

Larchwood Care Homes (North) Limited

Abbey Place

Inspection report

90 Abbey Road
Huddersfield
West Yorkshire
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Tel: 01484469946

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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

Abbey Place provides residential care for up to 38 older people who may also be living with dementia. Accommodation is provided across two floors and there is lift access.

We inspected this service on 28 September 2016. The inspection was unannounced. This meant the manager and staff did not know we would be visiting. At the time of our inspection, there were 33 people using the service.

The service was registered under a new provider in September 2015 and this was our first inspection of this service with the new registered provider.

The registered provider is required to have a registered manager in post as a condition of their registration. On the day of the inspection there was a manager in post and they were in the process of applying to become the home's registered manager. 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.

We received positive feedback about the manager and their management of the service. There was a positive atmosphere within the service, staff told us they worked well as a team and felt well supported in their role. People who used the service were positive about the care and support provided at Abbey Place. There were systems in place for the manager and registered provider to monitor the quality and effectiveness of the care and support provided and work was on-going to address minor issues we identified during the course of our inspection.

During our inspection we found that the service was safe. There were systems in place to support staff to identify and appropriately respond to safeguarding concerns. Potential risks to people who used the service were identified and detailed risk assessments put in place to guide staff on how to provide safe care and support. Where an accident or incident had occurred, there was a clear audit trail evidencing the appropriate action taken by staff both in response to the concerns and to minimise any future risks of a similar incident occurring.

Appropriate recruitment checks were completed to ensure suitable staff were employed. We found there was sufficient staff employed to meet people's needs. However, we made a recommendation about monitoring staff deployment, particularly at lunchtime, to ensure people's needs were met in a timely manner.

Checks of the building and any equipment used were completed to ensure these were in safe working order. People received safe support to take their prescribed medicines.

People who used the service were positive about the skills and training of the staff supporting them. Staff received an induction, training and on-going supervision to enable them to provide effective care and support. Although some training needed to be updated, this was being addressed at the time of our inspection. We have made a recommendation about staff training in our report.

Staff sought consent from people who used the service to provide care. People were supported to make decisions. Where people lacked mental capacity, their human rights were protected in line with relevant legislation and guidance.

We received generally positive feedback about the food provided and saw that people were supported to eat and drink enough. Support was provided, where necessary, for people who used the service to access healthcare services.

People who used the service and relatives we spoke with told us staff were kind and caring. We observed staff were friendly, attentive and patient when providing care and support. People who used the service had developed positive caring relationships with staff. Staff listened to people who used the service and encouraged and supported them to make decisions.

There were systems in place to assess and record people's needs to support staff to provide personalised care and support. Care plans contained person-centred information about how people wanted their care and support to be provided. Care plans were reviewed and updated regularly to ensure they reflected people's needs.

People told us they felt able to raise any issues or concerns and there were systems in place to manage and respond to complaints or feedback about the service provided. The registered provider had recently employed an activities coordinator and they were developing the support available for people who used the service to engage in meaningful activities.

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.

There were systems in place to ensure safeguarding concerns were identified and appropriately investigated. Staff we spoke with understood their role in safeguarding vulnerable adults from abuse.

Detailed risk assessments were in place to guide staff on how to provide safe care and support to meet people's needs and minimise the risk of avoidable harm.

There were sufficient numbers of suitable staff employed to meet people's needs. However, we spoke with the manager about monitoring staff deployment throughout the day.

People were supported to receive their prescribed medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received an induction, training and on-going supervision. Although some training needed to be updated, this was being addressed at the time of our inspection.

Staff sought people's consent in line with relevant legislation and guidance on best practice. The registered provider was working within the principles of the Mental Capacity Act 2005 and authorisations to deprive people of their liberty were appropriately completed.

People who used the service were positive about the food provided at Abbey Place. There were systems in place to ensure people who used the service ate and drank enough.

People were supported to access healthcare services when needed.

Is the service caring?

Good ●

The service was caring.

People who used the service and relatives we spoke with provided positive feedback about the kind and caring staff.

We observed that people were supported and encouraged to make decisions and express their wishes and views.

