Abbeyfield Society (The)

Abbeyfield House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 16 and 17 February 2017 and was unannounced. It was carried out by one adult social care inspector.

Abbeyfield House can accommodate up to 17 older people who require personal care. There were 16 people living at the home during our inspection.

A registered manager was responsible for the service. This 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.

Some improvements were required to ensure people's medicines were stored and administered safely.

People's care plans did not include specific guidance for staff on what people could do themselves, people's preferences and what support was required from staff.

People, their relatives and staff said the home was a safe place for people. People spoke highly of the care they received. One person said, "I feel very safe here." Systems were in place to protect people from harm and abuse and staff knew how to follow them.

People were supported by a sufficient number of staff to keep them safe. Risk assessments had been carried out and they contained guidance for staff on protecting people. The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People were complimentary about the food provided and had access to nutritious home cooked food. One person told us, "The food is very nice here." People told us they had access to enough food and drinks.

Staff had enough training to keep people safe and meet their needs; the registered manager had plans in place where staff required refresher training in some subjects.

There was a stable staff team at the home. Staff were kind and caring. They had a good knowledge of people's care needs. People received support from health and social care professionals.

People were involved in decisions about the running of the home as well as their own care. People knew how to make a formal complaint if they needed to but no one had needed to.

There were organised activities and people were able to choose to socialise or spend time alone. People and relatives felt able to raise concerns with staff and the manager.

Staff felt well supported by the registered manager and felt there was an open door policy to raise concerns. People and relatives were complimentary about the registered manager, deputy manager and staff; they said they had a good open relationship with them.

There were systems in place to share information and seek people's and relatives views about the care and the running of the home.

There were quality assurance processes in place to monitor care and safety and plan on-going improvements. These processes were not fully effective in identifying the shortfalls we found during our inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

People's medicines were not always administered and stored safely and securely.

People were protected from abuse and avoidable harm. Risks were assessed and managed well.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff recruitment was managed safely.

Is the service effective?

Good

The service was effective.

People made decisions about their lives and were cared for in line with their preferences and choices.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Staff had a good knowledge of each person and how to meet their needs. They received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

People told us they were supported by caring staff.

People were supported by staff who knew them well.

People were able to make decisions about how they spent their day.

People were supported by staff who understood the importance of privacy.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

People's care plans did not always contain enough detailed and clear guidance that would enable an unfamiliar staff member to support them.

People were involved in planning and reviewing their care. People received care and support which was responsive to their changing needs.

People shared their views on the care they received and on the home more generally. Their views were used to improve the service.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

Systems were in place to monitor and improve the quality of the service for people. The systems were not fully effective at identifying all of the shortfalls in the service.

People were supported by staff who felt able to approach their managers.

People were supported by staff who were aware of the aims of the service.

Abbeyfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 and 17 February 2017 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection we looked at the information we held about the home. This included notifications we had received. A notification is information about important events which the provider is required to send us by law. We reviewed previous inspection reports. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We requested this information during our inspection. We also obtained the views of service commissioners from the local council who also monitored the service provided by the home.

During the inspection we spoke with five people and one relative about their views on the quality of the care and support being provided. We spoke with the registered manager, the deputy manager and six staff members including the cook and the general assistant. We looked at documentation relating to three people who used the service, three staff recruitment and training records and records relating to the management of the service. Following the inspection we spoke with a further three relatives and requested feedback from a health professional who visited the service.

Requires Improvement

Is the service safe?

Our findings

Some aspects of the service were not safe.

Some improvements were needed to make sure people's medicines were always received safely.

We observed medicines being administered by a senior member of staff. On two occasions the staff member left the medicines trolley open in the corridor whilst they were administering people's medicines in people's bedrooms. This meant during this time the medicines were not stored securely. We discussed this with the staff member who told us they left the trolley open because we were present. We responded by telling them they should administer the medicines as if we were not present. Following this the senior staff member locked the medicines trolley during the medicines round.

Medicine Administration records (MARs) included information on why medicines were needed. We observed staff left some people's medicines with them in their bedrooms. The senior staff member told us they would go back later to check the medicines had been taken. We noted the staff member signed the MARs before ensuring the person had taken the medicines. This meant if the person did not take their medicines the records would not be accurate. We discussed this with the staff member who told us they knew people well and they were sure they would take their medicines. We also discussed this with the registered manager who told us they would ensure all staff administered medicines before signing to state they had been taken.

We also found senior staff were taking medicines trolley keys and the home keys home with them after their shift. There were no risk assessments in place ensuring the security of the keys during this time. This meant there was a risk the keys could be misplaced and there could be unauthorised access to the home and people's medicines. Following our inspection the registered manager confirmed they had stopped staff taking the medicines keys home.

People had medicines prescribed by their GP to meet their health needs. People told us they were happy with the way staff supported them with their medicines. One person told us, "They deal with that, I'm happy with that" another commented, "They sort my tablets, its fine."

Some people managed their own medicines. We saw there were risk assessments in place to ensure this practice was safe. MARs included accurate records of people's medicines. Medicines were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. We checked the medicines stock for four medicines which were accurate.

