

## The Abbeyfield Kent Society

# Abbeyfield Dene Holm

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

The inspection was carried out on 14 and 20 November 2017. On 14 November 2017 the inspection was unannounced. We returned to complete the inspection on the 20 November 2017, this visit was announced.

Abbeyfield Dene Holm is a care home. The service provides accommodation, care and support for up to 47 older people who do not have nursing needs, but some of whom are living with mild to moderate dementia. At the time of our inspection there were 38 people using the service.

At the last Care Quality Commission (CQC) inspection on 2 November 2015, the service was rated as Good in all of the domains and had an overall Good rating.

At this inspection we found the registered manager and provider had consistently monitored the quality of the service to maintain a rating of Good.

The registered manager had been in post since December 2015. 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.

The environment was clean and had a number of design features which benefitted people living with dementia including themed areas, and clear signage.

People continued to be safe at Abbeyfield Dene Holm. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for. Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of recurrence could be reduced. There were systems in place to support staff and people to stay safe.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

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

There continued to be enough staff to keep people safe. The registered manager had appropriate arrangements in place to check the suitability and fitness of new staff. Staff received training and supervision to help them to meet people's needs effectively.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

Staff encouraged people to participate in activities and socialising, follow their interests and maintain relationships with people that mattered to them.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services.

Medicines were managed safely and people received them as prescribed.

Staff showed they were caring and they treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs.

The provider had taken steps to meet people's cultural needs by ensuring there were staff available that was able to speak their first language and by supporting people to access local amenities that supported particular ethnic and cultural groups.

Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs.

People and staff were encouraged to provide feedback about how the service could be improved. Changes and improvements were made that people wanted. Records continued to be comprehensive and person centred.

The registered provider notified the Care Quality Commission of any significant events that affected people or the service. Quality assurance audits were carried out to identify how the service could improve and the manager had an on-going and effective improvement plan for the service.

The registered manager provided good leadership. They checked staff continued to focus on people experiencing good quality care and support.

Further information is in the detailed findings below

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Abbeyfield Dene Holm

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

This inspection took place on 14 and 20 November 2017.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had experience of caring for elderly people living with dementia.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

Some people's ability to verbally communicate was limited, so we were unable to talk with everyone. We observed staff interactions with people and observed care and support in communal areas. We spoke with nine people who used the service and four relatives to gain their feedback of the service. We spoke with 11 staff including the registered manager, deputy manager, a senior carer, seven care staff, and the maintenance person.

We looked at the provider's records. These included four people's care records, which included care plans, health records, risk assessments and daily care records. We also looked at medicines administration records. We looked at four staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

## Is the service safe?

### Our findings

People told us that they felt safe using the service. One visitor said, "It is very secure here, so staff take the trouble to let us in and out". One person said, "I feel safe here" and another person said, "I like it here everyone is friendly".

We observed that people were safe and they were at ease with staff throughout the inspection. Bold colours and signage were used to provide contrast to help people find their way to toilets and dining rooms. People's bedroom doors had been furnished with a letter box and door knocker to resemble a front door. People had secure storage facilities in which to keep their belongings. People that wished to lock their bedroom door were enabled to do so and held their own key. The premises supported the needs of people living with dementia and promoted their independence.

The risk of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. Staff had access to the updated local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff were continually updated in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was annual and current. The members of staff we spoke with demonstrated their knowledge of the procedures to follow that included contacting local safeguarding authorities and of the whistle blowing policy should they have any concerns. The organisation operated a confidential helpline for staff or people wishing to report concerns about abuse. Posters displaying the helpline number were displayed around the service. Staff confirmed to us the registered manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. Robust systems were in place to ensure that people's financial interests were protected.

Staff assessed individual risks to people's safety and the information was recorded and regularly reviewed within their care plan. Individual risk assessments included mobilising independently, the risk of falls and the risk of social isolation. The risk of skin breakdown for people with limited mobility had been assessed and staff understood what action they needed to take to help people regularly change their position to avoid developing pressure ulcers. Pressure relieving equipment was sourced and used appropriately. The risk assessments promoted and protected people's safety in a positive way. Staff monitored people's fluid intake when they had a change in need or if there was a concern. Some people spent most of their time in their rooms putting them at risk of social isolation. Staff told us that they ensured that a staff member spent time with them, if they wished, at regular intervals each day. Guidance was provided to staff on how to manage identified risks, and this ensured staff had all the guidance they needed to help people to remain safe.

