

# Abbeyfield York Society Limited(The) Abbeyfield House - York

## Inspection report

Regency Mews  
Dringhouses  
York  
North Yorkshire  
YO24 1LL

Tel: 01904704500

Date of inspection visit:  
16 March 2017

Date of publication:  
21 April 2017

## 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

Abbeyfield House is a sheltered housing complex made up of 21 en-suite studio flats. People who live at Abbeyfield House are tenants of a private landlord. Abbeyfield House - York provides a domiciliary care service to some of the people who live at Abbeyfield House. At the time of our inspection, the service supported 10 people who lived at Abbeyfield House. The care and support provided consisted of prearranged visits at agreed times throughout the day. Abbeyfield House – York was not responsible for the upkeep or the maintenance of the building or people's own flats and, as such, the accommodation provided was not within the Care Quality Commission's remit to inspect.

We inspected this service on 16 March 2017. The inspection was announced. The registered provider was given 24 hours' notice of our visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited.

Abbeyfield House was last inspected in March 2016 when we rated the service 'Requires improvement'. We identified that records were not well maintained. Risk assessments were not consistently implemented, contained limited information and were not always updated as people's needs changed. Alongside this we identified concerns around supervision records, recruitment records, medication administration records and accident and incident records. This was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the registered provider had addressed our concerns and they were now meeting this regulation. We found that the registered provider had introduced new care plans and risk assessments which contained more comprehensive and details person-centred information about people's needs. The registered manager completed audits of medication administration records and this had resulted in a significant reduction in recording issues. Accident and incident records were reviewed and signed off by the registered manager to ensure that appropriate action had been taken to minimise any identified risks. Recruitment records included appropriate references. However, we noted that one person had started shadowing before their DBS check had been returned.

The registered provider is required to have a registered manager as a condition of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of our inspection, there was a registered manager in post and as such the registered provider was meeting this condition of their registration.

People who used the service told us they felt safe with the care and support staff provided. Staff we spoke with knew how to identify and respond to safeguarding concerns. Sufficient staff were employed to meet people's needs and people told us that staff responded promptly to their calls for assistance. People received support to take their prescribed medicines. Staff completed training on medicine management

and the registered manager observed staff to ensure they were providing safe support with medicines.

Staff received on-going training and people who used the service provided positive feedback about staff's knowledge and skills. Staff told us they felt supported in their role and said they were regularly observed and advice and guidance was given on their practice. The registered manager maintained a diary of meetings with staff and observations of their practice, although we spoke with them about developing a more robust and accountable record to evidence staff's competencies in these areas.

People who used the service provided positive feedback about the support provided with meals and drinks. Staff supported people where necessary to ensure they ate and drank enough and monitored this to identify any issues or concerns. Staff monitored people's health needs and supported them to access healthcare services where necessary.

Staff were kind and caring. People who used the service had developed positive caring relationships with the staff that supported them and we could see that they valued the meaningful interactions they shared with them. Staff supported people to make decisions and respected their choices. People who used the service told us staff treated them with dignity and respect.

The registered provider had introduced new care plans and risk assessments which contained more detailed person-centred information about people's needs. People who used the service told us the care and support provided was person-centred.

The registered provider had a complaint policy and procedure. People who used the service told us they knew who the registered manager was and felt comfortable and confident speaking with them if needed. People who used the service said they had not needed to complain, but the registered manager was responsive to their feedback.

We received positive feedback about the registered manager and their management of the service. There was a positive person-centred culture within the service. People knew who the registered manager was and felt they were approachable and supportive. The registered manager had a 'hands on' approach. This in conjunction with medication audits and satisfaction surveys enabled them to monitor the quality of the care and support provided. People told us they were happy with the service provided.

## 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 who used the service told us they felt safe with the care and support staff provided.

Staff knew how to identify and respond to safeguarding concerns.

More detailed care plans and risk assessments had been put in place to support staff to provide care and support in a safe way.

Enough staff were employed to meet people's needs and people who used the service told us staff responded quickly to their calls for assistance.

People were supported to take prescribed medicines and audits were completed to identify and address any gaps in recording.

