

# Abbeyfield Society (The)

# Abbeyfield House -

# Stockport

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection was unannounced and took place on the 28 November and 4 December 2017.

Abbeyfield House- Stockport is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

We last carried out a comprehensive inspection of this service on 7 September 2016. At that inspection we found the service to be in breach of the regulations relating to identifying and managing risk for people and the environment, gathering people's feedback about the service and systems for quality assurance.

Following the last inspection, we asked the provider to complete an action plan to tell us what they intended to do and by when to improve the key questions; is the service safe and well led to at least good. At this inspection, we found that improvements had been made in all areas.

Abbeyfield House-Stockport is a large extended detached house prominently positioned approximately one mile from Bramhall Village in Stockport. The home provides accommodation for older persons who require nursing or personal care for a maximum of 16 people over two floors. At the time of our inspection there were 16 people living at the home.

Individual and environmental risk assessments were person centred and gave staff guidance on how to minimise and manage identified risks. The service had policies to guide staff on health and safety and infection control. Appropriate health and safety checks had been carried out and equipment was maintained and serviced appropriately.

There was a robust system of quality assurance in place. Weekly and monthly checks and audits were carried out by the registered manager and other managers of the service. These were used to assess, monitor and review the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Everyone we spoke with thought the service was well managed and spoke highly of the registered manager.

Staff were aware of their responsibilities in protecting people from abuse and were able to demonstrate their understanding of the procedure to follow so that people were kept safe.

The management and administration of people's medicines was safe demonstrating people received their medicines as prescribed.

There was a safe system of recruitment in place which helped protect people who used the service from unsuitable staff.

There were sufficient staff to meet people's needs and staff received the induction, training, support and supervision they required to carry out their roles effectively. Staff meetings were held regularly where staff had an opportunity to raise any issues and were used to look at developing good practice. Staff we spoke with liked working for the service and told us they felt supported in their work.

People who used the service told us they were consulted about the care provided and staff always sought their consent before providing support. Where people were unable to consent to their care and treatment the principles of the MCA had been followed so that decisions were made in the persons 'best interest'.

People had their nutritional needs met and were very positive about the food provided.

Everyone we spoke with told us they found the staff to be caring and kind. One person said, "The staff are very kind to me, they couldn't be nicer", "Yes, the staff are very kind. Most definitely they treat me with respect, they talk to me and ask what I would like, they offer things and they don't force me to do things I don't want."

We found the staff to be patient, caring, respectful and kind. We observed relaxed and friendly interactions. Staff we spoke with took a pride in the care they provided and in the homely atmosphere. People who used the service and visitors we spoke with told us that visitors were always made to feel welcome.

Care records were detailed and person centred. They were written in respectful ways, described people in positively and included information on how to promote people's independence, including things the person liked to do for themselves. They contained information based on people's needs and wishes and were sufficiently detailed to guide staff in how to provide the support people required.

People enjoyed the activities on offer at the home, the registered manager encouraged links with the local community.

People felt they were listened to and were involved in developing the service. There was a system for recording and dealing with any complaints.

The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do. The provider had displayed the CQC rating and report from the last inspection on their website and in the home.

## 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 told us they felt safe because they were supported by staff they knew and trusted.

The recruitment of staff was safe and there were sufficient staff to provide the support people needed.

Medicines were managed safely. There were policies and procedures in place and staff had received training in administering medicines.

### Is the service effective?

Good 

The service was effective.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff gained people's consent before care or support was provided.

Staff received the induction, training and supervision they needed to be able to provide safe and effective care.

People who used the service received appropriate support to ensure their health and nutritional needs were met.

### Is the service caring?

Good 

The service was caring.

People told us staff were caring and kind and that the atmosphere was 'homely'.

The registered manager and staff had detailed knowledge of people and were able to tell us what was important to the people, their likes and dislikes and the support they required.

People's records were stored securely so that people's privacy and confidentiality was maintained.

### **Is the service responsive?**

The service was responsive.

Care records were detailed and person centred. They contained information about people's needs and wishes. They provided staff with the information they needed to support people appropriately.

