Abbeygate Rest Homes Limited

Abbeygate Retirement Home

Inspection report

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Spalding
Lincolnshire
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Tel: 01406373343

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Abbeygate Retirement Home is registered to provide care for up to 26 older people, including people living with dementia.

We inspected the home on 18 January 2017. The inspection was unannounced. There were 24 people living in the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers ('the provider'), 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection, the provider had submitted a DoLS application for one person people living in the home and was waiting for this to be assessed by the local authority. Staff understood the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people. Staff had documented decisions they had made in people's best interests.

The registered manager and her team had worked hard to address the areas for improvement identified at our last inspection in September 2015. There were now sufficient staff to meet people's care needs and a range of activities was organised to provide people with mental and physical stimulation.

There was a calm, relaxed atmosphere in the home and staff supported people in a kind and friendly way. Staff knew and respected people as individuals and provided responsive, person-centred care. People were provided with home-cooked food of good quality that met their individual needs and preferences.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm.

Staff received the training they needed to care for people effectively and worked together in a friendly and mutually supportive way. The registered manager maintained a visible, 'hands-on' presence and was well-known to everyone connected to the home. A range of auditing and monitoring systems was in place to monitor the quality and safety of service provision.

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.

Staff knew how to recognise and report any concerns to keep people safe from harm.

People's risk assessments were reviewed and updated to take account of changes in their needs.

There were sufficient staff to meet people's care and support needs.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff understood how to support people who lacked the capacity to make some decisions for themselves.

The provider ensured each staff member received the training necessary for their role.

People were provided with home-cooked food and drink that met their needs and preferences.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

Is the service caring?

Good

The service was caring.

Staff provided person-centred care in a warm and friendly way.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's individual care plans were detailed and well-organised and kept under close review by senior staff.

Staff knew people as individuals and provided care that was responsive to each person's personal preferences and needs.

A range of communal activities and events was provided to help stimulate and occupy people.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

Is the service well-led?

Good

The service was well-led.

The registered manager had a responsive approach and was well-known to everyone connected to the service.

Staff worked together in a friendly and supportive way.

A range of auditing and monitoring systems was in place to monitor the quality of service provision.

Abbeygate Retirement Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The 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.

We visited Abbeygate Retirement Home on 18 January 2017. The inspection team consisted of one 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 care service. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

In preparation for our visit we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection visit we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with five people who lived in the home, three visiting relatives, the registered manager, two members of the care team and two members of the kitchen team. We also spoke with two local healthcare professionals who had regular contact with the home.

We looked at a range of documents and written records including two people's care records and staff recruitment and training records. We also looked at information relating to the administration of medicines

and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the home. One person told us, "I have no qualms. There are staff on day and night and it's kept secure." Another person's relative said, "They do their regular checks day and night. So [my relative] is safe."

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary. Staff told us that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the CQC. Advice to people and their relatives about how to contact these external agencies was available on a noticeboard in the reception area of the home.

We looked at people's care records and saw that potential risks to each person's safety and wellbeing had been considered and assessed, for example risks relating to mobility and nutrition. Each person's care record also detailed the measures that had been put in place to address any risks that had been identified. For example, staff had assessed one person as being at risk of developing skin damage and various items of specialist equipment had been obtained to address the particular issues of concern. Senior staff reviewed and updated people's risk assessments on a regular basis. For example, following a recent review, care staff had been provided with additional guidance on how to support someone safely with their personal care needs.

