of the care staff said there is always plenty available so if a person changed their mind it was not a problem. Alternative choices were available. On the day of our visit we saw one person eating a baked potato and cheese instead of either main choice of meal. A carer told me there was always fresh fruit available for dessert or at any other time. The food looked appetising and freshly cooked and was served in good quantities. Some people had pureed food but each type of food on the plate was pureed separately. The evening meal was a snack type meal such as sandwiches, egg on toast or fish fingers. In the afternoon people were offered cheese and biscuits and in the warm weather people were given ice lollies. Each person's health needs/allergies and special needs were catered for. The cook had a list for those people who required fortified meals together with people who had specific needs such as pureed diets and those who were diabetic.

People had access to healthcare professionals to ensure that their health needs were met. Each person was registered with a local GP. Each person's care plan contained information about people's health care needs and medical conditions. There were contact details of the person's GP, dentist and optician. Appointments with any other health care professionals were through GP referrals. We saw that details of people's health appointments and messages regarding them were placed in the diary or communication book to remind staff to arrange or attend any appointments as required. A record of people's health visits were kept in their care plan. This meant people's health needs were assessed and care and support planned and delivered in accordance with their individual needs. A healthcare professional told us that Abbots Lawn was proactive in asking for advice and support and that the staff followed the advice and guidance given to them.

Is the service caring?

Our findings

People were happy with the care and support they received. Two people we spoke with told us they were personally independent except for bathing and showering when they had help. They said anyone coming to their room would always knock on the door first. All the people we spoke with were positive about the staff who supported them. Comments included "They (the staff) are so kind, they will do anything for you". "I am treated really well, I can't fault the staff". And "They (staff) are full of fun, you can have a laugh and a joke, they make life worth living". Relatives were also positive about the caring staff. One relative said "My relative would tell me if they were any problems, they have not got a bad word for anyone".

We saw staff knocked on people's doors and waited for a response before entering. When staff approached people, we saw them engage with them and check if they needed any support. Staff were able to tell us about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food and going out into the local community.

People told us that they found the staff very caring and able to give them any help they needed. Staff interactions were relaxed, co-operative and informal both with each other and with people who were addressed in a friendly way by their first names. Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs.

We saw everyone was dressed appropriately for the time of year. We observed that staff spent time listening and engaging with people and responding to their questions and offered reassurance when anyone appeared anxious. For example one person was shouting out and staff responded sympathetically, they spent time with the person and explored what the person was trying to request. Another person was observed walking very slowly to lunch but being verbally encouraged all the way by a member of care staff.

In the main lounge there were folders for each resident which contained an 'About Me' book. This gave staff information about people's previous history, where they lived, where they went to school and what jobs they did. These books were kept secure and were only available to care staff who used them to encourage conversation with people about things that were important to them.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a communication book for staff where they could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people's personal information.

People had regular meetings with staff to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was delivered. Minutes of meetings were kept and these showed that people were able to share ideas and put their views forward on how the home

was run.

Is the service responsive?

Our findings

People said they were well looked after and that if they wanted anything all they had to do was ask. One person said, "The staff are very good. I can get up and go to bed when I want, no one pressurises me to do anything." Another said, "I can make my own decisions and staff respect this." One person said "I have a call bell within reach in both bedroom and bathroom. Carers responded to requests for help quickly". Relatives told us the staff were responsive to people's needs and that they were kept informed of any changes in their relatives care needs.

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file. One person told us their daughter visits and takes them out in a wheelchair locally and they said she can come at anytime to visit. Relatives confirmed they could visit at any time.