Accidents and incidents continued to be recorded and monitored by the registered manager to ensure hazards were identified and reduced. They included measures to reduce the risks and appropriate guidance for staff. Appropriate action was taken in response to risks to individual's safety and wellbeing.

There continued to be sufficient staff on duty to meet people's needs. In addition to care staff the registered provider employed ancillary staff that included activities coordinator, cook and kitchen staff, housekeepers and a maintenance worker. The registered provider used a system for assessing the needs of people using the service on a monthly basis to establish the required staffing levels for the service. The rotas showed that the required numbers of staff for each shift had been provided to ensure people's needs were met. The registered provider used existing staff where possible to cover vacant shifts left by sickness or annual leave. Failing this, agency staff were used. New care staff were recruited as and when needed to fill any staff vacancies. Staff told us they felt there were enough staff on duty to meet people's needs. Staff were available to respond to people's needs and requests within a reasonable time. Call bells were answered quickly and people confirmed there were enough staff to meet their needs. We observed that staff were visibly providing appropriate support and assistance when this was needed, and the atmosphere remained calm.

Staff recruitment practices continued to be robust and thorough. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care and support. There were also copies of other relevant documentation, including character references, job descriptions and application forms in staff files. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. People's medicines were managed so that they received them safely. The service had a policy for the administration of medicines that was regularly reviewed and current. Staff had received appropriate training and regular unannounced checks of their competence to administer medicines safely were carried out by the registered manager. Staff understood the purpose of the medicines they were administering. The registered manager ensured all medicines were correctly ordered and received, stored, administered and recorded. Staff followed the home's medicines policy and administered medicines safely to people, gaining their consent before giving medicine and accurately recording the medicine given. All medicines were kept securely and at the correct temperature to ensure that they remained fit for use. Where people were prescribed medicines "as and when required" a protocol was in place to ensure that doses were given appropriately. People were supported to manage their own medicines if they wished to. All individuals wishing to self-medicate underwent a risk assessment to ensure they were able to safely manage the process independently.

Regular medicines audits were completed to identify issues, errors or trends that could be corrected to ensure the safe and appropriate management of medicines. The registered provider looked at people's medicines documentation every month and took swift action to address any concerns. However, the recent external audit carried out on 5 October 2017; by the pharmacy supplying medicines to the service raised a number of recommendations that had at the time of the visit not been addressed. For example, an observation of a high stock level of insulin for one person, homely remedies being part of the medicine policy but no homely remedies stored and the medicine fridge needed defrosting. The recommendations made in the audit were discussed with the registered manager and on the second day of the inspection we observed that action had been taken to carry out the recommendations made in the audit.

Staff had a thorough understanding of infection control practice. They described the measures that were

taken to ensure that the service was clean and free from the risk of infection. The service held a policy on infection control and practice that followed the Department of Health guidelines and helped minimise risk from infection. Staff followed safe procedures to manage soiled laundry to ensure the risks of infection were minimised. Guidance for staff on effective handwashing was displayed by wash hand basins. Staff washed their hands, used hand sanitizers and encouraged people to wash their hands after using the toilet and before meals. Protective Personal Equipment (PPE) such as gloves and aprons were readily available and staff wore PPE when appropriate. Systems were in place for the safe removal of clinical waste. As the staff took necessary precautions, people's risk of acquiring an infection were reduced.

People continued to live in a clean environment. People and their relatives told us that the service was cleaned daily and was maintained to a consistently high standard. Housekeeping staff cleaned surfaces and vacuumed throughout the day. Weekly and monthly cleaning schedules were in place for the communal areas of the service and people's bedrooms. These had been correctly completed and signed by staff.

The registered manager continued to ensure that the environment was safe for people. The premises had been assessed to identify risks and action taken to minimise these. The building had been made accessible for people with mobility difficulties. There was a lift to the upper floors and handrails fitted around the service. Bedrooms were spacious and clutter-free so people could mobilise safely. The bathrooms were equipped with aids to ensure people's safety. People moved around independently or with assistance from staff. The garden was accessible and secure for people to use safely. The safety of the water supply and temperature of the hot water was checked weekly.

Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Portable electrical appliances were serviced regularly to ensure they were safe to use. All hoisting equipment was regularly serviced. People's call bells were checked and regularly maintained. There was an effective system in operation for staff to report minor repairs that were required. The maintenance staff undertook repairs within a reasonable timeframe. Risks within the premises had been identified and minimised to keep people safe.

The service had an appropriate business contingency plan that addressed possible emergencies and people's temporary relocation to another local residential home. All staff were trained in first aid and fire awareness and fire response strategies were in place. Regular emergency fire evacuation practices took place and the fire alarm system was tested each week. All fire protection equipment was regularly serviced and maintained. People had a personal emergency evacuation plan based on their individual needs to tell staff how to evacuate them safely from the building in the event of an emergency. Staff knew what action they needed to take to respond to emergencies and keep people safe.

## Is the service effective?

### Our findings

Our observations showed that people were happy with the staff that provided their care and support. There were positive interaction between people and staff. People and their relatives told us that they were confident the staff were trained to meet their needs. People told us that their health needs were met. One person said, "I can always see a doctor if I need to". People told us that they enjoyed the food and had sufficient to eat or drink. One person said, "There is always a choice and I can ask for something different if I did not like what was on offer".

Each person's needs had been assessed before they moved into the service. This ensured that the staff were knowledgeable about their particular needs and wishes. The initial assessment led to the development of the support plan. Individual support plans were detailed, setting out guidance to staff on how to support people in the way they wanted. People's support plans contained detailed information about their care needs, for example, the management of the risks associated with people's dietary needs and the risk of falling. People's choices and preferences about their care were documented. The daily records showed that these were taken into account when people received care, for example, in their choices of food and drink. The cultural needs plan identified the support required by each person for example, if they needed support and wanted to attend Church. One person's plan said they used to attend Church but did not wish to anymore. Another person's plan highlighted the importance of prayer to them and included information about their specific religion.

Support planning and individual risk assessments were reviewed monthly or more frequently if required so they were up to date. There was good communication in the management of people's care between the registered manager and external professionals such as GPs and community nurses.

People received personalised care. They had been asked what was important to them and their support had been planned around this. People's care plans described how their dementia presented and in the way staff should respond to each individual. Detailed daily records were kept by staff. Records included personal care given, well-being, activities joined in and noted what people had to eat and drink during the day. Regular recordings were made throughout the day and night; ensuring communication between staff was good benefiting the care of each person.

People's wellbeing was promoted by regular visits from healthcare professionals. Staff enabled people to see their GP regularly as needed to promote good health. An optician visited people annually and a chiropodist visited every six weeks to provide treatment. People were supported to see a dentist when necessary. Where people required input from a healthcare specialist this had been arranged. Staff ensured that people's health appointments were made when they needed them and that they were supported to attend these. The outcome of health appointments was recorded within people plans so that staff knew what action to take. This showed that the registered manager continued to ensure that people's health needs were effectively met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 what any conditions on authorisations to deprive a person of their liberty were.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The purpose of DoLS is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. We discussed the requirements of the DoLS with the registered manager and care coordinator and they demonstrated a good understanding of the process to follow when restrictions needed to be used for people's safety. They had made applications to the appropriate authority as needed and followed the conditions set in any DoLS authorisations.

Staff understood how to support people who could not consent to their care or make their own decisions about their care and daily routines. Staff had completed training on the Mental Capacity Act (MCA) (2005), including Deprivation of Liberty Safeguards. The staff we spoke with had a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff told us that people are deemed to have consent unless assessed otherwise. 'Best interests' meetings had been held when a person lacked mental capacity to make a decision about refusing care to ensure they received the support they needed. Written consent had been sought and obtained from people in a variety of areas. These included photography for identification purposes and consent to their support plans.

People were provided with sufficient food and drink to meet their needs and had a choice of meals. This included vegetarian options and meals suitable for people with different cultural backgrounds, together with a range of specific health conditions, such as diabetes. There was a picture based food menu available to people. The chef ensured that they catered sufficient amounts to allow people to change their mind. Staff knew people well and knew what their likes and dislikes were. People were asked what portion size they preferred when the meals were served and were offered second portions. People were provided with adapted crockery where required, which ensured they could remain independent when eating their meal. Staff supported those who required assistance with their meal.