We observed that staff spoke with people in a kind, caring and respectful way. People who used the service told us that staff respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and person centred care used to guide staff on how best to meet people's needs.

There were systems in place to gather and respond to feedback about the service provided and people we spoke with felt able to raise any issues or concerns.

Support was available for people who used the service to engage in meaningful activities. The registered provider had employed an activities coordinator who was reviewing the range of activities on offer at the service.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager in post who was in the process of applying to become the registered manager.

People told us the service was well-led and we received positive feedback about the care and support provided at Abbey Place.

We identified that there was a positive atmosphere within the service and staff felt that they worked well as a team.

There were systems in place to monitor the quality of the care and support provided. However, work was on-going to address minor issues or concerns we identified during the course of our inspection.

Abbey Place

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the 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 on 28 September 2016. The inspection was unannounced this meant the registered provider and staff did not know we would be visiting. The inspection team was made up of two Adult Social Care Inspectors and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. They supported our inspection by speaking with people who used the service and visitors and making observations around the service.

Before our inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and what improvements they plan to make. The PIR was completed and returned within the agreed timescales. We looked at information we held about the service, which included information shared with the Care Quality Commission and notifications sent to us. 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 quality assurance and adult safeguarding team to ask for their feedback about the service. We used this information to plan our inspection.

During the inspection, we spoke with eleven people who used the service and three people who were visiting their relatives or friends. We spoke with the manager, deputy manager, three members of care staff, the cook, the maintenance person and the administrator.

We looked at four people's care files, four staff recruitment and training files, medication records, maintenance records and a selection of records used to monitor the quality of the service. We observed interactions between staff and people who used the service and observed lunch being served.

Is the service safe?

Our findings

People who used the service told us they felt safe living at Abbey Place and with the care and support provided by the staff who worked there. Comments included, "I like it here. It's lovely and safe", "I feel relaxed and know I am safe", "I feel very safe" and "No fights, no frights. I am safe here."

We asked relatives of people who used the service if they felt it was safe. Feedback we received included, "I have no safety issues with my relative staying here, they are safe" and "Since being here we have had no issues. I feel happy leaving my relative in safe hands."

We observed staff responding to people's needs and providing appropriate support for people to move safely around the home. We saw people responded positively when staff spoke with them and people who used the service were relaxed and at ease around staff. This showed us people who used the service felt safe living at Abbey Place.

The registered provider had a policy and procedure in place outlining how they would manage and respond to safeguarding concerns. Staff received training on how to safeguard vulnerable adults from abuse and our conversation with staff showed that they understood their responsibility to identify and report any concerns to the manager. Records evidenced that safeguarding concerns were appropriately investigated in consultation with the local authority's adult safeguarding team. This showed us there were systems in place to keep people who used the service safe.

In order to maintain people's safety, their support needs were assessed before they moved into Abbey Place. People's care files contained copies of these assessments and associated risk assessments. Risk assessments provided detailed information about potential risks and documented practical guidance to staff on how to provide safe care and support. Risk assessments evidenced a proactive approach to identifying possible hazards and demonstrated that appropriate support was put in place to reduce risks to keep people safe. We saw a wide range of risk assessments were used including risk assessments in respect of people's personal care needs, mobility, medication and personal safety.

If an accident or incident did occur, a detailed record was kept of what had happened and how staff responded. We found there was a clear audit trail demonstrating that appropriate actions were taken in response to any concerns. For example, one person had fallen. We saw they had been referred to the 'falls team' for their advice and guidance about minimising the risks of further falls. The person had also been referred to and seen by their GP who stopped medication which could have contributed to the fall. The person's care plan and risk assessment had been updated to include additional guidance to staff on how to safely support this person. The manager audited accidents and incidents each month to check that appropriate action had been taken and to monitor for any patterns or trends. These records showed us the manager was proactive in responding to concerns to keep people who used the service safe.

We confirmed that checks of the building and any equipment used had been carried out to ensure people's health and safety was maintained. Records evidenced that appropriate checks had been completed on the

gas services, the electrical installation, portable electrical items and all lifting equipment including hoists and the passenger lift. Where maintenance checks identified issues or concerns, remedial work was completed or scheduled to be completed to address this.

