Mr Clifford Strange and Mrs Philippa Strange

Abbeywood House

Inspection report

Cary Park
Torquay
Devon
TQ1 3NH

Tel: 01803313909

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Abbeywood House is a converted period property situated next to Cary Park in Torquay and provides accommodation and personal care for up to 30 older people who may be living with a dementia. At the time of our inspection there were 23 people living at the service. The service offers both long stay and short stay respite care. This inspection took place on the 20 and 25 July 2016, the first day was unannounced. The inspection team consisted of one adult social care inspector. Abbeywood House was previously inspected on the 7 January 2014; we did not identify any concerns.

Abbeywood House did not have a registered manager at time of our inspection. 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 new manager had been appointed on a temporary basis in January 2016 and was confirmed in post in April 2016. The new manager was in the process of making an application to CQC to register as manager, they are referred to throughout the report as the manager. The manager told us that Abbeywood House had under gone significant changes to its management team over the last twelve months. Both the registered manager and the care manager had left the service due to reasons beyond the services control. The manager told us their first priority had been recruitment, to ensure that people and staff were support by suitably qualified staff who were knowledgeable and able to meet their needs. At the time of inspection we saw that the manager had recently recruited a new team leader and the new care manager had started the day before our inspection.

During the inspection process we received information that one person's medicines were not being managed safely; that the service had not sought advice from healthcare professionals in a timely manner; that the service was not carrying out risk assessments in relation to one person's mobility and that the service had not taken appropriate action in relation to a safeguarding concern. On the second day of our inspection we specifically looked at the care and support of these people in relation to the information we had received.

We explored these concerns in depth and found People's Medication Administration Records Mars were not accurate and therefore staff were unable to assure themselves people were receiving their medicines as prescribed. The service had sought advice from healthcare professionals in a timely manner; however records of people's health care referrals were not always clear, accurate or up to date. The service had reviewed and updated this person's care plan three times in the month prior to our inspection, which included the person's mobility, however this information had not been used to update this person's moving and transferring assessment. The service had taken appropriate action in relation to the safeguarding concern. People's records indicated the incident had been appropriately managed and documented.

Records relating to Mental Capacity Act 2005 MCA and best interest decisions were not being documented or reflected in people's care plans. The existing care planning process did not clearly evidence how people were involved in planning their care.

People's care plans contained sufficient information to help ensure people received person-centred care. They provided staff with information on people's, personal care needs and medical history. However, not all the care plans we saw evidenced this. We raised this with the manager who told us they had identified the care planning process was not working as well as it could be. We saw the manager had recently undertaken a complete review of the service. Many of the concerns we identified as part of this inspection had already been identified by the manager and provider. We saw they had developed an action plan with time scales to address these concerns.

People who were able said they felt safe and well cared for at Abbeywood House. Their comments included "I do feel safe" "the staff are very helpful and kind I'm very happy here". Relatives told us the staff made sure people were safe and well looked after. One relative said "I wouldn't want [person's name] to live anywhere else its their home, I'm really happy with the care of [person's name]". Healthcare professionals said the staff were very caring and compassionate and people were safe and well looked after. We saw people were happy to be in the company of staff and were relaxed when staff were present.

There were systems to help ensure people were protected from abuse. Staff demonstrated a good understanding of how to keep people safe. Staff told us they felt comfortable and confident in raising concerns with the manager. Recruitment procedures were robust and records demonstrated the manager had carried out checks to help ensure that staff employed were suitable to work with vulnerable people. Everyone we spoke with told us they felt the staff were well trained and able to meet their needs. Healthcare professionals said the staff were very knowledgeable about people when they visited. Staff we spoke with knew people well and were able to describe how people liked their care to be provided.

Risks to people's health and safety had been assessed and regularly reviewed. Each person had a personal emergency evacuation plan (PEEP) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency. All accidents and incidents were recorded and reviewed by the manager.

People who were able told us they enjoyed the meals provided by the service. Their comments included, "the food is good," and "there's always plenty of choice." Meals looked appetising, and we saw the chef had been provided with detailed guidance on people's preferences, nutritional needs and allergies which were reviewed and updated regularly. Where people required soft or pureed diets, because of their health needs, each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals.