People at risk of poor nutrition were regularly assessed and monitored. People with special dietary needs were regularly assessed by external professionals such as dieticians. People's support plans showed that advice and guidance given by professionals was followed by staff. People were given the support they needed to eat their meals. Staff provided people with hot drinks when they requested them and offered tea and coffee regularly throughout of the day. Fresh fruit and individually wrapped snacks were available for people to help themselves to at any time of the day. Jugs of cold drinks were available in the lounges for people to help themselves. People living with dementia are often active and mobile and therefore may have an increased need for calories. Records showed people's meals were fortified with cream and butter where monitoring of their weight indicated they needed to increase their calories. People were supported to have sufficient to eat and drink.

Since our last inspection, records showed staff had undertaken training in all areas considered essential for meeting the needs of people in a care environment effectively. This helped staff keep their knowledge and skills up to date. Staff confirmed they had received a comprehensive induction and had demonstrated their

competence before they had been allowed to work on their own. New staff were required to complete the Care Certificate, which is an assessment based learning programme designed for all staff starting to work in care roles. Records showed that all essential training was provided annually, was current and that staff had the opportunity to receive further training specific to the needs of the people they supported. All staff had been trained in equality and diversity, valuing people and respecting differences. The provider employed a dementia care specialist who provided training and advice to staff. Staff talked positively about recent dementia sessions with the dementia specialist. Staff understood how to meet the emotional needs of people living with dementia, particularly when experiencing periods of confusion. Staff told us that they were provided with sufficient training to carry out their roles. Most staff had completed a relevant health and social care qualification. Staff were able to show that they applied the skills and knowledge obtained in training to their everyday practice, for example by following safe moving and handling procedures. This ensured that staff were skilled and competent to provide care to people.

Staff continued to have regular supervision meetings with the registered manager throughout the year. Staff said this was an opportunity to discuss their work and to identify any further training or support they needed. Supervision sessions and yearly staff appraisals for all staff had been undertaken or planned, in line with the provider's policy. Regular team meetings were held. Staff were able to contribute to meetings and to make suggestions of importance to them. Staff felt supported in their roles.

The premises met the needs of the people that lived there. There were sufficient toilets and bathrooms across the service for people to use. The registered provider had refurbished and modernised the bathrooms in the service, making them pleasant for people to use. There was adequate support rails and raised toilets to enable people to maintain their independence. Bedrooms were personalised and people had been able to bring items of furniture and personal belongings from home if they wished to. There were a number of shared areas around the service that people could use including three lounges, and three dining rooms. There was also a quiet lounge. The registered manager had provided cluster seating areas, which staff said allowed people to chat easily, rather than seating around the edge of the room. The décor of the premises had taken into account the specific needs of people living with dementia. Old pictures of pubs and buildings in the area were placed on the walls in the hallways along with famous faces from people's younger years. Staff told us that this presented opportunities of discussion as people moved around the service. The registered manager had furnished the ends of corridors to provide an interesting space rather than people reaching a dead end as they moved around the service. This included a library area and a garden themed seating area. A new area of a corridor just being completed is being called 'The London area'. The premises supported the needs of people living with dementia and promoted their independence.

Staff have created an enriching and self-stimulating environment, specifically tailored to meet the needs of people living with dementia. By providing both meaningful stimulation and occupation, this in turn reduces people's behaviours which can challenge staff. There was a focus on enabling people to stay connected with the community.

## Is the service caring?

### Our findings

People and their relatives told us that the staff were kind and compassionate and they said they felt well cared for. People said, "Overall the staff are pretty good, the majority you can have a joke or a laugh with", "Staff here would do anything for you – they are that good", "The staff are a good lot", "All carers are wonderful I can't praise them highly enough – they'll do anything – I don't know how they do their job", and "Some of the carers are really brilliant though some of the younger ones haven't got as much patience. There is good continuity of staff so it is pretty good".