A suitable fire risk assessment was in place and regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure these were in safe working order. Fire drills were completed to ensure staff knew how to respond in the event of an emergency. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

Personal Emergency Evacuation Plans (PEEPs) were used to record information for staff and emergency services about the support each person who used the service would need to evacuate the building in the event of an emergency. The registered provider also had a business continuity plan which documented how they planned to continue meeting people's needs in the event of an emergency, such as a loss of power or an evacuation. This showed us contingencies were in place to keep people safe in the event of an emergency.

Robust recruitment checks were completed before new staff started work. We reviewed four staff files. These evidenced that new staff were interviewed, provided references and Disclosure and Barring Checks (DBS) checks had been completed. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to minimise the risk of unsuitable people from working with vulnerable groups. This showed us systems were in place to ensure only people considered suitable to work with vulnerable adults had been employed.

We reviewed staffing levels within the service. On the day of our inspection there was the manager, deputy manager, five care staff, the activities coordinator, two domestic staff, a maintenance person, administrator, a cook and a kitchen assistant on duty. Rotas showed staffing levels had been maintained at approximately this level for the four week period before our visit. The manager told us staffing levels were flexible depending on the number of people using the service and their needs. They explained that staffing levels were monitored through observations and conversations with staff and people who used the service. However, the manager showed us a dependency tool they were in the process of implementing. This was intended to give further guidance on the number of staff needed on each shift to meet people's needs. The manager explained that they used 'bank staff' to cover sickness and absences.

People we spoke with were generally positive about staffing levels and told us they did not have any concerns. Feedback included, "I can't complain with the staff – they are pushed sometimes, but do their best", "If I ring the bell straight away they will come, even if it is busy they will come and say we will be back in 5 minutes", "If I need anything I go to the staff. There is enough staff" and "If I hurt myself I am confident they will be there for me."

Staff told us, "Staffing levels are good", "Everything is ok with staffing levels. [Manager's name] makes sure we have enough staff" and "No concerns. We've got bank staff, if one of the staff can't work, to cover."

The design of the building and layout of the corridors meant there was not always a visible staff presence. However, we found staff were generally available when needed and people were not left unsupervised for long periods. We observed there was a calm atmosphere in the service and staff were unrushed and available to provide care and support when needed. Although we observed there was sufficient staff to meet people needs, we did speak with the manager about monitoring staff deployment, particularly at lunchtime,

to ensure staff were in the right place when needed. We observed one member of staff supporting two people with their meals whilst a third person also needed support as they were becoming anxious. This member of staff was struggling and would have benefited from additional support.

We recommend that the registered provider continues to review staffing levels and staff deployment to ensure people's needs are met in a timely manner.

People who used the service reported no issues or concerns with the support they received to take their prescribed medicines. Staff responsible for administering medicines had received training and were observed to ensure they were safe and competent before working independently. We observed a medicine round and saw the member of staff responsible followed best practice guidance to ensure people received their medicines safely.

Medicines were securely stored in a medication cupboard on each floor and daily checks were completed to ensure medicines were stored at the correct temperature. The pharmacy supplied medicines in a monitored dosage system, which contained a 28 day supply of each person's medicines. Medicines were supplied with printed Medication Administration Records (MARs) for staff to record medicine given to people who used the service. We reviewed five people's MARs and found one gap where staff had not signed to document they had administered a person's medicine. However, our checks of stock levels indicated that this had been given. We found codes were appropriately used to document the reason why a medicine had not been administered (for example if it was not required). Spot checks showed that accurate records were maintained of medicine in stock. Appropriate guidance was in place to support staff in administering 'as required medicine'.

Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs and there are strict legal controls to govern how they are prescribed, stored and administered. We found that controlled drugs were securely stored and records showed these were checked and recorded when given.

We observed the service to be generally clean and tidy during our visit and systems were in place to clean and deep clean people's rooms and communal areas. However, we identified some minor cleanliness issues that required further attention. For example, a food trolley used to transport food from the kitchen to the dining room was dirty and needed cleaning. We noted some cushions on chairs could not be wiped clean and represented an infection control risk and some floor and tiling in a staff area needed repairing to ensure they could be wiped clean. The manager told us they had identified a number of these issues and would be addressing them.