On our last inspection of the home in September 2015 we had found there were insufficient care staff available to meet people's needs. On this inspection we were pleased to find the provider had responded to our report and taken action to increase the number of care staff on both the morning and evening shifts. Reflecting this change, people and their relatives told us that they were satisfied with the staffing levels in the home. For example, one person told us, "They've got plenty. They can't do enough for us and are quick to help." Another person said, "It seems good really. There's often someone around." One person's relative told us, "There seems to be enough of them. They don't rush." Talking of the positive impact of the increase in staffing levels, one member of staff said, "It's made a huge difference. People are increasing in frailty and more need two carers to support them. [The increase means] there are still two staff available to support the others." The registered manager reviewed staffing levels on a regular basis to take account of in changes in people's needs and told us that, with the encouragement of the provider, she had recently started "over-recruiting" to avoid the need to use agency staff to cover sickness and other absences. Since our last inspection, the provider had also appointed a deputy manager to give additional administrative and management support to the home. The registered manager told us that this appointment had been a very positive change which had relieved a lot of pressure from her personally. Speaking warmly of the new deputy, one staff member said, "They have worked their socks off."

The provider had safe recruitment processes in place. We reviewed two staff personnel files and noted that suitable references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried

out to ensure that the provider had employed people who were suitable to work with the people who lived in the home.

We reviewed the arrangements for the administration of medicines and found that these were in line with good practice and national guidance. For example, we observed a member of staff administering people's medicines and saw that they took time to explain to each person what medicine they were being offered and to ask them how they wanted to take it. One person had asked to retain responsibility for their own medicines and this request had been supported by the provider to help the person retain as much independence as possible. During our inspection visit we identified at least two other people who also appeared to have the potential to take greater personal control of their medicines. We discussed this with the registered manager who agreed to explore this further with the individuals concerned.

When we reviewed people's individual medicine administration record sheets we saw that people who had been prescribed 'as required' medicines had been supported by staff to exercise their right to choose whether they wanted to take it or not. Commenting on the positive approach of staff in this area, one person told us, "They know me. I can ask for paracetamol ... if I need it." However, we noted some minor inconsistencies in the codes staff had used to record when someone had declined a medicine. The senior member of staff who was responsible for the administration of medicines on the day of our inspection, apologised for these errors and told us she would pick this up with her colleagues to ensure a consistent approach in future. We also noted that staff who were not responsible for administering medicines had access to the keys for the medicine cabinets. We discussed this with the registered manager who recognised the risks inherent in this arrangement and acted quickly to order a new key safe to ensure only authorised staff had access to the keys to the medicine cabinets.

Good

Is the service effective?

Our findings

People told us that staff had the knowledge and skills to meet their needs effectively. One person said, "They know what they're doing and they're very patient." Another person's relative told us, "One of the things you can say [about the home] is how good the staff are." Commenting on the quality of care and support provided to people living in the home, a local healthcare professional told us, "I am always very impressed with the standard of care. I'd be happy to live here myself."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Reflecting on their own induction, one member of staff told us, "[The person I shadowed] was very good and explained every little thing." The provider had embraced the National Care Certificate which sets out common induction standards for social care staff. Talking of the provider's approach in this area, the registered manager said, "We are on to our third cohort [of staff undertaking the certificate]."

The registered manager maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs including infection control, medication and moving and handling. Discussing their personal experience of training provision in the home, one member of staff told us, "The training is very good. I am always learning new things." Another member of staff said, "It boosts your knowledge, even if you have had the same training before. You can see other ways of doing things." The provider had also supported several staff to study for nationally recognised qualifications, including housekeeping and catering staff as well as members of the care staff team.

Staff received one-to-one supervision from the registered manager. Staff told us that they found this beneficial. For example, one member of staff said, "It's helpful. [I got] good feedback and the [registered manager] asks you what you think. You can say what you think needs to change." The registered manager told us that some supervision sessions were now overdue. However, she had begun scheduling these in her diary and was confident that the backlog would soon be eliminated.

Staff demonstrated their understanding of the Mental Capacity Act 2005 (MCA). This 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. Staff understood the importance of obtaining consent before providing care or support. For example, one staff member told us, "Everyone is different. We don't just assume [that we know what they want]." Confirming this approach, one person said, "They always ask my permission first."