We observed that people continued to be supported by caring staff that were sensitive in manner and approach to their needs. We saw that people looked relaxed, comfortable and at ease in the company of staff. Staff knew people well. The care people received was person centred and met their most up to date needs. People's support plans contained both life histories and social assessments. They had been compiled in conjunction with people and their families where possible and contained information staff could use to help build relationships. Staff knew about people's families, pets and people that were important to them and took time to ask them about them.

We observed positive interactions between people and staff. Staff had positive relationships with people that respected their individuality. Staff took time to chat with people during the day. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible, such as facial expressions or verbal. They gave people the time they needed to communicate their needs and wishes and then acted on this. Staff involved everyone in conversations. Staff showed care and affection toward people and enquired about their well-being. People's support plans identified their communication needs, for example, it was noted if a person had a hearing or sight problem. Staff understood that although people's cognitive skills were impaired many could still make everyday choices if staff gave them options and explained information in a way they could understand. At lunchtime information about meals was provided in a written and picture format, as well as staff talking to people about what choices were being offered.

Staff were caring and kind in their approach towards people and they were sensitive to each individual's needs, giving reassurance where needed and encouraging people. Staff understood how to provide compassionate care that met the specific needs of people living with dementia. When people became confused they took time to find out what the person needed and provided comfort and support. They sat with people and held their hand and allowed the chance to talk about how they were feeling. Staff recognised people's emotional needs and used friendly conversation to help them feel better.

People's right to privacy was respected. Staff knocked on people's bedroom doors, announced themselves and waited before entering. People had been asked how they preferred to be addressed, including whether they were comfortable with terms of endearment being used. Staff addressed people by their preferred names and displayed a polite attitude. People's records showed that they had been asked about their preference for a male or female member of staff for their personal care and staff knew who had particular preferences. Staff respected people's privacy and confidentiality. Staff ensured people's right to dignity was

maintained. However, it was brought to the attention of the registered manager that a person walking around in the dining room needed their clothes to be changed in order to maintain their dignity. The registered manager asked a member of staff to assist the person to their bedroom so that the person's dignity was maintained.

Staff understood how to meet people's cultural and religious needs, and staff told us there was always a staff person on each shift that was able to communicate with people living there with that had different cultural backgrounds. They had worked with people and their families to find out what was important to them. Staff were confident in describing how they met the needs of people from differing religions and backgrounds.

People were involved in decisions about their day to day lives and their care. People and their representatives had regular and formal involvement in care planning and risk assessment if they wished. Staff varied the way they presented information to people depending on their needs. Pictures were available to help people make choices from the menu and large print information about the service was available. Staff promoted people's independence and encouraged people to do as much as possible for themselves. Staff took care to provide care and support at an appropriate pace to meet people's needs.  
Is the service caring?

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which people used if they wished to. Records were kept securely so that personal information about people was protected.

## Is the service responsive?

### Our findings

People told us that the service was flexible and provided care that met their needs. One person said, "There is always something to do here". Another person told us, "We get asked about activities and changes to the menu". People and their relatives knew how to make a complaint if they needed to. They told us that they were confident that any concerns they raised would be taken seriously.

Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. The staff were able to tell us how they provided people with care that was flexible and met their needs. For example, they told us how they assisted people with physical care needs, emotional needs and their nutritional needs. They said they also supported people to be able to take part in activities in the community. The staff showed in discussion with us they understood people's dementia and how they impacted on their life.

The service continued to provide a wide variety of social opportunities for people. The service had an entertainment room, with a piano, bar, snooker table and comfortable seating with snack table. We saw some people using this space during the day. Outings were planned and advertised in the service. These included a trip to a garden centre to see Christmas displays, a Christmas boot fair and a trip to the National Battle of Britain Memorial. Photos were displayed around the service showing people enjoying community based activities. Staff told us that everyone had the opportunity to participate in community based activities as they were able to book wheelchair accessible transport for those that required it. People were supported to maintain their hobbies or develop new ones. One person was a keen gardener and enjoyed growing vegetables for the kitchen. Another person had a dedicated shed in the garden to develop their model railway. People were supported to be occupied in the way that met their preferences.

Staff continued to help people to stay in touch with their family and friends. For example, we observed relatives freely coming into the home to visit their family member throughout the day. Staff maintained an open and welcoming environment and family and friends continued to be encouraged to visit the home.