Is the service effective?

Our findings

People who used the service and relatives we spoke with felt staff were well trained to meet their or their family's needs. Comments from people who used the service included, "They [staff] do their job right. If I need something they help me" and "The staff do have the right skills. They do the job right." Relatives of people who used the service said, "Staff are excellent they know what they are doing" and "Staff are brilliant. They certainly know what they are doing."

The manager explained that new staff completed an induction and shadowed more experienced members of the team to gain confidence and experience before starting any caring work. Alongside this, training was provided on topics including dementia awareness, safeguarding vulnerable adults, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), fire safety at work, infection control, nutrition awareness, food safety, health and safety, manual handling theory and practice, dignity and respect, equality, diversity and inclusion, basic life support and safe administration of medicines for staff responsible for supporting people with medicines.

Training was delivered through a mixture of taught courses and on-line 'e-learning' and staff were required to complete regular refresher training to ensure their knowledge was kept up-to-date. Staff training records contained evidence of completed courses and staff we spoke with were positive about the quality and breadth of training on offer.

The manager showed us an electronic training record which they used to identify gaps in training across the staff team. This showed us that some training needed to be updated. For example, six members of staff's safeguarding vulnerable adult training had expired, 11 members of staff's health and safety awareness training had expired and 10 members of staff's fire safety at work training had expired.

Although some training needed to be updated, people we spoke with were positive about the skills and experience of the staff supporting them. Throughout our inspection we observed staff providing effective and competent care and support to meet people's needs. We also noted that a range of training courses had recently been completed and were scheduled to continue to address and update staff's training.

We recommend the registered provider continues to review staff training needs to ensure training is updated regularly.

The manager told us they planned to complete supervisions six times a year for each member of staff. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. The manager told us they were behind on this target, but that they were working hard to address this. We saw that each member of staff we looked at had received at least two supervisions in 2016 including a recent supervision. We saw a supervision matrix was in place to record supervisions completed and when they were due. This showed that 13 supervisions had been completed in September 2016, two in August 2016 and 15 in July 2016. Records of supervisions completed were detailed and showed us they were used to support staff in their role, review their progress and encourage staff development. Staff we spoke with

were positive about the support they received and the supervision provided.

We observed that the registered provider had invested in providing dementia friendly spaces inside and outside the service. The service had a dementia friendly garden, greenhouse, tea shop, smoking corner and a retro garage. These provided a stimulating environment for people who used the service.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and DoLS. Care files showed that consent to care and treatment was sought in line with relevant legislation and guidance. Where there were concerns about people's ability to make a decision, mental capacity assessments had been completed and where necessary best interest decisions made regarding the care and support provided.

Appropriate authorisations had been requested where people lacked capacity, and there were concerns that the care and treatment provided amounted to a deprivation of their liberty. At the time of our inspection, eight people who used the service were subject to DoLS authorisations and a number of other applications had been submitted and were awaiting authorisations. Where DoLS were in place, detailed care plans were implemented providing advice and guidance to staff on what this meant and why the DoLS was in place. This supported staff to provide the least restrictive care and support. The manager showed records they kept of DoLS in place, any conditions on the authorisations and the date they expired. This enabled them to monitor compliance with DoLS and identify where new applications were needed. Where there were conditions placed on DoLS authorisations, we saw action had been taken to adhere to these.

People who used the service were generally positive about the food provided at Abbey Place. Comments included, "I like the food", "I like everything", "I love the Yorkshire puddings", and "The food is reasonable – not like my mother's, but good food."

We observed lunch being served and saw that people were offered a choice of what to eat. The portions were large and there were a variety of fresh food provided. Picture menus were in place to help people decide what to eat, but we noted that the dessert served was different to that advertised.

Staff provided support, encouragement and assistance with people's meals. However, we observed one member of staff supporting two people with their meals whilst also trying to support a third person who also required support and reassurance. Another member of staff did eventually intervene; however, we spoke with the manager about monitoring staff deployment at mealtimes to ensure people's needs were met in a timely manner.