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). At the time of our inspection, the provider had sought a DoLS authorisation for one person living in the home and was waiting for this to be assessed by the local

authority.

Although most people who lived in the home were able to make their own decisions, the registered manager made use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves. For example, where staff had identified one person as needing bed safety rails to reduce the risk of them falling out of bed and injuring themselves, we saw that this decision had been taken by a senior member of staff following a documented process. Although we were satisfied that any best interests decisions had been taken correctly in line with the provisions of the MCA, we asked the registered manager to consider amending the forms used by the provider for this purpose, to make it easier to ascertain that each decision had been considered separately.

People told us that they enjoyed the food provided in the home. One person said, "I'm very happy with the food. I've eaten every meal since I've been here. I can't find any fault whatsoever." Another person told us, "On the whole, the food is very good. I like the hot dinners." People were offered a continental and cooked breakfast on alternate mornings and a variety of hot and cold choices at teatime, including homemade cakes baked freshly every day. On the day of our inspection the cook had made a date and chocolate cake for tea which smelled delicious. For lunch, people had a choice of two main course options although the cook told us that kitchen staff were always happy to make an alternative for anyone who requested it. This flexible approach was confirmed by one person who said, "It's very good. They ask us the day before [but] we can ask for anything else instead. [And] if we are peckish before bed we can ask for any snack we want." On the morning of our inspection we saw that one person had asked for eggs for breakfast as an alternative to tomatoes on toast which was the main option on the menu. There was a large bowl of fresh fruit in the corridor outside the dining room and this was clearly popular with many people. For example one person told us, "I take a pear back to my room."

Kitchen staff had a good knowledge of people's preferences and used this to guide them in their menu planning and meal preparation. For example, the cook told us, "Lasagne has come off as people don't [tend to] like garlic. But a lot like curry. And meat and three veg." Staff also had a good understanding of people's nutritional requirements, for example people who had allergies or people whose food needed to be fortified to help someone maintain their weight. A range of hot and cold drinks was available throughout the day to help prevent dehydration and other health risks. One person told us, "I get very thirsty so drink a lot. We've always a jug of water and have the trolley round three times in the day."

In preparation for our inspection visit, we noted that the local environmental health inspectorate had asked the provider to make some minor amendments to food hygiene procedures in the kitchen, following their last inspection of the premises in November 2016. We discussed this issue with the registered manager and saw that action had already been taken to address the issues highlighted in the environmental health inspector's report.

The provider ensured people had the support of local healthcare services whenever this was necessary. From talking to people and looking at their care plans, we could see that their healthcare needs were monitored and supported through the involvement of a wide range of professionals including GPs, district nurses and therapists. For example, one person had recently had their medicines reviewed to take account of changes in their needs. Describing their experience of working with the care staff team, a local healthcare professional told us, "We have a good relationship with the staff. They are very proactive in getting in touch." Confirming this approach, one person told us, "The doctor is quick to come if need be." Another person said, "The nurse comes in [to see me] a few times a week."

Good

Is the service caring?

Our findings

Everyone we spoke with told us that staff were caring and kind. For example, one person said, "I find them very good with us." Another person told us, "I feel very comfy with them being around to help. So kind." One person's relative said, "The staff are so nice. Nothing is too much trouble." Another relative commented, "It's very homely."

There was a calm, relaxed atmosphere in the home and throughout our inspection visit we saw that staff supported people in a kind and friendly way. For example, at lunchtime we watched a member of staff patiently supporting someone to eat their lunch, chatting with them throughout the meal. Commenting on the approach of staff towards them and their spouse who also lived in the home, one person said, "Neither of us are feeling particularly well today and they are being so attentive. Checking on us and bringing us drinks." One staff member told us, "It's important to put people at their ease. A lot worry that they are a bother. I say, 'You must ring the bell [if you need assistance].' That's what we are here for!" The cook maintained a list of people's birthdays and told us, "We have a birthday today. The family are coming in. We made a birthday cake. And if the family wants a buffet, we will do sandwiches and sausage rolls. There's no charge."