### Is the service effective?

Good 

The service was effective.

People who used the service provided positive feedback about the skilled staff who supported them.

Consent to care was sought in line with relevant legislation and guidance.

Staff provided support where necessary to ensure that people who used the service ate and drank enough.

People were supported to maintain their health and wellbeing and to access healthcare service if needed.

### Is the service caring?

Good 

The service was caring.

People who used the service told us staff were kind and caring.

Staff supported people who used the service to make decisions.

People who used the service told us staff treated them with dignity and respect and maintained their privacy.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and person-centred care plans put in place to guide staff on how to meet people's individual needs.

People who used the service said they had not needed to complain, but told us they would feel comfortable speaking with staff or the registered manager if they did have any issues or concerns.

### Is the service well-led?

Good ●

The service well led.

People who used the service and staff we spoke with told us it was well-led.

There were systems in place to gather feedback and monitor the quality of the care and support provided.

# Abbeyfield House - York

## 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place 16 March 2017. The inspection was announced. This meant the registered provider and staff knew we would be visiting. The registered provider was given 24 hours' notice, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited.

The inspection was carried out by one Adult Social Care Inspector.

Before our inspection we looked at information we held about the service, which included notifications. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information to share about the service. We used this information to plan our inspection.

We did not ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of this inspection we visited and spoke with four people who used the service and obtained feedback from two people's relatives. We spoke with the registered manager, three members of staff and two volunteers at Abbeyfield House. We looked at three people's care records, three staff recruitment and training files, meeting minutes, medication administration records, audits and a selection of records relating to the running of the service.

# Is the service safe?

## Our findings

At our last inspection of the service we identified that risk assessments were not consistently implemented, contained limited information and were not always updated as people's needs changed. Alongside this we identified concerns around recruitment, accident and incident and medication administration records. This was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the registered provider had addressed our concerns and the service was now compliant with this regulation.

We reviewed three people's care records. We found that the registered provider had introduced new care plans and risk assessments, which provided more comprehensive person centred information about people's needs and the risks associated with meeting those needs. Risk assessments provided relevant guidance to staff on how to provide care and support that promoted people's independence whilst minimising risks. For example, people's care records contained a moving and handling and falls risk assessment providing details about any equipment people required to mobilise safely and any support people required to minimise the risks associated with falling. Other risk assessments were in place regarding the support provided with medicines and relating to people's home environment.

A record was kept of any accident or incident that had occurred. We reviewed these records and saw that they contained information about what had happened and how staff had responded, including whether people had sustained any injuries or required medical attention. Accident or incident reports had then been reviewed and signed off by the registered manager to record that they were satisfied with how staff had responded and to assess whether further action was needed to reduce any identified risks. For example, one person who used the service had fallen a number of times. The registered manager had identified this and referred the person to the community physiotherapy team who supported the person to improve their mobility. As a result of this, we saw a significant reduction in the number of times this person had fallen. This demonstrated a proactive approach to risk management and showed us that the registered manager responded to risks to promote people's safety.

There had only been one new member of staff start since our last inspection of the service. Records evidenced that the person had been interviewed and references had been obtained. The registered provider had also completed a Disclosure and Barring Service (DBS) check, however, we saw that the person had completed two shifts shadowing before the DBS check was returned. DBS checks provide information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks support employers to make safer recruitment decisions and help to prevent unsuitable people from working with people who may be vulnerable. Although the DBS was in place at the time of our inspection and rotas evidenced that the member of staff was supervised during this period, we spoke with the registered manager about ensuring recruitment checks were completed in a timely manner.

People who used the service were protected from the risk of abuse by staff who were trained to recognise and respond to safeguarding concerns. There had been no safeguarding concerns since our last inspection

of the service, but staff we spoke with demonstrated that they understood the signs and symptoms which may indicate someone was being abused and told us they would speak with the registered manager if they had any concerns. We saw that additional information was available to staff, including a safeguarding policy and procedure, to support them to address safeguarding concerns and make a safeguarding referral if necessary. The registered manager showed a good understanding of the safeguarding process and their responsibilities within this. This showed us that systems were in place to ensure safeguarding concerns would be appropriately dealt with.