A range of activities and events were provided helping to promote people's health and wellbeing and maintain links with the local community.

There was a complaints procedure for people to voice their concerns.

**Good** ●

### **Is the service well-led?**

The service was well-led.

People who used the service and staff were positive about the registered manager. Staff enjoyed the working for the service and felt supported in their roles.

There were systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

**Good** ●

# Abbeyfield House - Stockport

## **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 28 November and 4 December 2017 and was unannounced on the first day. It was undertaken by two adult social care inspectors.

Prior to the inspection we reviewed information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Stockport for their views on the service. They raised no concerns.

As some people living at Abbeyfield House – Stockport were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During our inspection we spoke with four people who used the service, six visitors, the registered manager, deputy manager, the cleaner, the cook and three support workers.

We carried out observations in communal areas of the service. We looked at three care records, a range of documents relating to how the service was managed including medication records, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe living at Abbeyfield House- Stockport. People said; "I love it here, I can't fault it, I feel very safe. I don't feel safe when they do the fire drills and I get carried downstairs in that chair but it's better than burning to death. There is no bullying here, if there was I would tell [registered manager] and she would sort it out" and "I feel very safe. There is no bullying at all, nothing like that. If I felt unsafe I'd press my buzzer and they'd be here very quickly."

Visitors we spoke with said, "We know everyone [person who used the service] feels safe here" and "[person who used the service] is always saying how lovely it is and how well looked after she is. I visit regularly and they're always doing things to help keep their minds active. Staff are so nice. [Persons] room is lovely, the food is lovely."

At the last comprehensive inspection of the service on 7 September 2016, we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks were not always assessed or managed appropriately. The overall rating for this key question was requires improvement.

Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key questions to at least good. At this inspection we found the required improvements had been made.

At our last inspection we found that risk assessments and guidance for the use of bed rails had not been completed and risk assessments associated with people's environment had not always been completed or reviewed. At this inspection we were shown that risk assessments were available if they were needed but that currently all bed rails had been removed from beds as none were needed for anyone who currently used the service.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. PEEPs described the support people would need in the event of having to evacuate the building. We found that regular fire safety checks were carried out on fire alarms and fire extinguishers. We saw evacuation chairs were available outside the doors onto stairwells, which could be used to move people safely in the event of a fire or emergency. We saw that risk assessments were in place for the environment and systems in place to ensure the premises in which people lived were safe and that regular checks were carried out by staff in relation to the home environment.

We reviewed certificates and maintenance records from the safety checks performed on the home. We saw the required checks and maintenance had been completed for gas, electricity, water quality, fire safety systems and servicing of the hoists. We saw that a fire risk assessment completed in March 2017 had detailed some work that needed to be completed. The registered manager confirmed to us that all work had been completed and that estimates for further work which had subsequently been identified was being organised. They told us the work would be completed as soon as the estimates were agreed.

We also saw that risk assessments were in place for the environment, including information about potentially harmful substances like cleaning products and where to find more information about the chemicals in the substances. Temperature checks of the hot water in the home had been performed and recorded weekly ensuring the water temperatures in the bathrooms would not be hot enough to scald someone. The service had a contingency plan which guided staff on the action to take in the event of a serious incident that could stop the service, such as severe weather, power failure, fire or flood.

We looked at the care records for three people who used the service who had different care and support needs. We saw that risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Risk assessments included; personal care, skin integrity, mobility, falls, moving and handling, nutrition and medicines. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

On the first day of our inspection we saw two staff assist a person into their wheelchair. They put their hands under the person's shoulders and appeared to take the person's weight. This could potentially cause harm to the person or the staff. Records we reviewed showed that staff had received training in appropriate moving and transferring. We discussed this with the deputy manager who told us the staff had not been taking the person's weight, but that the person's needs had been changing quickly and they would arrange for an immediate reassessment of the person's needs. On the second day of our inspection we saw that the person's manual handling assessment had been updated and staff were using a standing aid to help the person transfer between chairs.