Staff were committed to helping people to maintain their independence and to exercise as much control over their own lives as possible. Talking of the people they supported with personal care, a member of staff said, "I always ask if they want to wash their face themselves. There are plenty of people who can wash their own face and hands. They keep better and feel better if they can do more for themselves." Confirming this approach, one person told us, "I do as much for myself as I can. I was used to being on my own at home. We're encouraged to be independent." Discussing the importance of respecting people's right to make their own choices and decisions, one member of staff told us, "It was cold recently but people still wanted to go outside. We didn't want to restrict them so we wrapped them up and out they went!" One person said, "We can plan our bedtimes when we want. And we are never pushed about where to go and what to do." Comparing her experience of Abbeygate Retirement Home, with another care home she had worked in, one member of staff told us, "The previous home I worked in everyone had to get up at a certain time. Here people can do what they want. If they want to get up later and have breakfast later, that's okay. In the previous care home, people couldn't go to the toilet during a meal. Nobody has to sit and wait here."

The staff team also supported people in ways that took account of their individual needs and helped maintain their privacy and dignity. For example one person said, "They're very good and knock even if the door is open. They shut the curtains for privacy if we are getting up." One senior member of staff told us, "I don't like to hear [staff] saying 'so and so is on the toilet'. I tell them not to talk about people in front of others. They don't need to know that people are [on the toilet]." To maintain the confidentiality of people's personal information, the provider had systems in place to ensure people's personal care records were stored securely and that computers were password protected.

The registered manager was aware of lay advocacy services in the local area. These services are independent of the service and the local authority and can support people to make and communicate their

wishes. The registered manager told us that, although no one living in the home currently had the support of a lay advocate, she would not hesitate to help someone obtain one if this was required.

Good

Is the service responsive?

Our findings

The registered manager told us that said that when a room became available in the home, she would identify someone from the waiting list and visit them personally to carry out a pre-admission assessment. Describing this process, the registered manager told us, "[I have] to make sure we can meet their needs. I have to look at the needs of the people who are [already] in the home and our staffing skill mix. It's not about [just] filling beds." Talking about the importance of managing the admission process in a responsive and person-centred way, the registered manager told us that she encouraged people to bring furniture and other personal possessions with them to make their new room familiar. We chatted with one person who had been living in the home on a respite basis but had recently decided to stay on permanently. The registered manager told us that, reflecting this decision, the person's furniture and other effects had just been delivered to the home.

Once someone had moved in to the home, senior staff prepared an initial support plan which provided staff with information on the person's key preferences and requirements. Over time, this was developed into a full individual care plan. We reviewed people's care plans and saw that they were written in a detailed way, enabling staff to respond effectively to each person's individual needs and preferences. For example, in one person's plan staff were instructed always to use a particular type of hoist and sling when supporting the person with personal care. Another person had indicated that they wanted to eat in their own room at teatime. Staff told us that they found the care plans helpful when providing people with care and support. For example, one member of staff said, "The care plans are quite comprehensive. Just like reading a story. If we want to reference something we can go back to check and find it straightaway." Another staff member told us, "Of course I look at the care plans. They are useful. Particularly with new residents." Senior staff reviewed the care plans on a monthly basis to make sure they remained up to date and accurate. For example, to ensure that people had been weighed on a monthly basis if they had been assessed as being at risk of weight loss. People and their families told us they felt involved in the care planning process. For example one person said, "[My] family have an LPA (Lasting Power of Attorney] and come in and do the necessaries. And the staff tell [me] things too." Another person's relative said, "We had a review recently."