People who used the service told us they felt safe at Abbeyfield House and with the care and support provided by staff from Abbeyfield House – York. Comments included, "Yes I feel safe", "I definitely feel safe" and "I've got peace of mind, there's no worries." A relative of someone who used the service told us, "I visit frequently and know [relative] feels secure, safe and happy in their home."

If necessary, staff supported people who used the service to take their prescribed medicines. We received positive feedback about this aspect of the care and support provided, with one person commenting, "Every night they [staff] come in and say 'you have got some tablet to take' and they make sure you take them and write it down."

The registered provider had a medicine policy and procedure in place and staff completed training on medicine management. The registered manager observed staff administering medicine to ensure they were doing this safely and in line with guidance on best practice. Where staff supported people who used the service to take prescribed medicines, Medication Administration Records (MARs) were put in place. Staff used these to record what medicines people had taken and when, or the reason a medicine was not taken or needed. We reviewed completed MARs and found that there were some gaps where staff had not signed to record whether they had administered that person's medicines. However, we found that daily records confirmed these medicines had been given as prescribed.

The registered manager completed audits of MARs. These showed that the number of recording issues on MARs had significantly reduced since the audits had been introduced. This showed us that action was being taken to resolve these minor recording issues and to ensure that people received their medicines safely.

We reviewed staffing levels at Abbeyfield House – York. At the time of our inspection, ten people used the service. Staffing levels consisted of two members of staff on duty at busy periods during the morning and evening and one member of staff on duty for short periods during the day. There was also a 'sleeping night service' with one member of staff sleeping on site, but available to respond to people's call bells in an emergency. Rotas showed that staffing levels were maintained at this level with members of the team picking up additional shifts to cover sickness or absences where necessary.

During the day, people who used the service were allocated planned visit times and staff completed a daily sign sheet to ensure they did not miss any visits. The registered manager explained that they also provided cover if people were sick and additional help or support if needed during busy periods.

People who used the service told us there were sufficient staff to meet their needs. We were told that staff arrived when expected and did not miss people's planned visits. People who used the service explained that they had a call bell they could use to call for assistance in an emergency and that staff responded to this promptly. Comments included, "They always come when I call them or as quickly as they can", "If you want any assistance you just need to buzz them and they come right away and see what the matter is" and "Every time I have had to press my pendant there has always been someone up in minutes. They come very quickly." A visitor to the service told us, "It's not often we come in here and hear bells ringing."



Staff we spoke with confirmed that there were sufficient staff to meet people's needs. With comments including, "I personally think there is enough staff, shifts always get covered" and "We don't generally have a big problem and [registered manager's name] is here if we need them." We observed that staff appeared calm and unrushed and we saw that people's call bells were answered quickly. We concluded that sufficient staff were employed to meet people's needs.

# Is the service effective?

## Our findings

The registered provider offered a range of training opportunities to ensure staff had the knowledge and skills needed to provide effective care and support. We saw that training was provided on a range of topics including first aid, people/manual handling, food safety, fire awareness, infection control, safeguarding, medication, child protection and dementia. Staff we spoke with provided positive feedback about the training provided. One member of staff said, "We get good training. All the training we have had and been given has enabled me to do my job."

The registered manager kept a record of all training courses completed so they could quickly identify gaps in staff's training or when training needed to be updated. The registered manager explained that training needed to be refreshed every 18 months, two years or every three years depending on the course. The registered manager's training record showed some training needed to be updated. For example, six staff needed to update their infection control training and six staff needed to update their people/manual handling training. The registered manager explained that staff were responsible for ensuring their training was up-to-date and reminders were sent for staff to book on the next available course where gaps were identified.

Despite these gaps in staff training, people who used the service provided consistently positive feedback about the skills and knowledge of the staff who supported them. They told us, "This lot are excellent" and "They [staff] are very good indeed." A relative of someone who used the service commented, "I can only commend the staff for the standard of care they provide. The mix of independence and care (if needed) is a great one."