Each person's care file contained a section documenting their nutritional needs as well as dietary preferences. This provided guidance to staff on the level of support people needed to ensure they ate and drank enough. A screening tool was used and updated regularly to identify people at risk of malnutrition. Daily records showed that staff documented people's food and fluid intake and we also saw that people

were regularly weighed. These records enabled staff to monitor and identify any issues or concerns. Where people's support needs around their food or fluid intake changed, staff liaised with people's GP and other healthcare professionals and care plans were updated to provide additional guidance to staff on how best to meet those needs.

People's care files contained information about any health needs they had and the support required from staff to meet those needs. Accidents and incident records and daily notes evidenced that staff liaised with healthcare professionals for further advice and guidance where necessary and supported people to access healthcare services.

Where someone who used the service had an appointment with a healthcare professional, a record was kept of this including detail of the outcome and any recommendations made. These records demonstrated that people who used the service were seen when necessary by a wide range of healthcare professionals to promote and maintain their health and wellbeing.

Is the service caring?

Our findings

People who lived at Abbey Place told us they felt cared for. Feedback included, "They [staff] are caring", "They are not carers, and they are my family" and "Very nice staff. I get on with them."

We asked relatives of people who used the service if staff working at Abbey Place were caring. They told us, "They [staff] seem really nice" and "They really care for my family member. They treat us with the utmost respect and with dignity. They understand my family member's needs."

We observed staff speaking with people who used the service and saw numerous positive and friendly interactions during our visit. We saw staff were kind, patient and sensitive towards people who used the service and we saw that they responded warmly and affectionately towards the staff supporting them. Comments from people who used the service demonstrated the positive caring relationships they had developed with staff. People told us, "We can have a laugh - that's the relationship I have", "They [staff] listen and they talk to me" and "They [staff] are always welcoming."

We asked staff how they got to know people who used the service and develop positive caring relationships. A member of staff told us, "You build relationships with residents by interacting with them." We saw that people's care files contained detailed person-centred information about each person who used the service to further support staff to get to know them.

People who used the service told us that staff listened to them and respected their decisions. Comments included, "They do listen to me" and "If there is anything I want, I get it." During our inspection, we saw that people who used the service were supported and encouraged to make decisions. For example, at mealtimes or with how and where they spent their time during the day.

Staff told us, "We treat residents as one big family. There are no restrictions to prevent resident's moving around. We try to make them as independent as they can be" and "Every resident has different kinds of needs. We try our best to give residents choices...in the morning we will show them clothes to find out what they want to wear. With the meals, we ask them what they would like."

At the time of our inspection, people who used the service were supported by their families or friends and no one required the service of an advocate. An advocate is someone who supports people to ensure that their views and wishes are heard on matters that are important to them. The manager showed a good understanding of the role of advocacy services and told us they would contact the Local Authority for further advice if advocacy services were required.

Staff supported people who used the service to maintain their independence. We observed people who wanted to mobilise independently were enabled to do so. We observed that if people who used the service wanted to help staff, they were supported and encouraged with this. For example, we saw people who used the service helping to lay the table for lunch and helping staff to empty the bins. We observed another member of staff encouraging people who used the service to help sweep up. This ensured that people had a

sense of purpose and were able to contribute to the day to day running of the home. A member of staff told us, "We give a lot of support to the residents and try and get them involved where we can. We go around daily to residents and try to find out any new activities to add to the list - we involve them all the time."

People who used the service felt that staff treated them with dignity and respect. Feedback we received included, "They [staff] always speak properly, never nasty", "Very nice. Very respectable"

During our inspection, we saw staff spoke with people who used the service in an appropriate manner and tone. Staff were discreet in their conversations in communal areas and provided support with personal care in private with people's doors shut. We observed staff knocked before entering people's rooms. This showed us staff respected people's privacy and personal space.

Is the service responsive?

Our findings

People who used the service told us staff knew what care they needed and how best to support them. Comments included, "They are very good staff; when I need them they are there", "The staff always look after me" and "They listen to me and they do their best to get what I need."

Each person who used the service had a care file containing copies of care plans and risk assessments relating to their support needs. These provided information to guide staff on how best to support that person and meet their needs. We reviewed four people's care files and saw that they were person-centred and contained detailed information about what support was needed as well as how that support should be provided taking into account people's individual personal preferences. We found care files focussed on promoting people's independence and were written in a way that recognised what people did for themselves.