People were aware of the complaints procedure. It was displayed in communal areas for people and their representatives to view. The complaints policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. The deputy manager told us there had been no complaints recorded this year. However, the provider had systems in place to monitor the outcomes of any future complaints and learn from them. This took the form of regular audits, conducted by both the manager and a member of the provider's senior management team.

People told us they felt confident to raise any concerns and felt the registered manager would take them seriously. People told us they did not have cause to complain. Past complaints had been handled appropriately and responded to quickly. People's views were sought and listened to.

## Is the service well-led?

### Our findings

People told us they were satisfied with the service they received. One person said, "You only have to ask for something and it gets done, you don't need to see the manager you can tell anyone, and if they can't do it, it will be referred up to the manager if necessary, and it will get done". We were told that most staff had been at Abbeyfield Dene Holm for many years and there was little turnover in staff. One member of the care staff said, "I wouldn't come back here every day if I didn't love it".

The service continued to have a clear vision and set of values that were person centred. The registered manager had previously described their values for the service as, "It's a partnership between us, the residents and their families. We try and make it an extension of home for people, which means involving them (in the day-to-day running of the home)". The registered manager gave examples of this in practice. This included that the garden was managed by people in a way they wanted and for their own use. People with skills from their previous employment were also encouraged to participate if they wished. For example, one person was a retired painter and decorator and had assisted in the redecoration of the service. The registered manager had developed a positive person centred culture that ensured people were at the heart of the service.

People told us that the manager, and other staff, had an open door policy and it was always welcomed if people dropped in for a chat. Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "They (management team) are very supportive". We observed this practice during our inspection.

Staff told us they felt supported in their roles and that their views were sought and listened to. Staff told us that they could raise suggestions for improvement with the registered manager and that their ideas would be listened to. Staff were clear about their roles and responsibilities. There was a set of policies and procedures that were appropriate for the type of service, reviewed annually, up to date with legislation and fully accessible to staff. Staff were confident in their roles and knew what support people needed.

We found that the registered manager had continued to operate and monitor good quality assurance systems and used these principles to critically review the service. They completed weekly/monthly audits of all aspects of the home, such as medication, kitchen, personnel, learning and development for staff. The provider also carried out series of audits either monthly, quarterly or as and when required to ensure that the service runs smoothly, such as infection control. They used these audits to review the home. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. For example, they had completed manual handling risk assessments for each person living at the service. Systems for reviewing and improving the quality of the service were effective.

The provider continued to have systems in place to receive people's feedback about the home. Staff told us there was good communication between staff, people, relatives and the management team. Comments

received included, 'I was very impressed with the facilities offered and their (staff) warm, positive welcome', 'The family would like to say thank you and your wonderful staff for all you have done', 'Thank you so much for your care and devotion in looking after Mum', 'We both have nothing but appreciation and thank you for the attention, affection and even love shown by all concerned, much of which was above and beyond the call of duty'.

Residents' and relatives meetings were held. The minutes showed that they were able to contribute to the meeting and to make suggestions concerning their welfare and future service provision.

An annual customer satisfaction survey was carried out. The findings of the 2016 residents and relatives' satisfaction survey showed the feedback was positive from the people using the service and relatives of people who used the service. Everyone who responded said that they would recommend the service to other people.

The registered manager participated in meetings with other managers within the Abbeyfield Kent Society to exchange views and information that may benefit the service. Staff told us that the registered manager shared new and interesting practice information with them. Records indicated the registered manager worked with the local authority when appropriate to discuss how to keep people safe, and kept them involved in decisions concerning their safety and welfare. The registered provider understood their legal responsibilities and consistently notified the Care Quality Commission of any significant events that affected people or the service and promoted a good relationship with stakeholders.

The registered manager was proactive in keeping staff informed on equality and diversity issues. They discussed wellbeing, equality and diversity issues with the staff team regularly. We observed that the staff group were diverse from various ethnic backgrounds. Staff told us that they all worked well together as a team.

People's records were kept securely. All computerised data was password protected to ensure only authorised staff could access these records. People's care records were detailed and provided staff with clear information about how to meet their needs. Daily records of the care provided to people reflected the care required by their individual plan. The records were sufficiently detailed to allow the manager to monitor that people received the care they needed.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to the home and on their website.