The registered manager completed observations of staff's practice to ensure they were providing effective care. Staff we spoke with confirmed that the registered manager regularly observed their practice and provided constructive feedback and support if they identified any areas of practice that could be improved. A member of staff said, "[Registered manager's name] observes us and they do notice things. They will observe us with medication or listen to how we communicate. If you do something wrong they would tell you. You do get feedback." Another member of staff said, "I have been supervised and they told me if I was doing something wrong." The registered manager kept a diary where they recorded supervisions or observations of staff's practice including observations of staff administering medicines.

Staff we spoke with told us they felt supported by the registered manager. Staff said they met regularly with the registered manager and spoke with them privately if they had any issues or concerns. The registered manager showed us a formal supervision record they were in the process of implementing to record supervision meetings with staff. Staff had annual appraisals including a review and feedback on their practice, a review of training completed and areas of practice they could develop and any additional support needed.

We received positive feedback about the support provided to new staff. One member of staff told us, "I went around with someone and they showed me what to do until I was confident." Rotas showed that new staff

were supernumerary shadowing other staff until they felt comfortable working alone. An induction checklist was also completed and signed off by the new member of staff and the registered manager. This ensured that the induction covered all of the necessary information new staff would need to know to work for Abbeyfield House – York.

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. Where people lack mental capacity to make 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. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found that training was provided for staff on the MCA. Staff we spoke with showed they understood the importance of consent and we saw that capacity issues were explored when planning people's packages of care and support. People who used the service were asked to sign their care records to document that they consented to the care and support provided. At the time of our inspection no one who used the service was deprived of their liberty.

People who used the service lived in studio flats which did not have private kitchen facilities. Instead, people had access to communal kitchens where they could prepare their own hot drinks or snacks. Meals were prepared on people's behalf and served in an on-site communal dining room or taken to people's studio flats if they preferred to eat there.

We received positive feedback about the support staff provided to ensure people ate and drank enough. Comments included, "If you require help with meals and drinks they [staff] do it. They bring me a drink in the morning and in the afternoon between meals", "The food is very good. I like it and I get plenty to eat. They bring me a drink without asking" and "They do their best. It is all nice and fresh and served hot."

A member of staff told us, "I tend to watch what people are eating." They explained how they encouraged people to eat more and handed over concerns to their colleagues and the registered manager if they were concerned about someone's food or fluid intake. We saw information about what people had eaten or drunk was recorded in daily notes and these records evidenced that people were supported where necessary with meals and drinks.

People who used the service told us they were supported to maintain their health. Comments included, "You've only got to whimper and someone will come and check you are all right...They [staff] have got a sixth sense. They know when you need help" and "If needed, they make an appointment for you to see the doctor." This person explained how staff had also supported them to attend the dentist when needed.

People's care records contained information about people's significant health needs and any support required from staff to meet those needs. The registered manager maintained a diary and this showed that they regularly liaised with people's G.P, the district nursing team, pharmacy and the community physiotherapy team to ensure people's health needs were met.

# Is the service caring?

## Our findings

We received positive feedback about the kind and caring staff working at Abbeyfield House - York. Comments from people who used the service included, "They [staff] are very good indeed. They are always pleasant and helpful" and "They are very good and very kind. They have gone out of their way to help me. There's not one of them that has been nasty or spiteful. They have all been kind."

People who used the service were supported by a small team of staff and the registered provider did not use agency staff to cover shifts. There had only been one new member of staff start since our last inspection of the service and a large proportion of the team had worked there for a number of years. This meant people who used the service were supported by a consistent team of experienced staff.

Our conversations with people who used the service showed us that they had developed positive and meaningful relationships with the staff that supported them. People told us they had good relationships with staff, with comments including, "We get on quite well. They [staff] become familiar and they get to know you", "They are understanding. They let you chat away. If you want to chat, they listen to you...we all get on quite well. There's a good atmosphere" and "The staff are brilliant. I know everyone by name and they treat me as one of their own. I regard them as friends."