We saw care files were reviewed regularly to ensure they contained up-to-date and relevant information about people's needs. To further ensure staff had up-to-date information, daily meetings were held to handover important information from one shift to the next. Staff also completed a daily communication book and kept daily records for each person who used the service. We reviewed these records and found that they were detailed and provided an effective way of communicating information about people's needs, any significant events that had occurred or important information staff needed to be aware of. This enabled staff to provide responsive care which met people's changing needs.

We asked staff how they ensured the care and support provided was person centred and responsive to people's needs. Comments included, "People's lifestyles are recorded in the care plan. You read it to get to know them. It comes from the social worker and relatives so it does reflect their needs." We observed staff used people's first names and spoke with people in a way that demonstrated they were familiar with and understood their individual needs.

People who used the service told us they were happy with the accommodation provided. We completed a tour of the building, which included, with people's permission, looking in people's rooms. We saw that people's rooms were bright, clean and had been personalised according to their preferences. Comments from people who used the service included, "I like this room – I like the view and it is big and clean", "I love my room – I spend a lot of time in my room because it is home" and "I took a little time to settle – they brought the furniture from my home to make me feel more settled – I am happy now."

People who used the service did not raise concerns about the activities available at the service. One person we spoke with said, "I love doing jigsaws. Look around the room – these jigsaws were done by me. The repair man framed them all and stuck them on the wall." This showed us that people were supported and encouraged with their hobbies and interests. However, a number of people who used the service did not recall any planned activities taking place. Staff we spoke with told us the activities on offer included, one to one time, music sessions, painting, playing games, going out or an entertainer visiting. We observed staff engaged and chatted with people who used the service throughout our inspection. However, we also

observed that several people were asleep in communal areas during the day and only got up to eat.

The registered provider employed an activity coordinator, but they had only been in post for two weeks at the time of our inspection. We were informed that the activities coordinator was re-looking at the activities on offer to people who used the service. A weekly activities schedule was advertised, but on the day of our inspection the planned 'gentlemen's club' had been replaced with one to one time. We saw the activity coordinator supporting people who used the service with an activity of their choosing during this one to one time. Staff explained feedback from people who used the service indicated that they generally preferred individual activities rather than group activities, which were not always well attended.

We observed that people who used the service were free to move in and around the home and that staff respected people's choices about where and how they wanted to spend their time. The service had a number of communal seating areas as well as outside space for people to use and enjoy. The service had an 'in-house' salon and a stylist visited twice a week. On the day of our inspection, we saw people who used the service being supported to visit the salon to have their hair done and nails manicured and this was clearly an enjoyable activity for those involved. We saw staff encouraged people to be independent and also sought to engage people through practical tasks such as tidying up or laying the table to provide meaningful stimulation.

We saw that people's relatives and friends visited the home throughout our inspection and staff were warm and welcoming towards them. A person who used the service told us, "They [staff] let my family come in and make it their home as well." Whilst a relative of someone who used the service said, "They [staff] are always welcoming and speak to me about my relative." This showed us that staff supported people who used the service to maintain important family relationships.

The registered provider had a policy and procedure in place which outlined how they would manage and respond to complaints about the service provided. A copy of this policy was displayed in the entrance of the service for people who used the service and visitors to use if needed. The manager told us that there had been no formal complaints received about the service in the last year.

None of the people we spoke with had made a complaint about their care, but all told us if they did have a complaint they would speak to a member of staff. One person who used the service commented, "If there were ever a problem I would tell them – I've never had an issue." The relatives we spoke with also had not made any complaints and were very happy with the service provided.

The manager explained, and people we spoke with confirmed, that they spent a lot of their time out of the office. This 'hands on approach' enabled them to gather and respond to feedback about the service and respond to any minor issues or concerns. This was an effective system; however, we spoke with the manager about considering other ways to encourage feedback including a suggestion box, a minor issues log or an accessible complaints policy.

We noted that there were no resident's or relatives meetings being held at the time of our inspection. A relative of someone who used the service said, "We found the resident meetings very useful. These have stopped for some time." However, we were informed by the new activity co-ordinator they were going to start holding these meetings again.