We saw staff treated people with respect and maintained people's dignity. People and relatives told us they were involved in making decisions about their care and said staff continually asked how they would like to be supported. People who were able to tell us said they felt able to raise concerns or make a complaint if something was not right. They were confident their concerns would be taken seriously.

Throughout the service we saw a range of dementia friendly sensory cushions that people could pick up and interact with, which had different textures to stimulate their senses. The service had recently identified an 'activity lead' from within their existing team who was responsible for the service's activity programme and developing social interactions.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe but improvements were needed.

People's medicines were not always managed safely. The processes in place to manage medicines had failed to ensure people received their medicines when they required them and as prescribed by their doctor.

People said they felt safe and there were sufficient numbers of skilled staff on duty to meet people's needs.

People were protected by robust recruitment procedures and appropriate checks were undertaken before staff started work.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported to make decisions about their care by staff that had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, records relating to MCA and best interest decisions were not being documented or reflected in people's care plans.

People were supported by staff who were knowledgeable about people's care and support needs.

Staff received regular training to carry out their roles and received regular support and supervision.

People's health care needs were monitored and referrals made when necessary, although not records we saw were accurate or up to date.

People were able to choose their food and drink and were supported to maintain a balanced healthy diet.

Is the service caring?

Good

The service was caring.

People received person-centred care from staff who treated

people with dignity, respect and compassion.

People were supported by staff who were knowledgeable about their needs, likes, interests and preferences.

People were supported to make choices and decisions about the care and support they received.

Is the service responsive?

Good

The service was responsive.

People told us they were involved in their care planning and reviews and asked how they felt about the care they received. However, not all of the care plans we saw evidenced this.

People were encouraged to take part in activities that interested them and were protected from social isolation whenever possible.

People were supported to raise concerns or complaints and people were confident that the manager and provider would act upon them.

Is the service well-led?

Good

The service was well led.

There were systems in place to monitor the quality of the service provided and ensure on going improvements. However, these had not identified all the concerns we raised.

There was a management structure in place which gave clear lines of accountability and responsibility.

The management team were open and approachable and demonstrated a good knowledge of the people who lived at the service and their individual needs.

The culture of the service was open and positive, people and staff felt able to share ideas or concerns with the manager and provider.

Abbeywood House

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 was 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.

Prior to the inspection, we reviewed the information held by us about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law. During the inspection, we spoke and met with six people individually who used the service. We looked at the care of five people in detail to check they were receiving their care as planned. In addition we spent time with people in communal areas and observed how staff interacted with people throughout the day, including during lunch. It was not possible to speak with some people about their experiences of the service due to their complex care needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not comment directly on the care they experienced.

We looked at how the service managed people's medicines. We also reviewed the staff recruitment, training and supervision files for three staff, how the service reviewed the quality of the care and support it provided, as well as records relating to the management of the service. We spoke with six members of staff, the chef, manager and the provider. We looked around the service and grounds which included some bedrooms (with people's permission). We spoke with four relatives of people currently supported by the service. Following the inspection, we sought and received feedback from four health and social care professionals who had regular contact with the service. We consulted with the local authority's quality improvement team, who confirmed they have no concerns over the care and support provided at Abbeywood House.

Requires Improvement

Is the service safe?

Our findings

During the inspection we received information that one person's medicines were not being managed safely, that night staff were not able to give medicines if needed. One person had received the incorrect amount of medicine which had led to medicines not being available when they needed them, and that Medication Administration Records (MARs) were not accurately completed. We also received concerns about the safety of people in relation to the actions of one person, people were going to bed very late at night and that one person was not being supported to move appropriately.

We explored these concerns in depth and found records were not always well maintained in relation to medicines and that some people did wait to go to bed at night because there were only two night staff on duty. The provider has taken action in relation to both these issues. We did not find evidence to support the other concerns and have asked the manager to keep these under review.

We looked at one person's MARs and saw this person had been prescribed a specific medicine to assist in the management of their agitation. Directions stated that this medicine was to be given 'as required' (PRN). Records showed this person was given an incorrect dose on one occasion, without ill effect. This meant that this medicine ran out before the next delivery of medicines was received, meaning the person missed one dose. This person did not receive their medicine as prescribed by their doctor.