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed and saw that medicines were stored securely. We found medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The training matrix and records we saw showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines regularly checked.

We looked at five people's Medicines Administration Record (MAR). We found that all MAR contained a photograph of the person to help ensure correct identification of the person. All MAR we reviewed were fully completed to confirm that people had received their medicines as prescribed. We found the stocks of medicines we reviewed was accurate and matched what was shown on the MAR.

If medicines are not stored at the correct temperature they may become less effective or unsafe to use. The medicine storage room contained a suitable lockable fridge. The temperature of both the medicines fridge and the medicine room had been recorded daily and were within the acceptable ranges. This meant the medicines were being stored and managed in a safe way.

People's medication was stored in a separate monitored dose system (MDS) with their name. Some medicines, such as creams and eye drops was not in this system and needed to be used within a certain time after being opened to ensure they remained effective. Where medicines had been opened the date of opening had been clearly marked on the label and all the medicines we saw were in date.

Some prescription medicines are called controlled drugs and are subject to stricter controls to prevent them being misused or obtained illegally. We saw that controlled drugs were stored separately in a locked medicines cabinet. There was a controlled drugs register in use which was signed by the staff member administering the drug and also a witness. We reviewed the stocks of three controlled drugs and found they matched the entries in the controlled drugs register.



All medicines that were prescribed 'as required' (when needed) had information to inform staff of what medicine to give, what to give it for and how often it can be given. We saw that care records contained information about how people may indicate they needed the 'as required' medicines, for example, their facial expressions or specific words they used that meant they were in pain. This ensured the safe and correct use of 'as required' medicines.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found there were policies and procedures for safeguarding people from harm. These provided staff with guidance on identifying and responding to signs and allegations of abuse. We saw that the service had a whistleblowing policy. Staff we spoke with told us they knew how to report concerns if they had any issues the reported would be dealt with promptly. Training records identified staff had received training in safeguarding people from abuse.

We found there was a safe system of staff recruitment in place. We reviewed three staff personnel files. We noted that all the staff personnel files were well organised and contained an application form where any gaps in employment could be investigated. The staff files we looked at contained at least two appropriate written references and copies of documents to confirm the identity of the person, including a photograph. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff being employed.

We saw the service had policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These helped staff to know and understand what was expected of them in their roles.

We looked at the staffing arrangements in place to support the people who were living at the home. People we spoke with told us there were sufficient staff and they always received the support they needed. People who used the service told us, "If I didn't feel safe I would speak to [managers] or I would ring my buzzer, sometimes I wait a bit for them to come but never too long, they always come", "I most definitely get the support I need when I need it, I only need to ask", "They're there if I need them. They come quickly when I press my buzzer" and "They are busy but they take their time."

Staff rotas we examined showed that staffing levels were provided at consistent levels and that most of the cover for sickness and annual leave was provided by staff from the service. During our inspection we observed that people received the support they needed in a timely manner. We saw staff provide support in a relaxed and unhurried way.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury and action taken by staff or managers. We found that managers of the service kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences. Records showed that one person had had three falls in a short period of time. We saw they had been referred to their General Practitioner (GP) for a review and also referred to the falls clinic for advice on how future risk could be reduced.

We found the home to be very clean and in a good state of repair. We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the

spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff told us that PPE was always available and always worn. We saw that staff wore appropriate PPE when carrying out personal care tasks. Records showed that staff had received training in infection prevention. A visitor we spoke with told us, "The whole place is spotless, it doesn't smell. It's wonderful." The cleaner told us, "I always ask [people who used the service] permission, if they want to spend the day in bed I can clean their room another day. I clean so much so it never gets dirty. I take pride in leaving their rooms clean and tidy. I am passionate about cleaning."

We looked at the systems in place for the management of the laundry and found the procedures ensured people's clothes were cleaned and people were protected from the risk of infection. The service had a system for keeping dirty and clean items separate and used red alginate bags to safely wash soiled items.

## Is the service effective?

### Our findings

People told us staff knew them well and provided the support they needed. People who used the service told us, "The staff are wonderful, they know what they are doing without a doubt", "I like it so much, I have been in a few homes but this is definitely the best. I didn't want to go home", "Oh yes the staff most definitely know what they are doing" and "The whole home is lovely, I can look out over the garden, I can go out but I need help as my legs are bad."

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.

People can only be deprived of their liberty so that they can 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). During this inspection we checked to see if the registered manager was working within the principles of the MCA. A review of records showed that consideration was given to people's mental capacity and whether they were able to consent to their care and support. We saw that people who had capacity had signed their plans of care to agree to their care and support. Training plans we looked at and staff we spoke with showed that staff had received training in MCA and DoLS and understood their responsibilities. This training is important and should help staff understand that where a person lacks mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

People had been assessed in line with the MCA to determine whether they had capacity to make specific decisions and also whether a DoLS authorisation was required. We saw the assessments were detailed and included a wide range of decisions including spending time with family, personal care, medicines, social interaction, care planning, end of life care and personal safety. One person's records indicated that they did not have capacity to make a number of decisions about their care and support. We saw the records were very detailed and showed how each best interest decision had been made and had included their relatives, one of which had the legal authority to make these decisions. We noted that at the time of our inspection a DoLS authorisation had not been requested for this person. We discussed this with the registered manager who told us one would be submitted.

Care records contained information to guide staff on how best to support people to enable them to give their consent. Staff we spoke with were able to describe how they offered people choice and encouraged them to make decisions for themselves. People who used the service who we spoke with told us their consent was always sought before staff provided support. One person said, "They always knock on my door and always ask before they do anything, they wouldn't do anything I didn't agree to."

We looked to see if staff received the induction, training, supervisions and support they needed to carry out

their roles effectively.

The registered manager told us that new staff received an induction to the service which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This was a twelve week induction which included training, an introduction to the service, information about the individual staff member's role and responsibility. The home also gave new staff an induction which included working alongside experienced staff, fire safety, health and safety and policies and procedures.

Records we reviewed showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. Records we looked at and staff we spoke with showed that staff received training that included, first aid, infection control, manual handling, safeguarding adults and children, food hygiene, nutrition, dementia awareness and end of life care. Staff we spoke with were positive about the training they received. One member of staff told us, "We do lots of training. [Registered manager] is very keen on training."

Staff we spoke with and records we reviewed showed that staff attended regular staff meetings and received formal supervisions. Supervision is important as it provides the opportunity for staff to review their performance, set priorities and objectives in line with the service's objectives and identifies training and continual development needs. Staff told us they felt supported. One staff member said, "Staff meetings are very regularly. They are mandatory . . . Staff meetings always bring up lots of suggestions, [Registered manager] always takes suggestions on board and will explain why if she doesn't do stuff."

To ensure the safety and security of the building the main entrance was kept locked. All visitors were asked to sign in so that the service was aware of those people in the building. We saw that people were provided with a good standard of accommodation. We spent time looking around the home. We found it to be well maintained and tastefully decorated. There was a variety of seating available so that people could sit in a chair that was suitable or comfortable for them. Bedrooms we looked at had been personalised and contained people's own belongings such as photographs, paintings, furniture and ornaments.

The gardens had level access and there were raised beds for planting. The registered manager told us that in the summer people planted vegetables that were either given to people's relatives or used in the kitchen. We were shown the alert system that was used so that people could access the garden independently. This was a pendant that was worn by people, if the person fell whilst outside and alert buzzer sounded to let staff know the person may need help.

We looked at the systems in place to ensure people's nutritional needs were met. Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and were up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw that where required, records were kept of people's weights, personal bathing, people's food and drink intake and positional changes to prevent pressure sores.

We looked to see if people were provided with a choice of suitable and nutritious food. In the lounge area there was a water dispenser so that people could help themselves. During meal times we observed that the dining areas were nicely set out, with drinks provided on all tables. On the first day of our inspection we saw that the lunch time meal was plentiful and nutritionally well balanced. We saw that people were offered choice and staff took meals to people's table to show them what was available. Hot drinks such as tea were served to each person in individual pots with milk jugs. People we spoke with told us this was very important

to them as they could choose how strong to have their drink. We saw that specially adapted cutlery was available for those who required it, such as easy grip handles.

Throughout our inspection we saw that regular snacks and drinks were provided to people to encourage them to eat.

We spoke with the cook and found they had good knowledge of people's likes and dislikes and details of people's food allergies or special dietary requirements. They were able to tell us about people's preferences. We saw that people's preferences were respected. We found the kitchen was clean. Checks were carried out by the kitchen staff to ensure food was stored and prepared at the correct temperatures. The service had received a 5 star rating from the national food hygiene rating scheme in August 2016 which meant they followed safe food storage and preparation practices. We saw that there were plentiful supplies of fresh meat, vegetables and fruit, as well as tinned and dried goods. The cook told us that on each person's birthday they could choose any meal they wanted to be cooked, they were also presented with a birthday cake. A visitor told us, "The food is amazing."

People who lived at the home had access to healthcare services and received on going healthcare support. Care records contained evidence of visits from and appointments with their G.P, district nurses, opticians, speech and language therapist and dietician. People we spoke with told us that when people need to go to hospital staff always escorted them and stayed until family arrived.

Records we looked at included a 'Hospital passport'. This would be sent to hospital with the person if they need to stay in hospital for treatment and gave hospital staff important information they would need to provide people with the care and support they required. It used a traffic light system to highlight what was most important to and for the person. We saw it included how the person communicated, support they needed with personal care and nutrition.

## Is the service caring?

### Our findings

Everyone we spoke with told us they found the staff to be caring and kind. People who used the service told us, "They knock on my door, they check on me at night but they don't wake me. They always ask me, they never boss me around", "Most of them [staff] remember to close my door, I like my door closed. They always do close the door and curtains when they help me wash and shower." Other people said, "The staff are very kind to me, they couldn't be nicer", "Yes, the staff are very kind. Most definitely they treat me with respect, they talk to me and ask what I would like, they offer things and they don't force me to do things I don't want", "They know me very, very well. Yes they most certainly do treat me with respect" and "I can tell them anything anytime, I'm content here."

Visitors we spoke with told us, "Staff are incredible, they're so relaxed and inclusive, they always have time for everyone. They sit and chat with residents; you can see that the residents like all the people who work here. It really is very special here, I like coming. They welcome visitors." Other visitors said, "I love it here. It's my second home" and "They [staff] were strangers, they are now part of the family."

During the inspection we spent time observing the care provided by staff. We saw staff were patient and took time to ask people what they wanted or if they needed support. The atmosphere was calm and relaxed. All the staff we spoke with knew people well and were able to tell us what they liked or didn't like and things that were important to each person.

Staff we spoke with took a pride in the care they provided and in the homely atmosphere. One staff member we spoke with said, "This is the resident's home, the staff are the visitors. They can refuse me entry into their room if they want." Other staff said, "We have a great bunch of staff, it's all for the residents. It's their home, we are visitors. It's all about what makes them comfortable. Staff get upset if someone goes to hospital" and "It's small, it's personal. You know everybody's likes and dislikes. You can spend time with people. We are a family."

The registered manager told us they placed great importance on maintaining and promoting people's independence and choice. Staff we spoke with told us, "Residents are in their own home, we are the visitors, they can do as they please, they can go out in the garden. We always know where they are. They choose how to have their rooms when they move in and bring their own furniture if they want it" and "We encourage them to make good decisions, like if they wanted to stay in bed all day, but they weren't ill, we'd encourage them to get up but not force them. They can choose what they want to do."

Care records detailed what people could do for themselves and how staff could help to maintain and promote people's independence. People we spoke with said, "I go to the toilet by myself, I have a commode at night, I can do this myself but they will help and stay with me if I ask them" and "They don't rush me, it takes me longer to do things myself but they are very patient waiting for me, if they did it for me I'd forget how to. They never tell me to hurry up." Another person said, "They don't force me to go downstairs, I don't want to, I don't like it as I can't hear but yes I do get a bit lonely, I am happier in my room."

People who used the service and visitors we spoke with told us that visitors were always made to feel welcome. One person who used the service said, "My [relative] is welcome here anytime, the staff make [person] very welcome" Other visitors said, "I can come at midnight if I want, you can come any time" and "When I was poorly I phoned every day. I know they will tell me the truth [about how the person is]."

Care records identified whether people who used the service had a specific religion or faith and also whether they would require support to practise this. The home had close links with a local church and used the church hall for social events. We saw that there was a communion service and also regular informal pastoral visits. Care records we reviewed also identified if the person had specific wishes about they wanted to be cared for at the end of their life.

We saw that leaflets were available to people who used the service to inform them about a local advocacy service should they need someone independent to advise them.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

## Is the service responsive?

### Our findings

People we spoke with told us the service was responsive to meeting their needs. One person said, "They always respect my choices, they do everything I ask. I choose to stay in my room and they don't force me to go downstairs. I go downstairs at Christmas and they invite my [relative] too." Another said, "It's marvellous here."

Visitors we spoke with said, "They are so very kind, they make sure they know the residents, they know what they like and don't like" and "They look at individual needs. They have brought out the best in [person who used the service]."

The registered manager told us that before someone started to live at the home an assessment of their needs and preferences was completed. The assessment process ensured people were suitably placed, staff knew about people's needs and goals before they stayed and staff could meet people's needs. We saw that the assessments were very detailed and were used to develop care plans and risk assessments. A visitor told us they had been involved in the assessment for their family member's needs. They told us, "Yes they gathered lots of information. We have been very impressed with everyone involved."

We looked at three people's care records. We found they contained risk assessments and care plans that were very detailed and written using respectful terms. They gave information about things that were important to and for the person including life history, routines, mental capacity, social interests, preferences, nutrition, how they wanted to be supported with their personal care, likes and dislikes, health conditions and well-being, medicines, mobility and fitness, social activities and how best to communicate with the person. They also gave information about what people could do for themselves.

Records we looked at had been regularly reviewed by managers of the service and updated when changes in people's needs had occurred. We saw that people, and where appropriate their relatives, had been involved in creating the care records and in the reviews of the care and support provided.

We saw that at the start of each shift there was a detailed handover for staff coming on duty. Records were kept of these meetings so that staff who had been on leave could read about any changes in people's needs. Staff told us the handovers were very useful for keeping up to date with changes and important appointments for the people who used the service.

We looked to see what activities were available for people who used the service. We found that activities were provided within the home and people were also supported to access community based activities.

We saw that the home had a small library of games, books and DVD's that people could borrow. There were a number of jigsaws and we saw there was also a large magnifying glass to help people who had sight difficulties see the small pieces. There was also a selection of arts and crafts materials for people to use, either on their own or as part of an arts and crafts activity. We saw that a selection of daily newspapers was also available for people to read. A hairdresser visited the home once each week and people could book an



appointment with them. The lounge and dining area both had fish tanks. People told us they enjoyed watching the fish.

The home had lots of photographs of activities and social events that people had joined in. We saw pictures of people stroking animals such as rabbits and holding butterflies. The registered manager told us they had completed a project last summer where the butterfly had been nurtured from larvae. We also saw photographs of a dancing troop who had performed flamenco dancing in the home. Records we looked at showed there had also been garden parties, a talk about Glen Miller, a display of owls, fruit picking and fireworks.

We saw there was a regular programme of activities including armchair exercise, bat and ball activities, flower arranging, sharing photographs. The registered manager told us the local school had been in the home the week before our visit to sing Christmas songs and a 'beaver' group carol concert was also planned for the following week.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. We saw that a booklet about how to make complaints was available to people in all the public areas of the home.

Records we saw showed that there was a system for recording complaints, compliments and concerns. This included a record of responses made and any action taken. People we spoke with told us they had no complaints. One person said, "I have never needed to make a complaint but if I did I would speak to [registered manager & Deputy] I don't think I'll ever need to though" and "They listen to me, I have no complaints." A visitor we spoke with said, "Good heavens no, I have never needed to complain, I can't imagine complaining about them here, they're wonderful."

## Is the service well-led?

### Our findings

Everyone we spoke with was positive about the way the home was organised and managed. One person who used the service said, "[Registered manager] is very capable, they [staff] always listen, it's small like a family, this is my home now, I'm very happy here." A visitor told us, "I feel [person who used the service] is home. You are lucky to get in here."

At the last comprehensive inspection on 7 September 2016, we found that the home was in breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's quality assurance systems were not always effective and systems in place to gather people's feedback about the service were not sufficiently robust. The overall rating for this key question was requires improvement.

Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key questions to at least good. At this inspection we found the required improvements had been made.

We looked at the arrangements in place for quality assurance and governance. We found there were good systems of weekly, monthly and annual quality assurance check and audits. These included kitchen, resident's rooms, health and safety, safeguarding, infection control, accident and incidents, medicines, complaints, resident weights and care records. Records showed that the registered manager also kept a separate log of any safeguarding, accident or incidents which had occurred in the service. This log was reviewed monthly and the information was used to identify any themes or patterns so that action could be taken to prevent future occurrences. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations.

We looked to see if people had the opportunity to comment on the service they received. There was a suggestions and comments box in the lounge for people to put any ideas in. One thank you card we saw said, '[person who used the service] grew to be comfortable with you all, enjoying the security, company and care and love you gave [person]'. People we spoke with told us they were able to put forward ideas for improvements to the service. They were aware of the residents meetings that were held to give people who used the service and their visitor's opportunities to discuss any ideas and improvements that could be made to the home. One person who used the service said, "I have attended the residents meetings but it's difficult as I can't hear. ...I can tell the staff anything anytime. I know when residents meetings are, I don't always go but I can if I want." Records were kept of the meetings so that people could read what had been talked about and agreed.

We saw that a survey had been sent to all residents in April 2017. This had asked people questions about things that were important to them in the home such as getting up and going to bed and also how they were supported by staff. Replies we saw indicated that people were happy with the service provided and enjoyed living at the home. We saw that one person had asked to change rooms, which we were told had

subsequently been arranged. Visitors we spoke with said, "They have coffee mornings, peoples families come" and "I have always felt involved."

The registered manager told us that to help reduce peoples social isolation and to keep people in touch with their local community, they encouraged volunteers to come into the home. They told us all volunteers had background checks carried out by the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The volunteers used were able to offer a range of experience and interests including talks and activities. The home also had a young person who was spending time at the home to complete their Duke of Edinburgh award.

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The service had a registered manager.

People who used the service spoke very highly of the registered manager and the way the service was run. People who used the service said, "[Registered manager] is wonderful, I can tell her anything, she knows everything that happens and she sorts everything out. She is very approachable, I like talking to her" and "[Registered manager] is wonderful, they [staff] all know me very well." Visitors told us, "The manager is just lovely, she's like a whirlwind, she can do everything yet still have time for a chat", "[registered manager is formidable, but the kindest person you could meet", "I think she is a wonderful manager" and "[Registered manager] is wonderful, always listens, always chats. My [relative] likes her."

Staff were very positive about the registered manager and the way the service was managed. One staff member said, "I have such respect for [Registered Manager], she is wonderful. I wouldn't work for anyone else. She can be hard when she needs to but she is always fair. She is always there for the staff, they can ask her anything." Other staff members said, "She is very thorough", "I love it here, it's so homely. There's something very special about it here."

We saw that the service had a range of policies and procedures in place. The policies we looked at included infection control, medicines administration, complaints, the Mental Capacity Act 2005, safeguarding adults and whistleblowing. These provide information and guidance to staff about the provider expectations and good practise.

We saw there was a resident handbook and statement of purpose. These documents gave people who used the service the details of the facilities provided at this care home. These also explained the service's aims, values, objectives and services provided. We saw that the residents hand book was provided in larger print to help people who had sight difficulties read it more easily. These documents helped to ensure people knew what to expect when they used this service.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection on their website and in the home.