Staff clearly knew and respected people as individuals. For example, talking of the importance of understanding people's personal preferences, one staff member said, "Some people like a hug and other people are more formal. We are all different. You follow what the person wants." The home had a hairdressing salon and although a local hairdresser visited every week, if people wanted to keep their regular hairdresser, they were welcome to come in and use the salon as well. Describing this arrangement, one family member told us, "[Our relative] still has her own hairdresser and chiropodist who come in to do her, as they have done for years." People also had the choice of whether to eat in the communal dining room or in their bedroom. One person told us, "I love having my meals in here looking out my [bedroom] window." Another person said, "[My spouse and I] eat in the dining room at lunch but like tea in our bedroom. Talking of the personalised care and support they received from staff, one person told us, "I have my own routine [but] they help me with putting cream on my feet and doing my socks for me." Suggesting an area for further improvement, one person told us they would find it helpful if staff wore name badges to help them get to know new staff more quickly.

On our last inspection of the home we found that some people lacked stimulation and occupation and told the provider that improvement was required. On this visit we were pleased to find that the provider had taken action to address the issue and, as a result, the people we spoke with told us they were satisfied with the range of communal activities and other forms of stimulation available in the home. For example, one person said, "Most days there is something and we join in. There's a quiz or word search most days too. The day seems to go quickly." Another person told us, "I'm never bored. There's a new weekly art session started with someone who comes in and the clay modelling was fun. There are lots more [activities] on the list I'm going to try." One person's relative said, "I can join in with the bingo and quizzes too so we have a laugh."

Responding to the findings of our last inspection, the deputy manager had taken the lead in developing a monthly activities schedule in consultation with the people living in the home. The deputy manager advised us that she spoke to people each month before the schedule was published, in case anybody needed a date to be changed to avoid missing a favourite event. She also emailed the schedule to relatives and friends to enable them to join in with a particular activity or, alternatively, to choose a time to visit when they could spend some quiet time together. Commenting on this initiative, one relative told us, "The monthly list is a great idea and we get sent a copy so I can plan a visit to join in with some things." The activities were delivered by members of the care staff as a core part of their duties, rather than by member of staff employed specifically for this purpose. Outlining the provider's approach, the registered manager said, "We didn't want to have an activities coordinator. The job shouldn't only be about caring. [It] has to be fun for everyone. The carers enjoy doing it." Although there were clearly benefits to this arrangement, one person told us that sometimes events did not take place if care staff were too busy. We reviewed the activities schedule for the coming month and saw there was a wide range of events planned, including prize bingo, gentle exercise classes and regular quizzes and memory games. On the day of our visit we saw staff facilitate an exercise class in the morning and a quiz in the afternoon, both of which were well-attended and enjoyed. One of the people living in the home took the lead in producing a regular word puzzle which was typed up by staff and distributed to people to complete and return, with the winner receiving a prize. Commenting on this particularly popular activity, one member of staff said, "It's a good social activity [which] brings people together [and] keeps them mentally active. They are very competitive and don't like playing without prizes!"

Although many people clearly enjoyed the opportunity to join in communal activities, others were happy to pursue their own individual interests, inside and outside the home. For example one person said, "I like to watch the birds." Another person told us, "I'm looking forward to sitting out in the garden when it's warmer." During our inspection visit we saw people enjoying their morning newspaper and staff told us that the home's library was well-used by several people. The home is situated in the heart of a village and one person said, "It's a nice walk up to the village and I can go to church too. I let them know if I am going out." Another person told us, "[My relative] pushes me round the village." There was a monthly Church of England communion service in the home and staff told us that priests of other denominations were available to visit people if requested.