Before accepting a placement for someone, the provider carried out an assessment of the person's needs so they could be sure that they could provide appropriate support. The assessment included details of the reason for admission and information about what support was needed and what the person could do for themselves. This assessment formed the basis of the initial care plan.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. Care plans were person centred and staff understood the importance of explaining to people what they were doing when providing support. Each person had a 'Life Story Book' this had details such as 'my childhood memories', 'my achievements', 'my adult life' and 'my unique experiences'. These enabled staff to get to know the whole person not just there care needs. Care plans identified the support people needed and how support should be given. Information in care plans included information such as the persons 'daily living needs' This gave information about how many carers were required for different tasks. We saw care plans were in place for moving and handling, mobility, personal care tasks, routines at night, nutrition and hydration, controlling body temperature, medicines, and communication. These care plans detailed what people could do for themselves, what support was required from staff and details of how this support should be given. For example, one person had a plan for personal hygiene. It explained that the person was able to be independent with verbal support. It went on to explain that the person would shower each day but would make no attempt to wash themselves unless prompted by staff. The plan explained that staff should give a step by step prompts to remind the person to wash. The plan also explained the person could dress independently provided staff laid their clothing out for them on the bed.

Care plans were reviewed at monthly intervals or sooner if required. The reviews were recorded and changes were made to each person's care plan as required. For example, on the 3 May 2016 the care plan for eating and drinking for one person said 'is independent with eating and drinking and has a good appetite but needs encouragement from staff – weigh monthly'. Following a review on the 4 June 2016 the care plan stated the person had lost weight following a recent chest infection. Weigh weekly. These regular reviews showed us that people's care plans were kept up to date and reflected the person's current care needs.

Staff told us that the care plans reflected the current support people needed.

Staff said that people could express their wishes and preferences and these would always be respected. We saw from minutes of relatives' and residents' meetings that people had expressed a wish for to visit a local venue they enjoyed. Following the meeting we saw that a visit had been arranged and people had an enjoyable visit. One person told us she always helped in the preparation of the teatime sandwiches in the kitchen and enjoyed doing this. They also said they were able to do their own laundry and they enjoyed doing this.

Each person was allocated a keyworker. (A key worker is a person who has responsibility for working with certain individuals so they could build up a relationship with them). Keyworkers met with people on a one to one basis each month and this helped to support them in their day to day lives and give reassurance to feel safe and cared for. Minutes of these meetings were kept. We spoke to the registered manager about the records which would benefit from more information regarding people's involvement in these meetings.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs.

Before commencing a shift staff attended a handover meeting. The purpose of the meeting was to share information about people's care and support needs to ensure continuity of care. The discussions during the handover meeting were relevant and focused on the care needs of people. They involved the exchange of up to date information, such as changes in people's care and visits from health and social care professionals. This ensured staff provided care that reflected people's current needs. Daily records compiled by staff detailed the support people had received throughout the day and night.

The provider employed an Activities Co-ordinator (AC) to arrange and support people with activities in the home. The registered manager told us the previous AC had left and a new person had been employed who was due to start work shortly. During the absence of an AC the provider had arranged for the AC from a sister home to work part time at Abbots Lawn to ensure people were provided with appropriate stimulation. On the day of our visit we saw the AC involving as many of the residents in the lounge as possible in Skittles and then Velcro darts. The AC said the mornings were for group activities in the main lounge. The afternoon is for visiting those people who are in their rooms and unable to come downstairs. We observed suitable music was playing in the lounge at a reasonable volume. Other activities which were timetabled were hairdresser, ball games, music and word games, karaoke, arts and crafts, large floor games, reminiscence activities and visiting entertainers. The registered manager told us that she had organised small animals to visit including, a petting farm, baby farm animals, and Alpacas. She told us that people really enjoyed activities that involved animals. The provider had a mini bus and driver who took people on outings two days per week. On each of the days there were two short trips locally in the morning and two in the afternoon for small groups to visit local attractions. In the warmer weather day trips were organised for trips further afield such as, historical homes or the New Forest. A member of care staff said everyone had a chance to go out if they wanted to. One of the residents told us that a carer accompanied them to the local shop every day to buy a paper, they could have it delivered but they enjoyed the short trip to the shop.

People and relatives understood how to make a complaint. Information on how to complain was displayed in the entrance of the home. People told us that they had not had cause to complain and if they had any concerns they would speak with the provider or registered manager. They were confident that any issues

would be quickly resolved. The registered manager kept a complaints file where any complaints would be recorded. We looked at this file and there had been four complaints recorded in the last six months. We looked at how complaints had been dealt with and records showed that the complaints procedure had been followed. Staff were aware of the complaints procedure and said they would support anyone to make a complaint if they so wished. The registered manager said if any complaints were received they would be discussed at staff meetings so that the provider and staff could learn from these and try to ensure they did not happen again.