Staff we spoke with told us that they got to know people who used the service because they provided regular support to them. One member of staff said, "You do get to know people and develop that relationship by just showing an interest in them." This consistency of care helped the staff and people who used the service form positive relationships. To further support staff to get to know new people to the service, care plans included basic person-centred information about people, their social history and hobbies and interests.

People who used the service told us that staff listened to them and they were supported to make decisions about their care and support. One person told us, "They [staff] don't take over, but they are there if we need them." A relative of someone who used the service said, "They listen to what they want rather than treating everyone as the same, they treat them as individuals." Staff we spoke with understood the importance of supporting people to make decisions and respecting people's choices. Staff we spoke with described how they supported people to be independent and that supporting people to make their own decisions was part of this.

People who used the service explained that they were involved in setting up their package of care to ensure it met their requirements and their wishes and views were listened to during this process. This showed us that people who used the service were supported to be in control and make decisions about their care and support.

The registered manager understood the role of advocacy and had contact details available if anyone who used the service required the support of an advocate. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are

important to them.

People who used the service told us staff treated them with respect and provided care and support in a way which maintained their dignity. Comments included, "They [staff] treat you like a human being. They are excellent", "I'm treated with respect all the time" and "They have always treated me with respect. There are no problems there. They really are very good." A member of staff said, "I treat them how I expect my own mother to be treated."

Our conversations with staff showed us that they were mindful of the importance of maintaining people's privacy and dignity when providing care and support. A member of staff said, "I always cover people with a towel and do it bit by bit so they feel comfortable." We observed staff knocked on people's doors and waited to be invited in before entering people's flats. This showed us that staff respected people's privacy.

## Is the service responsive?

### Our findings

We reviewed care records relating to three people who used the service. We saw that each person had a care file containing copies of care plans and risk assessments relating to their care and support needs. These provided guidance to staff on what support was required and also details about how the support should be provided to best meet that person's needs. This included step by step instructions, taking into account people's personal preferences, on how to complete tasks such as supporting with a bath or shower or supporting with people's morning routines.

We found that the registered provider had introduced new care plans and risk assessments since our last inspection. These contained more comprehensive and person-centred information about all aspects of people's care and support needs. Care plans covered areas such as communication, mobility, nutrition and hydration, personal care, medical and health, and social, cultural and leisure activities. Care files also included a section titled 'about me' with information about the person's social history and significant life events.

We saw evidence that people who used the service were involved in planning their care and people we spoke with confirmed that they had been asked to contribute to the contents of their care plans and risk assessments to ensure it met their needs. We saw that care plans and risk assessments had been reviewed to make sure they contained relevant information and were up-to-date.

A copy of people's care file was kept in their flats for people to look at and for staff to reference if needed during their visits. Each person's file also contained copies of the medication administration records and 'daily notes'. This was so staff could record information about the care and support provided at each visit. We reviewed these 'daily records' and saw that they provided an overview of the tasks staff assisted with and how long they stayed with each person. Staff told us they reviewed daily notes and had 'handover meetings' between each shift to share information about people's changing needs. This ensured staff kept up-to-date with what support people required and could identify where additional support may be needed, for example, if someone became unwell.

People who used the service told us the care and support provided was person-centred. Person-centred care is care that is centred on the person's needs, preferences and wishes. People told us staff listened to what they wanted and responded to their requests. A relative of a person who used the service told us, "They [staff] listen to what people want rather than treating everyone the same. They treat them as individuals." Whilst a visitor told us, "I think the staff put the residents foremost. They are all in their own way very supportive."

Abbeyfield House had a communal dining room and sitting room which people who lived there, including people who used the service provided by Abbeyfield House – York, could use. People told us that activities were on offer at Abbeyfield House and these were advertised on a communal notice board. People told us activities included a coffee morning, church services, quizzes and bingo. One person who used the service said, "There is always something going on. They have odd talks and lectures as well." People told us that

staff and volunteers informed them of activities that were taking place in Abbeyfield House and supported them to attend if they wanted to.