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration for Abbey Place. The service had been without a registered manager since April 2016. However, at the time of our inspection, there was a manager in post and they were in the process of applying to become the service's registered manager. The manager was supported by two deputy managers and senior carers in their management of the service.

During our inspection, we identified minor issues or areas of practice that could be developed. For example, monitoring staff deployment throughout the day and across the service to ensure people's needs were met in a timely way; ensuring all staff training was up-to-date; addressing minor infection, prevention and control issues and developing other ways to gain feedback about the service, such as a suggestion box, an accessible complaints policy or more regular residents and relatives meetings. We found the manager was receptive to our feedback or already aware of, and addressing, a number of these issues. Although we could see that on-going improvements were being made, further work was needed in some of these areas.

We asked people who used the service what they thought of Abbey Place and the management of the service. We received positive feedback. One person told us they were very happy at Abbey Place commenting, "I honestly do not want to go home now." People we spoke with knew who the manager was and felt they could speak with them if needed.

Relatives of people who used the service were also complimentary about Abbey Place. We received positive feedback about the welcoming staff and people told us there was good communication between them, the staff and managers. One relative said, "The home keep us updated and ring me if there are any problems. I think it is a great home."

We found that there was a positive culture within the service. Our conversations with staff and the manager demonstrated a shared vision to provide care and support to improve the lives of people who used the service. Staff told us they worked well as a team with comments including, "It's a close team, like a family really, and we're all here for the residents" and "The staff are good we work as a team...we help each other out." Staff told us they felt valued and supported by the manager. Feedback included, "If we've got a problem, we can go to the manager", "As an employee, feel very comfortable working here" and "We get support when we need it."

Registered providers are required to notify the Care Quality Commission (CQC) of certain incidents or important events that happen in the service. The manager understood this responsibility and records showed that we had been informed of significant events in a timely way. This meant we could check that appropriate action had been taken.

During our inspection, we asked for a range of records and documents relating to the running of the service. We found these were securely stored, but accessible on request. We found that records were generally well-maintained with clear audit trails in place to evidence how issues or concerns were dealt with and to

provide an accountable record of the care and support provided.

There was a system in place to monitor the quality and effectiveness of the care and support provided at Abbey Place. The manager showed us a range of quality assurance audits they completed. This included a 'managers walk around', deep clean checklists, monthly audits of medication, care plans, infection prevention and control and monthly audits of bed rails and mattresses. We found audits completed were detailed and contained a summary of the actions taken in response to any identified issues. This showed us that audits were being effectively used to monitor and improve the service.

Medication competency checks were completed for new staff administering medicines and the deputy manager explained they completed further checks if there were any issues or concerns with staff's practice.

The manager showed us copies of questionnaires that had been sent to gather feedback about the service provided. These included an employee, visitor and service user feedback questionnaire. Although these had not been returned or collated at the time of our inspection, they demonstrated a commitment to seeking feedback about the service provided with the intention of improving the service provided. We will review the effectiveness of this at future inspections of the service.

Where there were issues or concerns, we saw feedback was given to staff. For example we saw minutes for a team meeting held in June 2016. Topics discussed included infection prevention and control issues, supervisions and care plans. The manager told us they had a team meeting at least once a year, but they did not hold more regular staff meetings as historically attendance had been poor.

We observed that the manager had a 'hands on' approach. They explained that they prioritised spending time 'on the floor' providing support. A member of staff told us, "The manager is on the floor, I don't really see her off the floor. She sees everything herself." This face to face contact with staff and people who used the service enabled them to share information and identify any issues or concerns.

We asked the manager how they kept up to date with important changes in legislation and guidance on best practice. They explained that they predominantly used the internet to do their own research, but had also enrolled on Level 5 Diploma in Leadership for Health and Social Care. The manager explained that if they worked closely with the Local Authority and, for example, rang the Local Authority safeguarding adult[s] team for advice if needed. The manager explained that the registered provider's regional manager also visited every fortnight and six monthly quality assurance visits were also completed to ensure they and the service provided was complying with best practice guidance.