Information on how to raise a concern or complaint was available on a noticeboard in the reception area of the home. People told us they were confident that any complaint would be handled properly by the provider. However, people also told us that they had no reason to complain. One person said, "[I've] never had to raise a thing!" Another person's relative said, "We've never had to complain." The registered manager told us that formal complaints were extremely rare as she was well-known to people and their relatives and was able to resolve any issues informally. She said, "I walk around and like to be visual. I know all the residents really well and [they and their families] can challenge me. If it's not right, I always apologise." Confirming this responsive approach, one relative told us, "[Any] small niggles … have been quickly resolved." The provider kept a record of any formal complaints that were received and the registered manager ensured these were managed correctly in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us they thought highly of the home. One person said, "It's a good place here. It'd be a job to find anything to improve." Another person's relative told us, "We're all so impressed with this place. I'd definitely recommend it." Comparing the home with others, one local healthcare professional said, "It's, by far, one of the better homes we have been involved with. People receive amazing care and [the staff] go above and beyond."

Throughout our inspection visit the registered manager demonstrated a reflective and responsive approach. For example, in the way she acted quickly to amend key-security arrangements in the light of the feedback we provided following our review of medicines management. She told us she had been very disappointed with the outcome of our last inspection of the home and had clearly worked hard, with the support of her team, to address the shortfalls we identified at that time. For example, the increase in care staffing levels and the improvement in activities provision. The registered manager told us she had an 'open door' policy and was clearly well-known to everyone connected with the home. One person said, "We see her around most days. She's easy to speak to." Another person's relative said, "I could raise anything with [the registered manager]." The registered manager told us she was always happy to step in to provide direct support herself at meal times and in other situations if this was needed. She said, "I will put my gloves and pinny on and take people to the toilet." Reflecting this hands-on approach, during our inspection visit we observed the registered manager helping with the afternoon tea service.

Staff worked together in a friendly and mutually supportive way. One member of staff said, "We have good teamwork [and] work well together. [Colleagues] are really friendly." Another staff member said, "I love working here. The atmosphere in the staff team is good. [We] get on very well". Talking of their relationship with senior staff, one member of staff told us, "The seniors are perfect. For example, [name]. I like her very much. You can ask her anything. She has plenty of knowledge about everything." Team meetings were used to promote coordinated teamwork and effective communication, although we noted that the next round of meetings was overdue. The registered manager told us she recognised the importance of the meetings and would be rescheduling them shortly.

The provider had systems in place to monitor the quality of the care provided. For example, senior staff conducted monthly mattress audits to ensure they were clean and remained fit for purpose. Senior staff also maintained effective systems for reviewing people's care plans and individual risk assessments. For example, whenever any changes were made to people's care plans these were highlighted in the daily communication log in each person's file, to alert all staff.

The provider was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary. The registered manager told us that she had taken time to reflect on a recent issue and, as a result, would be making amendments to the home's admission procedure. Looking ahead, she said she planned to extend this approach to all significant

incidents, to try identify learning to prevent anything similar happening again.

The provider conducted an annual survey of people and their relatives to measure satisfaction with the service provided. We reviewed the results of the most recent survey and saw that satisfaction levels were extremely high. Nevertheless, the registered manager told us she reviewed the survey returns to identify any areas for improvement. For example, in response to comments in the last survey, changes had been made to the menu. People's satisfaction with the service provided was also reflected in the letters and cards received from family members and friends which were on display in the reception area. For example, following the recent death of their loved one, one relative had written, "To all at Abbeygate to say a big thank you for all the wonderful care you gave Grandma during her twilight years. I am sure that had it not been for your fantastic team, she would not have lived to such a ripe old age." Another relative had written, "I would like to say thank you for the warm welcome I always got when visiting. [Name] told us how safe and comfortable she felt. The calm and caring atmosphere doesn't come without a lot of hard work and dedication from all the staff."

The provider also organised regular meetings for people and their relatives and the registered manager said she had started inviting guest speakers to the meetings, including the chief executive of the company that owned the home. Speaking positively of this initiative, one relative told us, "A solicitor came to talk about Lasting Power of Attorney. Then [the chief executive] told us about their new plans. A few issues we raised are being looked into." One person said, "They had [a meeting] recently to tell us the new plans for the building. They take on board what we say and do things. It's all very good."