People's medicine records were not always accurate and therefore staff were unable to assure themselves people were receiving their medicines as prescribed. For instance, staff had not recorded on one person's MARs that they had given this person their medicine. However, the person's care records showed this person had received their medicine. This meant MARs were not accurate and as such could not be relied upon.

Care plans contained clear guidance about the use of creams, and body maps indicating which topical medicines or creams should be used. It was not possible to tell from the records if topical medicines or creams had been applied, as the records had not always been completed. We spoke with the manager about this. They told us they were aware of the issues in relation to recording and were in the process of developing a new system where people's topical cream records would be kept in their rooms and these would be audited by senior staff on a daily basis. The manager had recently introduced medicine audits and competency assessments for staff. We saw that these had not identified the concerns we found.

This was a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We observed the lunch time medicines round and saw people received their prescribed medicines on time, in a safe way. People were given the time and encouragement to take their medicines at their own pace. The service had appropriate arrangements in place to dispose of unused medicines. Medication administration records identified people's allergies and protocols for 'as required' medicines (PRN). We received information during the inspection that night staff were not able to administer medicine if needed. We raised this with the manager who told us team leaders were responsible for administering medicines before they

left shift but night staff were able to give PRN medicines and homely remedies as required. Night staff we spoke with confirmed this and records showed they had received training in the safe administration of medicines.

People who were able to speak with us said they felt safe and well cared for at Abbeywood House. Their comments included "I do feel safe" "the staff are very helpful and kind" I'm very happy here". Relatives told us the staff made sure people were safe and well looked after. One relative said "I wouldn't want [person's name] to live anywhere else, It's their home. I'm really happy with the care of [person's name]". Healthcare professionals said the staff were very caring and people were safe and well looked after. We saw people were happy to be in the company of staff and were relaxed when staff were present.

We received information during the inspection that one person had sustained an injury after being hit by another service user and continued to be at risk from this person. We had been made aware of this situation prior to our inspection as the manager had sent the Care Quality Commission (CQC) a statutory notification which they were legally required to do. We looked at the care records of the people concerned and found that the service had made the appropriate referrals to the local authority's safeguarding team and sought advice from Torbay older person's mental health team. People's records indicated the incident had been appropriately managed and documented and the service was continuing to act on advice they had been given to keep people safe. Staff we spoke with understood that people could be vulnerable to the actions of others and told us how their knowledge of people allowed them to identify were people needed support in order to reduce these risks. For example providing one to one support and offering reassurance when people became anxious, worried or upset.

There were systems to help ensure people were protected from all forms of abuse. Staff demonstrated a good understanding of how to keep people safe and how and who they would report concerns to. The procedures to follow if staff suspected someone was at risk of abuse were displayed in the office and on the notice board in the main hallway. This contained telephone numbers for the local authority and the Care Quality Commission. Staff told us they felt comfortable and confident in raising concerns with the manager. They knew which external agencies should be contacted should they need to do so. We saw some staff had received training in safeguarding vulnerable adults and whistleblowing and further training had been booked for September 2016.

We received concerns during the inspection that people were being assisted to bed very late at night due to staffing levels being insufficient. We saw that two care staff worked at night from 8pm to 8am. The manager and staff told us that of the 23 people living at the service fifteen people had higher dependency needs and required two staff to support them with hygiene and personal care. This meant there were occasions when the two night staff were supporting people with higher dependency needs, and other people would be unsupervised with the staff unavailable. We raised this with the manager at the time; following the inspection we received confirmation that the provider had increased the staffing levels between 8pm and 9pm to help ensure people were not left unattended whilst staff supported people to have their care needs met during this time.

People living at the service, their relatives and staff all told us they felt there were sufficient staff on duty to meet people's care needs. One relative told us "there is always someone around if you need help, I'm here every day and people don't seem to wait very long for assistance". The manager told us that staffing levels were constantly under review based on people's changing needs. For example we saw that one person had been identified as needing a higher level of support and were receiving one to one care based on their level of need. During the inspection, we saw that people using the main lounge received assistance when they needed it and staff quickly responded to people's call bells.

Recruitment procedures were robust and records demonstrated the manager had carried out checks to help ensure that staff employed were suitable to work with vulnerable people. These included checking applicant's identities, obtaining references and carrying out DBS checks (police checks).

Risks to people's health and safety had been assessed and regularly reviewed. Each person had a number of risk assessments, which covered a range of issues in relation to their needs. For example, risks associated with skin breakdown, malnutrition, falls and mobility had all been assessed. Risk assessments contained information about the person's level of risk, indicators that might mean the person was unwell or at an increased risk, as well as action staff should take in order to minimise these risks. For instance one person's skin integrity had been assessed as high risk. This person's risk assessment advised that this person should use an Air flow cushion and assisted to change position every two hours. We checked to see if staff were following this guidance and found that they were.

We received information during the inspection process that one person's risks when being helped to move had not been assessed by the service. We found the service had reviewed and updated this person's care plan three times in the month prior to our inspection, which included the person's mobility and their variable needs. This information had not been used to update this person's moving and transferring assessment. We raised this with the manager and staff who told us this person had variable mobility and it was difficult to predict what support they required on a day to day or even hourly basis. Staff told us they were aware of this and adjusted their support accordingly. We spoke with a member of staff who had been providing one to one care for this person for approximately three months. They told us that due to this person living with dementia it was difficult to predict what they would require at any given time. All the staff working at the service were aware of this and when they needed support or equipment it was always available. We saw on the second day of our inspection this person was able to transfer with the support of one member of staff in the morning and by lunch time staff had needed to use a stand aid and wheelchair to support them safely. This meant that records were not always reflective of people's current needs or provided staff with the information to support people in a safe way, although we did not identify this person was at risk.

People were kept safe as the manager and staff carried out a range of health and safety checks on a weekly, monthly, and quarterly basis to ensure that any risks were minimised. For example, fire alarms, fire doors, emergency lighting and equipment were checked. We saw that risk assessments were reviewed regularly in accordance with company policy. Each person had a personal emergency evacuation plan (PEEP) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency. These plans gave clear guidance to staff and others about the level of reassurance and assistance each person required. This meant people's safety was protected during the evacuation of the building in the event of fire or other emergency. All accidents and incidents were recorded and reviewed by the manager. Information collated was used to identify any trends that might indicate a change in a person's needs and update people's records accordingly.

Requires Improvement

Is the service effective?

Our findings

People who were able told us they had access to a range of healthcare services and had regular contact with dentists, opticians, chiropodists, district nurses and GPs. Relatives told us the staff responded quickly to people's needs and sought help and advice from healthcare professionals when needed. One relative told us they "They always call me and keep me informed of any changes in [person's name] care." We saw the service engaged proactively with health and social care agencies and acted on their recommendations and guidance to improve people's wellbeing People's care plans included details of their appointments and healthcare professionals confirmed that staff made referrals quickly when people's needs changed. We spoke with an occupational therapist who told us the service had been proactive in asking for advice and when they made suggestions around people's needs or equipment this had been acted upon. For example we saw the manager had arranged for one person to be assessed by the occupational therapy team as they had identified concerns with this person posture and sitting balance, as a result this person had been assessed and provided with a tilt and space chair. Records showed another person had been assessed at being at high risk of falls due to urinary urgency; we saw that as part of this person's management plan to reduce this risk the person had been referred to a specialist consultant.

However not all the records we saw contained the same level of detail. We received information during the inspection that the service had not always responded in a timely manner to concerns raised by staff. We were told one person had not been referred to an appropriate healthcare professional in a timely manner, and where the service had taken action or advice this had not been recorded accurately. We reviewed this person's care records and found a number of entries relating to this person being in pain specifically during the night and the lack of a prescribed cream to assist with this person's dry skin. We explored these concerns in depth and found the manager had taken the steps to address concerns raised by staff. Healthcare professionals we spoke with confirmed this; however records did not accurately reflect the actions that had been taken. For example, staff told us this person had recently been referred by their doctor for an X-ray. We could not find any reference as to when the person had been seen by their doctor or why the referral was made within the person's care plan and staff were unable to tell us.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Most people who lived at Abbeywood House were living with dementia, which affected their ability to make some decisions. Staff demonstrated a clear understanding of the principles of the MCA in their practice. However, people's care plans did not indicate a person centred approach had been taken to the principals of the Act. Some people's capacity had been assessed and as a result a best interest decision made. The outcomes of these decisions or who was involved were not being documented or reflected in people's care plans. In other instances where best interest decisions needed to be made for people these had not always been completed. For example, we did not see any evidence that the service had undertaken mental capacity

assessments or best interest decisions to support people with the use of pressure mats, motion detectors, or door alarms where they did not have the capacity to consent to this. However, we saw staff sought people's consent throughout our inspection and made every effort to help people make choices and decisions. 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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager told us that applications had been made for everyone living at the service and they were awaiting authorisations from the local authority. However, discussions with the manager and staff indicated that not everyone's application was appropriate or based on a clear understanding of DoLS.

We raised this with the manager who told us they had already identified these concerns and we saw they had a clear plan in place to address this. This involved the introduction of new paperwork and a complete review of people's care plans to demonstrate the service was working within the principals of the Act. We did not identify any instances where people were being unduly restricted or that staff were not acting in accordance with people's best interests.

We found that people's records were not clear, accurate or up to date in relation to people's healthcare referrals and people's care plans did not contain a record of best decisions taken in relation to the care and support they received. This meant that staff did not have all the information they needed to provide people's care safely.

This was a breach of regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everyone we spoke with told us they felt the staff were well trained and able to meet their needs. Healthcare professionals said the staff were very knowledgeable about people when they visited. We saw where people had restricted mobility and needed mechanical equipment to support them with standing and transferring from one area to another. Staff were skilled and experienced with the use of equipment and put people at ease when supporting them. Individual staff training records showed staff had undertaken training. However the service's training matrix identified a number of gaps in staff training. We raised this with the manager who told us that some staff training had lapsed. We saw they had identified this as one of their priorities and had started the process of carrying out a training needs analysis of both the organisation and individual staff. We saw various training courses had already been booked and staff had recently undertaken training in First aid, moving and transferring, catheter care and skin integrity. The manager told us they had developed links with another care provider which had enabled them to share facilities, this meant they were able to provide and organise training quickly to ensure that staff had the necessary skills to meet people's needs. Staff told us they received regular supervision where they were able to discuss people's care needs, identify any concerns and plan their future development and support. The manager assessed staffs' knowledge by observing staff practices and recording what they found.

People who were able told us they enjoyed the meals provided by the service. Their comments included, "the food is good," and "there's always plenty of choice." One relative told us "There is a good variety of food available, the chef knows what [person name] likes". Staff told us that people were able to choose where they had their meals and we saw people were able to have their meals in the dining room, their bedrooms or the lounge if they wished. Meals looked appetising, and we saw that some people used plate guards and adapted cutlery to enable them to eat independently. The chef had been provided with detailed guidance on people's preferences, nutritional needs and allergies which were reviewed and updated regularly. Where people required soft or pureed diets, because of their health needs, each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals.

People's individual care records contained food and fluid intake charts, nutrition, hydration and swallowing assessments, allergies, risk assessments and weight management records. This meant there was a range of methods in place to promote people's dietary support needs. It was clear that meal times were a social occasion, enjoyed by all as we heard people laughing and chatting. Throughout the inspection, we observed staff offering people choices during meal times and tea, coffee and soft drinks were freely available throughout the day. The manager told us they were looking to develop a dementia friendly menu, which they hoped would encourage people to have a greater choice at meal times.

Good

Is the service caring?

Our findings

People who were able told us they were happy living at Abbeywood House. Where people were unable to tell us we saw they looked happy, relaxed in staffs' presence and well cared for. One person said, "I'm very happy living here it's homely, and staff are very good". Another person told us "they look after me very well". There was a relaxed and friendly atmosphere within the service. Staff spoke affectionately about people with kindness and compassion. Staff told us "I love my job". Another staff member told us "It feels good to know that I make a difference". Relatives told us "The staff are really good here; they will do anything for [person name]. Another relative told us the "The care has really improved since [manager's name] started". Another relative said [manager's name] sets a high standard and all staff are expected to meet it". Healthcare professionals spoke highly of the service, staff and new manager. One healthcare professional told us they did not have any concerns about the care people received.

People and relatives told us they were involved in making decisions about their care and said staff continually asked how they would like to be supported. People felt their views were listened to and respected. We saw some people's care records showed their views had been sought as their needs had changed. Staff told us how they encouraged people to make choices about the way their care was provided and respected people's decisions and personal preferences. For example, we heard staff asking people where they would like to have their lunch as well as offering choice with food and drinks. Staff told us one person liked to stay in their room and wear their night clothes during the hot weather as it was cooler. We saw this was happening.

We saw staff treated people with respect and maintained people's dignity. During the inspection, we saw staff had time to sit with people and showed a genuine interest in people and their lives. Staff knocked on people's doors and waited before entering. When staff needed to speak with people about sensitive issues this was done in a way that protected their privacy and confidentiality. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. Staff were sensitive to people's needs and provided reassurance. Staff gently encouraged people to be as independent as possible and allowed people time to complete care tasks themselves. People and relatives told us staff supported people in a way which did not feel rushed.

Throughout the inspection, we saw many positive interactions between people and staff. For example, we saw staff assisting people into the main dining room at lunch time; staff explained what they were doing and the reason for it, which gave people reassurance. They asked people where they would like to sit, explained what was for lunch, asked them if that was alright and checked people had everything they needed before they left.

The service was a very busy and vibrant place with plenty of visitors. People and relatives told us they could visit at any time and were able to have lunch with their families if they wished. A relative told us they "Visit every day, there were no restrictions, the staff were always very welcoming and friendly." We saw staff greeting visitors in a friendly way which made them feel welcome and it was clear the staff had developed positive relationships with people's families, which created a homely atmosphere.

Good

Is the service responsive?

Our findings

People and relatives told us they had been involved in identifying their needs and developing the care provided. The manager told us they carried out an initial assessment of each person's needs before and after they moved into the service. This meant that people were involved in identifying their care needs and how these should be met.

People's care plans contained sufficient information to help ensure people received person-centred care. Care plans we saw provided staff with information on people's, personal care needs and medical history. Where people's care plans identified they needed support to manage long-term health conditions, staff had sought professional advice and guidance which had been incorporated into the person's plan of care. For example, one person's care plan provided guidance and information for staff in relation to a specific health care condition on how to recognise signs and symptoms that would indicate this person was becoming unwell and what action staff should take.

People told us they were involved in their care planning and reviews and asked how they felt about the care they received. One person told us staff had asked them how they wished to be supported. Some people's care plan included information on the level of support the person normally required with specific tasks, which we saw had been reviewed and updated. Where a person's needs had changed we saw this had been documented during the review process and additional guidance provided for staff. People were supported by staff that had a good understanding of their needs and were skilled in delivering individualised care and support. Relatives told us the staff and manager encouraged their involvement in people's care reviews and kept them fully informed of any changes in people's needs. Staff spoke about people knowledgeably and demonstrated a good understanding of people's needs and preferences.

However, not all the care plans we saw evidenced this. We raised this with the manager who told us they had identified the care planning process was not working as well as it could be. The manager had recently undertaken a full review of the care planning system used by the service with a member of the Torbay Quality Team. We saw the manager had developed a clear action plan to evaluate and implement a new person centred care planning system.

Where people had specific needs relating to living with dementia, guidance had been provided for staff in how best to support people. For example, one person was known to become distressed and anxious. The service had sought professional guidance and developed a plan for staff to follow to support this person's well-being and minimise the impact this might have. Staff were able to describe how they supported this person during these times. For example records showed that one person could become distressed and anxious when they needed staff assistance. Staff we spoke with were aware of this and we saw when staff approached this person they took their time, offered reassurance and explained their intention before they offered this person assistance.

People were able to take part in a range of activities. People spoke positively about activities at the service and said they had the opportunity to join in if they wanted. We saw a range of activities were available for

people including music sessions, animal therapy, massage, hairdressing, crafts, games, quizzes and poetry. However not all of the activities provided were suited to people with dementia. Throughout the home we saw a range of dementia friendly sensory cushions that people could pick up and interact with, which had different textures to stimulate their senses. The service had recently identified an 'activity lead' from within their existing team who was responsible for the service's activity programme and developing social interactions. They were very keen to share with us their plans to introduce life story books and rummage boxes. They planned to develop the service's own resources and activity programme which would enable them to be more focused on people's needs and abilities. There were also plans to develop individual activity plans based on people's past interest and hobbies. We saw that people who wished to stay in their rooms were regularly supported by staff in order to avoid them becoming isolated. People were encouraged to personalise their bedrooms with things that were meaningful for them. For example, photographs of family members, treasured pictures from their childhood and favourite ornaments or pieces of furniture.

People who were able to tell us said they felt able to raise concerns or make a complaint if something was not right. They were confident their concerns would be taken seriously. One person told us they would speak to the manager or provider if they were unhappy. Another said, "I have no complaints, they are all very good to me here." Relatives told us they had no concerns. One relative said "since the new manager [manager's name] has been in post things get done as soon as you ask". People were confident the provider would listen and deal with any concerns. We saw the service's complaint procedure was displayed in the main hallway. This clearly informed people how and who to make a complaint to and gave people guidance along with contact numbers for people they could call if they were unhappy. We reviewed the services complaint file and saw that where people had raised concerns these been investigated in line with their policy and procedures and concluded satisfactorily.

Good

Is the service well-led?

Our findings

Abbeywood House did not have a registered manager at time of our inspection. A new manager had been appointed on a temporary basis in January 2016 and was confirmed in post in April 2016. The new manager was in the process of making an application to CQC to register as manager. The manager told us that Abbeywood House had under gone significant changes to its management team over the last twelve months. Both the registered manager and the care manager had left the service due to reasons beyond the services control. As a result the manager's first priority had been recruitment, to ensure that people and staff were support by suitably qualified staff who were knowledgeable and able to meet their needs. At the time of inspection we saw that the manager had recently recruited a new team leader and the new care manager had started the day before our inspection.

The systems in place to assess the quality of the service provided and to identify risk had not identified that records were not as complete as they should be. The manager and provider had recently undertaken a complete review of the service. Many of the concerns we identified as part of this inspection had already been identified by the manager and provider. They had developed an action plan with time scales to address these concerns. For example, the manager had identified the systems in place to communicate people's changing needs were not as effective as they could be, as information was not always easy to find. They introduced a new daily handover sheet which summarised people's exiting and changing needs, this covered all aspects of people's personal care, mobility, nutrition and medical history. This meant staff had the information they need to meet people's changing needs.

People, relatives, staff and healthcare professionals expressed confidence and spoke highly of the new manager and told us the service was well managed. Comments included, "I have seen big changes, all for the better", "They are very thorough and set a high standard", they "Act on advice and support offered", "I am able to speak with them and they will take action", "I'm happy with the care [person's name] receives and I have confidence in [manager's name]", "They have been proactive in identifying what needs to be done and taking steps to address it".

People and staff told us the service was well managed. Staff and relatives described the manager as very open, honest and approachable. Relatives told us they were very visible within in the service and had an excellent working knowledge of people who lived there. Staff were positive about the support they received and told us they felt valued. The new management and staff structure provided clear lines of accountability and responsibility. Staff knew who they needed to go to if they required help or support. Staff described a culture of openness and transparency where people and staff, were able to provide feedback and raise concerns.

We saw there were systems in place for staff to communicate changes in people's health or care needs through daily handover meetings. These meeting facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Regular staff meetings enabled staff to discuss ideas about improving the service. Staff told us they felt able to make suggestions and request training. The manager used these meetings to discuss and learn from incidents; highlight best practice and challenge

poor practice were it had been identified.

People who were able to, and relatives, told us they were encouraged to share their views and were able to speak to the manager when they needed to. We found the service had not carried out an annual survey last year in order to seek people's feedback. We were told this was due to the changes in the management structure. The manager told us they planned to meet with people, relatives, staff and outside healthcare professional. The manager told us this had been planned to introduce everyone to the new management team, discuss their development plan, seek feedback and encourage people to get involved in the running of the service should they wish to do so.

The manager and provider carried out monthly audits to review health and safety practices such as fire safety, equipment checks, medicine audits and analysis of accidents and incidents. Records were stored securely, well organised. When we asked to see any records, the manager was able to locate them promptly. The provider told us they attended the service on a daily basis, provided regular oversight and met with the manager daily. The manager told us they felt supported by the providers and felt able to raise concerns and discuss issues as they arose.

The provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected by the safe management of medicines. Regulation 12 (2) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always accurate or up to date or being well maintained. Records did not contain decisions taken in relation to the care and treatment provided. Regulation 17(2) (c).