The registered provider had a policy and procedure in place providing details about how they managed and responded to complaints about the service provided. We saw that details about the registered provider's complaints procedure was kept in people's care files in their studio flats so that they could access this if needed. There had been no complaints received about the service provided since our last inspection of the service. People who used the service told us they had not needed to complain, but felt confident that they could speak with the registered manager or staff if they did have any issues or concerns. Comments included, "I have no complaints at all" and "I haven't got any complaints, but I am sure they would listen if I did have a complaint."

We saw that since our last inspection, staff had received numerous cards and letters complimenting them on the care and support provided. Feedback from these included, "Many thanks to each and every one of you for the devotion and professionalism you showed" and "Thanks for all your care and kindness."

## Is the service well-led?

### Our findings

At our last inspection of the service, we found the records were not well maintained and the registered provider did not have an effective quality assurance system to identify and address areas of concern. This was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the registered manager had addressed our concerns and the service was now compliant with this regulation.

The registered provider is required to have a registered manager as a condition of their registration for this service. At the time of our inspection, there was a registered manager in post and they had been registered with the Care Quality Commission since February 2009.

We asked people who used the service what they thought of Abbeyfield House – York and whether they felt the service was well-led. We received consistently positive feedback, with comments including, "It is top notch", "I think it is brilliant" and "You can depend on the service and it's very caring."

People who used the service knew who the registered manager was and told us they were approachable if they had any issues or concerns. One person who used the service said, "If I want to know anything, I just have to ask." Other people told us the registered manager regularly visited them to check how they were and to make sure that they were happy with the care and support provided.

We could see the registered manager had a 'hands on' approach, providing care and support to cover shifts and additional support to staff when needed. This meant the registered manager had a visible presence within the service, had developed good relationships with people who used the service and understood their needs. We could see that this hands on approach was also important as it allowed the registered manager to actively monitor staff's practice and the quality of the care and support provided. The registered manager told us they were constantly involved in providing care and support, so worked closely with staff and people who used the service. They also explained that they had an open door policy so that people who used the service or staff could speak with them to discuss any issues or concerns. The registered manager maintained a diary where they recorded their observations and monitoring of staff's practice. Whilst this evidenced that the registered manager was actively involved in supervising and monitoring staff, we spoke with them about developing more formal observation records to provide more robust evidence of how they had monitored staff's competencies.

In addition to this informal system of quality assurance, the registered manager completed audits of medication administration records and satisfaction surveys to monitor the quality of the care and support provided and to gather feedback from people who used the service. Audits of medication administration records were completed monthly and showed a significant reduction in recording issues on Medication Administration Records (MARs). This demonstrated that the registered manager was taking appropriate action to address this issue.



The registered manager showed us copies of 'satisfaction questionnaires' completed in July 2016 and January 2017 to gather feedback from people who used the service. These contained positive feedback about the service provided. The registered manager also explained how volunteers completed visits to people who used the service and they were asked to feedback, with people's permission, any issues or concerns about the service provided. People who used the service told us the registered manager was responsive to their feedback and took action in response to their comments.

Everyone who lived at Abbeyfield House, including people who used the Abbeyfield House – York service, had the opportunity to attend 'Residents Meetings'. We saw minutes for the last meeting held in November 2016. Topics discussed included feedback on the last CQC inspection and new care plans that were being introduced. They also evidenced that people who used the service were invited to provide feedback.

Staff we spoke with provided positive feedback about the registered manager and told us the service was well-led. Comments included, "It is well-led. [Registered manager's name] gives it 100% and supports the staff. We all work together." Staff we spoke with consistently told us the registered manager was approachable, supportive and provided constructive feedback on their work.

We found there was a positive culture within the service. Staff told us they worked well as a team and were supported by the registered manager when needed. We saw records of the last staff meeting held in November 2016. This showed that topics discussed included staffing, new paperwork and recording, medicine management, training needs including fire safety and people who used the service. Staff we spoke with told us they also had informal meetings and regularly shared information and discussed any difficulties they had directly with the registered manager.

We asked the registered manager how they kept up-to-date with changes in legislation and guidance on best practice. They told us they received monthly email updates from the Independent Care Group, an organisation that represents care providers in York and North Yorkshire. They told us they also received updates from the Care Quality Commission and attended information sessions run by the Local Authority.