Is the service well-led?

Our findings

People told us the registered manager and all the staff were good and were available to listen to them. Comments from people included: "The staff are always checking on me and asking me if I need anything". My daughter visits me every week and I know she keeps an eye on how I am doing" And "Everyone is easy to talk to, I can ask anything I want". Relatives confirmed the provider, registered manager and staff were approachable and said they could raise any issues with them. They told us they were consulted about how the home was run and were invited to meetings. One relative said "The staff here are really good at keeping me up to date, I am always kept informed of what's going on"

The provider aimed to ensure people were listened to and were treated fairly. Staff said the provider was in the home every day and they could speak with them if they had any concerns. The registered manager operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. Staff said they were confident the registered manager would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions to improve the quality of the service. They said the registered manager was approachable and had good communication skills and that she was open, transparent and worked well with them.

Staff said the registered manager demonstrated good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and to make comments and suggestions about any changes. The registered manager said she held regular meetings with the nurse team, care staff and ancillary/domestic staff. These meetings enabled people to put their views forward on how the home was operating and said they felt their views were listened to.

We asked staff about the provider's philosophy. The registered manager said this was to create a safe homely environment which is friendly, warm and inviting. Staff said that this was to provide people with the best care possible and to ensure people were treated with dignity and respect. The registered manager said staff at Abbots Lawn worked hard to ensure people got the best possible care. It was clear from speaking with the registered manager and staff that they were passionate about the job they did.

The registered manager kept her skills up to date by attending regular training. She told us she had recently attended advanced wound care training and said she attended all training provided to staff. She attended clinical meetings and manager forums run by the local authority. There were also regular meetings with other managers of care homes in the area. These meetings were used to share knowledge and ideas regarding best practice. The registered manager said she also regularly kept up to date with developments on the CQC website. She told us she would feedback any relevant information to staff so they in turn could gain knowledge. This meant that staff were kept informed of new developments, learning and best practice.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that

took place included; food hygiene, infection control, financial audits, health and safety, care plan monitoring, audits of medicines, audits of call bell systems, audits of accidents or incidents and concerns or complaints. Following these audits if there were any areas of learning identified these were discussed with staff at staff meetings.

The provider also employed a quality auditor who carried out quarterly visit to the service. These visits used CQC's Key Lines of Enquiry (KLOE) prompts to monitor how the home was meeting people's needs. They also checked that the manager's quality audits had been completed. After each visit the auditor produced a report together with evidence to support their findings. If any recommendations or actions were required the registered manager produced an action plan to say how they intended to address the issues and included timescales for their completion. The auditor checked that these had been completed at subsequent visits. The quality assurance procedures carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

There were regular meetings carried out for people, relatives and staff. These meetings enabled people, relatives and staff to make comments and influence the running of the home. We saw copies of the minutes of these meetings and they included information on the topics discussed, together with any actions needed and by whom. The minutes of the previous meeting were discussed so that people were kept up to date with how topics have been dealt with.

People, relatives, staff and other stakeholder's were supported to question practice and asked for their views about Abbots Lawn through quality assurance questionnaires which were sent out by the quality auditor. Responses were collated and passed back to the registered manager, so if necessary changes where appropriate could be made. The last questionnaire sent out to all people who lived at the service resulted in 19 responses, these were all excellent or good and no issues were identified. Fourteen relatives responded and again these were positive with one comment saying 'The staff name board and photographs displayed in the hall was very helpful'. Responses received back from two professionals stated 'I have never had any cause for concern or complaint, I am always made welcome whenever I visit day or night'. And 'Staff are always courteous and provide me with any assistance. I am able to speak with people in private and this is never a problem'.

The provider had a policy and procedure regarding their duty of candour and the provider and registered manager were open and transparent. The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

Records were kept securely. All care records for people were held in individual files which were stored in a locked cabinet. Records in relation to medicines were stored securely. Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose.