

# Colten Care (1993) Limited

## Abbey View

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Abbey View is a residential care home providing personal and nursing care to up to 52 people. The service provides support to people over 2 floors in purpose-built premises. At the time of our inspection there were 44 people using the service.

### People's experience of using this service and what we found

Abbey View provided an exceptional service for people living with life limiting neurological conditions. The home had developed an excellent partnership with a local hospice, working collaboratively to provide staff with up-to-date training to suit people's individual care needs. As a result, people had been provided with outstanding care and support leading to an outstanding quality of life. The provider had supported several people with specialist care resulting in well-managed health and well-being.

Innovative communication methods were in use and information could be provided in different formats to promote understanding and enable people losing their previous communication skills to maintain relationships and make choices.

There were a wide range of opportunities for people to get involved in activities that suited their individual wishes, this meant people could live life as full as possible.

People, relatives and staff told us the home was exceptionally well-led. We received only positive feedback about the management team, and recent work by them and their staff team had further improved staff morale and the atmosphere in the service. Governance was well-embedded into the running of the service. Robust audits highlighted good practice and areas where improvements were needed to ensure sustained outstanding care. The home ensured continuous learning by reviewing accidents and incidents to prevent them from happening again. Notifications to CQC had been made as required and the provider was open and honest with people and their relatives.

Without exception people and their relatives believed Abbey View to be safe. Staff had participated in safety related training included safeguarding training to keep people safe and this was annually updated. Risks to people's health, safety and wellbeing were assessed and measures put in place to minimise the likely hood of harm. This enabled people to live their lives to the full.

A robust nutritional strategy and measures to improve the dining experience at Abbey View had extremely positive results and now few people were at risk of malnutrition. Work on other areas such as falls management and use of a deterioration and escalation tool had further improved people's experiences.

Extensive analysis of call-bell data had ensured people received the support they needed in a timely manner. There was ongoing work to further improve responses to people with staff pre-empting people's calls when possible.

Holistic assessments and person-centred care plans were in place for people and there was evidence to show these were regularly reviewed and updated. Innovative records, including the 10 most important things to know about a person and 'this is me', provided staff with insight into people.

Sufficient staff were deployed to meet people's needs and agency staff use had significantly reduced due to recruitment. Staff were safely recruited.

The premises were exceptionally clean and infection prevention and control practice was strong. Medicines were safely managed, and people's medicines were administered as and when prescribed.

Staff training was ongoing, from attending the providers induction academy, to updates and supportive supervisions, staff were constantly learning and improving their knowledge and skills.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

End of life care was provided in a compassionate way and advanced care plans were developed to ensure people and their relatives could receive care as they wanted it.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 4 July 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbey View on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

# Abbey View

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 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. A second Expert by Experience telephoned relatives of people using the service following our inspection.

#### Service and service type

Abbey View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbey View is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 9 people and 18 friends or relatives at Abbey View, we spoke with an additional 8 relatives on the phone after our visits. We spoke with 7 staff including regional managers, the registered manager, care staff and the clinical lead. We emailed requests for feedback to the staff team and received 25 responses. We requested feedback from 12 professionals involved with Abbey View and received 6 responses. A range of records were reviewed including 3 people's care records and multiple medicines administration records. We also saw documents relating to the management of the service including health and safety records and audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff completed regular training sessions on safeguarding and concerns could be raised during daily meetings with the management team.
- Alerts were made to the local authority safeguarding team as required and notifications were sent to CQC.
- People and their relatives told us the service was safe. One person told us, "I feel safe, there are always people [staff] around at night-time." A second person said, "[staff] are very pleasant, ... they are helpful, understanding and I feel safe. There are quite a lot of staff."
- A relative said, "They are safe living there; they are much safer than when they lived at home. They feel safe and have company at the home." A second relative agreed, telling us, "I know that the staff are very caring, and they are safe, as staff are always aware of where they are."
- A staff member told us, "We are trained in safeguarding for the protection, human rights and wishes of our service users."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We reviewed care records containing numerous risk assessments covering all aspects of risk associated with the person. These included, for example, nationally recognised assessments of skin integrity and falls risks.
- Risks associated with the premises were also assessed and regular checks took place of fixtures and fittings including patient call bells, fire safety systems and water hygiene.
- Maintenance was timely when needed, and there were systems in place to ensure maintenance requests were seen and dealt with effectively.
- Staff believed the service to be safe. One staff member told us, "All of us are monitored and updated by the management with regards to training and supervisions and any aspects pertaining to safety within the workplace. So yes, all our services are definitely safe." A second staff member told us, "Yes, risk assessments are kept in reception and the office. Any changes are updated in 10 at 10 meetings and supervision sessions are arranged when new risk assessments are in place."
- Accidents, incidents and near misses were recorded and added to an online management system. This automatically contacted health and safety staff and senior managers for a review of incidents and the actions taken by the service.
- Daily meetings with senior staff and the care team provided an opportunity for debriefing staff following an incident, and for any learning from incidents to be shared.

Staffing and recruitment

- There were enough staff deployed to meet the needs of people in a timely way. A relative told us, "Whenever they press their buzzer, staff respond in a timely manner."

- Care team staff mostly thought there were enough staff on duty. One staff member said, "Management always see to it that all departments, at all times have enough staff to maintain the quality of service."
- Other staff comments included, "We do sometimes have a shortage of staff because of absence or sickness, or sometimes when someone is on annual leave. They [management] provide us with agency staff", and "I don't feel rushed providing care. I always have enough time to assist residents with personal care. We always talk, joke, and laugh."
- Companionship staff told us, "There are sufficient staff in the right areas. In our section we don't provide personal care, however in the activities we provide, we don't feel rushed providing physical, intellectual, cultural, or spiritual stimulation to our residents."
- The clinical lead and registered manager worked shifts providing care if they were not able to cover staff absence.
- There had been significant use of agency staff due to vacancies in the permanent staff team. This had reduced over recent weeks as several staff appointments had been made and staff, having completed their inductions, were commencing in post.
- Staff were safely recruited, all required pre-employment checks had been completed before staff commenced in post. This included a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were safely managed, and national good practice guidance was reflected in the providers medicines policy and procedures.
- Registered nurses and nursing associates were trained and checked for competence before administering medicines. Their competence was reassessed annually. This ensured people received medicines from staff who were appropriately skilled to support them.
- The provider had a medicines management strategy defining the training each different staff role required. This included a mix of internal and external online training, face to face training, self-assessment, and supported medicines rounds.
- Peoples needs and preferences were reflected in medicines care plans and 'as and when' medicines were administered according to protocols.
- Medicines were audited to ensure they had been administered as and when they should be, and temperatures were monitored in the clinical rooms, fridges, and medicines cabinets to ensure medicines were safely stored.

#### Preventing and controlling infection

- The premises were exceptionally clean and in good decorative order. The housekeeping team cleaned according to a schedule to ensure all areas were regularly maintained.
- The provider had clear plans in place for infection outbreaks to ensure care was delivered to people and staff were supported to remain safe.
- A visiting professional told us the premises were, "extremely well maintained and hygienic."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.



- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no restrictions on visiting Abbey View, and we saw several visitors come and go during our inspection. Events were now being organised for friends and relatives, and people had held gatherings in the garden.
- Visitors were asked to confirm they had experienced no symptoms of concern on arrival at the service to minimise the possibility of introducing an infection to people.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a truly holistic approach to assessing, planning, and delivering care and support. On admission, people, relatives, and staff compiled a summary of '10 things you need to know about me / are important to me'. This was an extremely useful document detailing basic but specific needs such as their preference for a bath or a shower and whether they had hearing aids or spectacles. From admission onwards, this meant people received the care they needed in both the most appropriate manner and how they wished to receive it.
- The provider used an in-house version of 'this is me', a record about the person that told staff who the person was, and who they were in life before moving to a residential care home. There was information about, family, work, friends, interests, and pets.
- In each of the care records we saw, there was evidence to show documents were regularly reviewed and added to should people's needs have changed.
- Nationally recognised assessment tools had been completed to ensure people's needs around, for example, skin integrity, falls and malnutrition. The provider used current good practice guidance to inform assessment and care planning.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager was passionate about the importance of good nutrition and often dined with people to provide an opportunity to meet informally and seek their feedback to ensure the food and drinks were to their liking and discover any new preferences.
- Clinical audits had identified 23 people at risk of malnutrition due to weight loss. The registered manager and clinical lead put measures in place immediately to prevent this risk including a review of the menu, fortifying foods and made significant improvements to the dining experience at Abbey View. Records a year later showed just 13 people at risk, most of whom were gaining weight.
- A robust updated nutritional risk management strategy had been devised and introduced. This ensured that staff discussed risks to people's nutritional intake during handover meetings, daily heads of department meetings and then communicated to the chef so additional nutrition was provided.
- Additional measures to combat the risk of malnutrition included reintroducing a 'Night Owl' menu of light meals served outside of main catered hours should anyone feel hungry. Home baked cakes and other treats had been added to lounges and the coffee area, and cooked breakfasts were relaunched, and promoted to encourage a positive nutritional start to the day.
- Menus were varied and adapted to suit people's preferences. A comments book had been provided so people could provide feedback on meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where people had complex or continued health needs, staff always sought to improve their care, treatment and support by identifying and implementing best practice. Robust clinical audits had identified an increase in falls among people at Abbey View. The registered manager and clinical lead reviewed procedures and updated them in line with best practice guidelines and launched their new strategy to the staff team.
- A supervision on falls prevention was devised by the clinical lead and delivered to registered nurses and senior care staff. This involved a refresher of previous procedures, and introduction of new actions. Following a fall, staff identified possible causes, what people were doing when they fell and whether the fall was a second fall for the person. Having 2 falls triggered a falls huddle at the next 10 at 10 meeting, and necessary health referrals and investigations took place.
- Staff were now more proactive in dealing with falls and, over a 4-week period, falls dropped by 42% and 9 of 13 people identified as high risk for falls had ceased to experience falls at all.
- Use of RESTORE2, a physical deterioration and escalation tool enabled the provider to benchmark vital signs, and when those changed and a person showed symptoms of being unwell, the tool indicated escalation to healthcare professionals. It also enabled staff to communicate relevant information when making 999, 111 or GP calls.
- People were empowered to make choices about their health and wellbeing. For example, if someone did not want to be referred for specialist input and had capacity to make such a choice, this was fine, measures were put in place to keep them safe without further interventions.
- The provider had links with local healthcare professionals including the frailty team, GP, specialist hospice nurse and physiotherapy. Access was via referral or informal advice and contact. Training was also sought from experts should staff need to be upskilled to provide specialist care.
- People and their relatives were encouraged to plan for the future, make advanced care plans, and consider what treatment, if any, they wished to receive should their condition significantly deteriorate.

Staff support: induction, training, skills and experience

- Staff training was developed and delivered around individual needs. When people were admitted to the service, following their pre-admission assessment, staff were trained in additional areas to ensure the person was immediately receiving the most appropriate and person-centred support.
- On appointment, new staff completed training at the providers induction academy before commencing in their workplace. Staff completed an induction covering the agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- New staff worked alongside more experienced staff while they became familiar with people and their needs and were allocated a 'buddy' in the staff team. Meetings were held at 6 weeks and 12 weeks with the registered manager to review progress during the probationary period and review progress on mandatory training. Additional training and support was provided as needed.
- We had very positive feedback about staff support and training. A staff member told us, "The company offers additional training and funding for those who are willing to upgrade their knowledge and take NVQs and other higher studies. I am definitely equipped with the skills and knowledge to do my job." Another staff member echoed this sentiment, "Our service is effective, they give training to all staff and if you are new you go to the academy to have your basic training. I'm equipped to fulfil my duty as I have enough training and supervision."
- Staff were encouraged and supported to complete qualification training in subjects relevant to their position at Abbey View. Registered nurses were supported to revalidate their registrations with the Nursing and Midwifery Council (NMC). This ensured their legal right to practice and ensured they were current in new developments and training.
- Training was tailored to staff needs. Training was delivered in different ways; from supervisions with senior staff members, to online courses and face to face group training, there was a learning method to suit

different learning styles. When we inspected, compliance for training was 100%.

- A staff member was positive about the induction process, "Contracted staff attend the Colten Induction Academy for 1 week before starting at Abbey View. Regardless of which department new staff work in, everyone has at least 2 weeks of induction shifts. This can be extended if needed."
- Regular staff supervision 1-to-1 meetings took place with senior staff. Records showed 1-to-1 meetings took place frequently and as scheduled.
- Annual appraisals were an opportunity for staff to identify training they wanted to pursue during the next 12 months and to consider their future career pathway. These were also an opportunity for praising staff and encouraging them both in their current roles and in seeking more senior roles.
- Staff told us, "The managers door is always open, and we have regular meetings at 11.30am and supervisions."
- People and their relatives told us they thought staff had been trained well to support them.

Adapting service, design, decoration to meet people's needs

- The premises was a purpose-built residential home that had adapted facilities, passenger lifts and was accessible to meet the needs of people using the service. However, the service remained comfortable and homely.
- Rooms were all ensuite and there was sufficient room for an easy chair and seats for visitors. Rooms were well maintained, and décor was in good condition throughout the service.
- People could bring items from home such as pictures and furniture to personalise their rooms to make the transition into a caring environment easier.
- An accessible garden, partly maintained by a person using the service, provided a sheltered outdoor area for people to gather.
- There were several lounge areas and a large dining room where most people gathered at lunchtime. A small coffee lounge enabled people and their visitors to access drinks and snacks.
- Specialist equipment was provided to people when required. The most appropriate equipment to meet peoples need were sought and provided and advice was always sought from healthcare professionals about, for example, items such as mattresses, hoists and slings.

Ensuring consent to care and treatment in line with law and guidance

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 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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Most people had capacity to make decisions however, a few were living with the early stages of dementia. For those people, the provider had completed MCA assessments and made appropriate best interest decisions when required.

- People were supported with communication to ensure they could communicate choices when they had capacity but had lost some of their communication abilities.
- Applications had been submitted for DoLS as needed. Though the service was not a secure dementia provider, this enabled staff to safely support people experiencing levels of confusion that made them vulnerable in the community.
- For example, a person had left the service and gone to their previous neighbour's house when they became confused. A DoLS meant they could still access the community, but staff would support them to ensure they did not become disoriented again. There was no intention to prevent community access' only to make it safer and less distressing for the person.
- Staff members had a good understanding of the MCA and told us, "Yes, I am aware of the Mental Capacity Act, this gives me awareness on how to support people who lack capacity and understand that they are vulnerable people", "we must protect and empower residents who may not have the mental capacity to make their own decisions about their care and treatment. I treat my residents as individuals" and, "It makes us very much aware of individual needs and understanding how crucial competent, holistic care is for vulnerable people."
- Staff spoke with people while providing support, asking for consent then telling them what was happening at each stage.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider delivered an exceptional service for people who were living with life limiting degenerative neurological conditions. They developed staff members skills, and considered what equipment and adaptations were required before admission, to ensure they could meet people's needs. They had become a specialist in providing care to people living with these conditions, receiving additional referrals as a result.
- Staff had outstanding skills and an excellent understanding of people's individual needs. The provider shared 3 case studies of people living with these conditions during our inspection. Examples of providing excellent person-centred care were seen throughout the case studies. For example, one person needed to have nutrition through a percutaneous endoscopic gastrostomy (PEG). Staff trained specifically to deliver nutrition as needed with the specialist assigned to the person. Staff also trained with a complimentary therapist to deliver arm, foot, and leg massages.
- Staff used innovative and individual ways of involving people and their family, friends and other carers in their care and support plans, so they felt consulted empowered, listened to, and valued. People contributed to their care plans and as a result, care was delivered according to their preferences. Pre-admission assessments covered not only people's health and social needs but their preferences, likes, dislikes and interests. After admission, people continued to contribute to their care plans. One person used email to communicate if there was a problem with their care or if they wanted changes as their verbal communication deteriorated. The registered manager communicated this to the nursing team so it could be implemented.
- The provider updated their call bell system to one that could be interrogated for information so analysis could identify any concerns. This had enabled a review of trends, identification of high users and pinch points in staff time during the day.
- When there was a sudden significant increase in use of the call bell by a person, the management team and staff investigated to see if there were changes to care needs that could be addressed through review and care planning rather than leaving the person until they called for help. Reasons for this could be someone feeling anxious or having a health condition such as an infection developing, that caused them to feel they needed additional support.
- It was noted there was significantly higher usage of the call bell by new admissions during the first few days they were in the service, even though they had more wellbeing calls than longer term residents. This was dealt with by further increasing the number of welfare checks on them for their first week of residence. This proactive approach reduced people's anxieties, providing people with comfort, and the pressure on the care team who had to respond to fewer unscheduled calls.
- The registered manager told us, "The long-term aim is to promote a culture whereby the team anticipate

and pre-empt a residents needs before they feel the need to call."

- One person said, "It is very good. They respond to the call bell quickly." A relative told us, "Whenever she presses her buzzer, they do respond in a timely manner." Another said, "They do not take long when he uses his call bell."

## Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Abbey View had taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. The provider worked in partnership with visiting professionals from a local hospice to provide people living with degenerating neurological conditions with tablets so they could access voice banking. Voice banking is a programme enabling people to record common phrases in their own voice before their condition deteriorated and they lost the ability to speak. They could use the recordings in future conversations. The tablets were also used to keep people in touch with family and friends.
- The supplied tablets proved invaluable as, in each of the case studies, people made detailed advanced care plans and important decisions about their futures.
- One person had adopted email as their preferred form of communication. They had deteriorating speech and found communicating with the registered manager by email was their most effective form of communication. They used this to raise concerns, request changes and discuss changes to their planned care.
- The provider offered information in different formats dependent on people's needs, for example, large print and translations.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Arrangements for social activities met people's individual needs and followed best practice guidance so people could live as full a life as possible. The provider employed companionship staff who took responsibility for organising the activities programme and working with people to ensure their interests were catered for.
- A wide range of activities were on offer at Abbey View. On the first day of our inspection, activities included, 'Truth be Told,' a session with local nursery children, daily late morning crossword, hand massages, dessert with the manager, knit and natter, Holy Communion, and wheelchair walks. Alongside these sessions, companionship staff visited people in their rooms and chatted or did 1 to 1 activities.
- One person told us, "I like it very much. The activities and outings and they get entertainers from outside." A visiting professional told us, "Residents at Abbey view choose their meals, where to eat them, choose from a range of activities and outings, where to sit during the day and I regularly hear staff ask residents what they would like to do."
- Abbey View had gone the extra mile to find out what people had done in the past and accommodate activities around this. The provider tried to meet the wishes of people using their services and at Abbey View this included trips to people's hometowns, visiting an airfield, and a visit to the Sea Life Centre.
- The airfield visit was for a former Spitfire pilot who wanted to see his favourite aircraft again. This was arranged for a special birthday, included their relatives, and for the person, was a moving experience. They had wanted to see the aircraft for many years and arranging it met a long-term ambition for them.

- Another person was overwhelmed when their previous employer from the 1950's sent them a birthday gift after the provider contacted them. The person had shared their experiences of making children's clothing for members of royal families with staff during a memory session. The persons relatives were thrilled the provider had made their family members special day so memorable.
- More low-key activities for individuals included visiting shops they had previously frequented and going for coffee in their favoured café. They saw people they had not seen in a long time and chatted and caught up on local news. This enabled the person to enjoy something they had previously done regularly and to reacquaint themselves with old friends.
- One person had a list of 7 of their favourite things including coffee, babies, cooking and faith. The companionship team had identified activities relevant to 6 of the 7 favourites, these had been noted next to the list and participation had been arranged for them and after trying these the person had decided whether they wanted to participate or not. This gave people great choice in activities initially offering them things they were already interested in and also providing a chance to try new things.
- Detailed records were maintained by the companionship team which could be used to reassure relatives of their family members participation in the daily life at Abbey View.
- One person had been admitted to Abbey View with limited mobility and had, with the help of physiotherapy and care from the staff, improved to the extent they now took a lead in gardening in the service. They were supported to garden centres to choose plants and we saw them watering the garden independently. The improvement in their physical health had a major positive impact on their mental well-being. They had increased in confidence and were a strong presence in the service.
- Abbey View took a key role in the local community and was actively involved in building further links. Relationships had so far been built with a pre-school, churches and both the local hospital and hospice.
- Staff knew people well, knowing their relatives and friends who came to visit also. They spoke with relatives and people in a friendly manner.

#### Improving care quality in response to complaints or concerns

- People knew how to raise any concerns or complaints and felt confident they would be taken seriously. We saw complaints had been dealt with in accordance with the providers complaints policy and procedure
- People told us they had not had cause to complaint however would go to reception if they wanted to speak with anyone about a concern. They all felt concerns would be addressed as soon as they were raised.

#### End of life care and support

- The home was particularly skilled at helping people and their families to explore their wishes about care at the end of their life so that they felt consulted, empowered, listened to, and valued. The provider had their own pathway that was followed when a person approached the end of life. This focussed on providing people with palliative care in the manner they wanted to receive it.
- Whenever possible, staff sat with people and their relatives to complete a detailed advanced care plan to ensure they had end of life care as they wanted it.
- The provider formed links with local hospices to ensure they remained current with developments in end of life care, and utilised training opportunities to update staff.
- We spoke with the relative of a person receiving end of life care. They were happy with the care received but requested details of the persons food and fluid requirements to be displayed prominently in their room. The registered manager immediately responded to this request when we shared it with them.
- The provider continued to support relatives after the death of their family member. For example, a person's relatives were packing their belongings when we inspected and the registered manager supported them, taking time out of their day to spend time with them and then disposed of items they no longer wanted by donating them to local charities. This took some pressure off family members during a difficult time for them.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were consistently high levels of constructive engagement with staff and people living at the home to ensure outstanding practice was developed and sustained. The registered manager recognised there was a need to further improve cohesion within the team at Abbey View to facilitate better teamworking and improve morale. Improving these aspects of the service would build more confidence in the staff team and enable them to challenge poor practice should they need to.
- An online survey was used by the registered manager to ascertain what staff felt needed to be improved and to benchmark the current morale and cohesion within the team. This enabled staff to provide feedback anonymously so they could be open, frank, and challenging. Teamwork, communication and developing positivity were the themes identified to work on improving.
- The manager developed and implemented innovative ways of involving staff in developing high quality, outstanding practice that was sustained over time. The registered manager completed a training course to understand more about working with different personalities and adapting their own approach when managing difficult situations. This session was so beneficial they arranged for the team to complete the training to inform their approach. This had the result of improving tolerance of different personalities and adapting approaches when working with peers.
- During staff meetings, the team worked through what a good day and a bad day consisted of and how to increase the number of good days.
- There was a particularly strong emphasis on continuous improvement. Following the high level of constructive engagement completed during their meetings, there were significant improvements in taking responsibility, confidence in speaking up, in staff caring about each other and there is a positive atmosphere that the registered manager believed now fully reflects the values of 'friendly, kind, honest, caring and individual.' During our inspection we saw a team cooperating with each other and working together to provide people with support.
- A staff member said, "Management and staff go the extra mile in all teams across the home. Each resident is an individual, with their own unique personality and character. I believe the care at Abbey View is tailor-made for the person and the Colten values that include, individual, kind, reassuring, honest and friendly are upheld."
- All meetings were recorded; we saw minutes from staff meetings for different staff posts, the whole team and from resident and relative meetings. Meetings were inclusive, agendas contained items raised by management and others, and actions were taken as promised. All minutes had been annotated with details of actions and how problems had been solved. This showed views had been heard, acknowledged, acted

upon, and validated.

- A person told us, "Given the chance to discuss things at the meetings then see the report [minutes], show things have improved."
- Abbey View is an important part of its community and had worked hard to develop and maintain positive relationships. The home had provided placements for young people on placements from courses and a letter writing initiative involving more young people completing their Duke of Edinburgh Awards had been a great success.
- The home had a track record of being an excellent role model for other services and worked in partnership with others to build seamless experiences for people living at the service. Feedback from professionals was all positive. Their feedback included, for example, staff and the management team were accessible, friendly, and available to help, people were happy and contented, staff knew what they were doing, and the premises were well maintained and clean.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since we last inspected there had been a change in the management team. Both the registered manager and clinical lead had worked in the service before taking their current roles and the transition to their management had been positively received by the team.
- Staff told us there had been improvements because of the new management team. A staff member said, "Our Manager always makes the time to have an open-door policy, listening and treating all staff equally and fairly."
- There was a clear structure to the whole team at Abbey View and the management team provided leadership and ensured the whole team were committed to providing quality care.
- A staff member told us, "Our home is unique, and we have very good management. It's well led and well structured. It's like a family tree with branches from the top to the bottom so delegations of communications are easy."
- Governance was well-embedded into the running of the service and there was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. A robust system of audits and reviews ensured clear oversight of all aspects of service performance. Outcomes of audits were shared with relevant staff, for example, clinical audits informed registered nurses and senior carers who then cascaded necessary information to the care team.
- Feedback was always provided whether to staff or people when issues or concerns were raised, or suggestions made.
- Quality assurance questionnaires were distributed to people and their relatives at regular intervals to obtain feedback. These were analysed and actions taken to continually improve the service provided. Learning was also taken from accidents, incidents, complaints, and feedback from staff.
- Monthly feedback was also shared with the providers senior management team and audits were carried out by regional senior staff to ensure the service was working effectively and according to the values of the organisation. These contained constructive criticisms, and all learning contributed to ongoing improvements to the service.
- A relative told us, "The [registered manager] is so understanding. They are efficient and friendly, and when they say will do something, they do. They let you know the results."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, their relatives and staff told us Abbey View was exceptionally and distinctively led, and people were at the heart of the service. We received comments such as, "The manager [registered manager] is excellent, they wander around speaking to people." A relative told us, "[Registered manager] is approachable. They keep the family involved. They have impressed me a lot. Everybody knew their name. They welcomed me

and my husband." Another person said, "The management are good, they respond to anything that you raise with them. There are residents' meetings. The manager [registered manager] responded to points that were raised. This is good, the atmosphere is pretty good, it is relaxed and friendly."

- There were high levels of satisfaction across all staff. Staff told us, "I am proud to say we have a manager who is approachable at all times, and who treats everyone equally. Though we just recently changed management, I do feel this present administration is more welcoming, environment friendly and by working hand in hand with us, we can achieve more greater and higher praises from anyone.", "I can approach the home manager anytime, her office door is open, and she listens. I feel they treat me well and fairly" and "There is a clear management structure in place, both at home level and at head office. The [registered manager] operates an open-door policy and is approachable."
- There was a strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce. We observed staff feeding back to the registered manager and clinical lead throughout our inspection. Meetings were held at 10 am each day and senior staff attended then cascaded information to other staff. Later in the day there was a care assistant meeting to ensure all staff were updated and had an opportunity to raise concerns with the management team. These had been introduced in part to ensure all staff, regardless of position were engaged and able to contribute to objectives and problem solving and be in regular contact with the management team making them accessible and more a part of the team.
- We saw the registered manager and clinical lead leading by example, interacting with people, having meals with them and showing empathy and care in every engagement. Both worked alongside staff providing care and support to people.
- Feedback showed staff were proud to work at Abbey View and believed the service to focus fully on the people they supported.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour. They were open and honest with people and their relatives when an accident or incident either caused harm or the risk of harm. A robust supporting procedure meant records were maintained and letters issued to those involved.
- We saw notifications had been submitted as required, including allegations of abuse, serious injuries and other significant events that happened in the service.