Staff received medicine administration training and the registered manager told us they completed competency checks before staff were able to give medicines to people. However, whilst we found records of staff training we found there was no record of the competency checks on staff. We discussed this with the registered manager who told us they would arrange for competency checks to be carried out and recorded on all staff involved in medicines administration. Following the inspection the registered manager confirmed they had completed medicines competency checks on staff responsible for administering

medicines.

Where people had radiators in their bedroom we saw they were covered with radiator covers or made inaccessible by furniture. This ensured people were not exposed to the risk of burns. We observed some of the radiators in the communal areas did not have radiator covers on them. We discussed this with the registered manager who confirmed they had never had any incidents of people burning themselves on the uncovered radiators. However the registered manager arranged for covers to be fitted to them and also put immediate measures in place to eliminate the potential risk of someone accidentally burning themselves.

We tested the water temperatures in three bedrooms and a communal bathroom and all of the temperatures were over 44°C. High water temperatures (particularly temperatures over 44°C) can potentially create a scalding risk to vulnerable people. We discussed this with the registered manager who showed us a risk assessment they had in place for hot water in rooms. This was a generic risk assessment and had measures in place to reduce risk such as 'hot water' signs were displayed over sink, which we saw during the inspection.

The registered manager confirmed they hadn't had any incidents of scalding in the home. They also put immediate measures in place to reduce the risk of this happening. Following our inspection the registered manager confirmed all of the hot water taps would have thermostatic mixer valves installed to regulate their temperature to ensure they remained within a safe range.

There were risk assessments relating to the running of the service and people's individual care. Where there were individual risks to people's personal safety these had been assessed and plans were in place to minimise these risks; such as when people smoked, were at risk of choking and the risk of falls. Risk assessments included measures for staff to follow to keep people safe. The staff we spoke with were aware of the measures in place to reduce risks.

The registered manager told us where people needed well-fitting slippers; the home offered these free of charge. They told us how this had specifically improved one person's comfort and mobility. They also regularly checked people's walking sticks and frames and replaced the end caps free of charge. This meant people were supported to mobilise safely.

There were plans in place for emergency situations. People had their own plans if they needed to be evacuated in the event of a fire. The home's emergency plans provided information about emergency procedures and who to contact in the event of utilities failures. The registered manager and a senior manager were 'on call' each day so that staff were able to access extra support or advice in an emergency.

People told us they felt safe at Abbeyfield House. One person said, "Oh yes I feel safe here." Another commented, "I have never witnessed anything that concerns me." People's relatives told us they had no concerns about the safety of their family members. Each thought it was a safe place. They would be happy to talk with staff if they had any worries or concerns. One relative said, "[Name of relative] is definitely safe." Another commented "[Name of relative] is very much safe there."

Staff also felt people were safe. One staff member said, "They are absolutely safe here." All staff spoken with were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. They were also aware they could report concerns to other agencies outside of the organisation such as the local authority, the police and the Care Quality Commission. One staff member said, "I would report anything to my line manager and am

absolutely 100% confident it would get dealt with." The home had a policy which staff had read and there was information about safeguarding and whistleblowing available for people, staff and visitors. One staff member told us, "I am aware of the policy am confident to use it although I have never had to." This meant people were supported by staff who knew how recognise and respond to abuse.

People were supported by a sufficient number of staff to keep them safe. People told us they were supported by enough staff to meet their needs. One person commented, "There are enough staff." Another said, "You just have to use your bell and they come." Relatives also told us there were enough staff available to meet people's needs. Comments included, "There are enough staff there is always someone around" and "There have never been any problems with staffing."
Staffing levels were determined based on people's needs. These were kept under review by the registered manager to ensure they remained safe and effective. The staffing rotas we looked at showed consistency in both staff working and in staffing levels. During our inspection we observed there were enough staff available to meet people's needs.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Staff had to attend a face to face interview and provide documents to confirm their identity. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. References were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained. This ensured staff were suitable to work in the home.

Good

Is the service effective?

Our findings

The service was effective.

There was a stable staff team at the home. Staff had knowledge of each person's care needs. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. People told us they thought staff had the right training and skills to meet their needs. One person told us, "The staff are very good here, they know what they are doing." A relative commented, "The staff know [Name of relative] well and are good at meeting their needs. They are very good and very attentive."

Staff received a range of training to meet people's needs and keep them safe. Staff told us their induction was thorough when they started working at the home, although this was several years ago. They felt the induction had prepared them to care for people in the home. One staff member said, "It was good but a long time ago." There was a very low turnover of staff but the induction programme for any new staff was linked to the Care Certificate. (The Care Certificate standards are set by Skills for Care to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support).

Staff felt they had enough training to keep people safe and meet their needs and they told us the training had recently improved. One staff member said, "It's informative and I am up to date with everything." Another commented, "You can discuss training with [Name of registered manager] and they will arrange it." All staff received basic training such as first aid, fire safety, moving and handling and infection control. Staff had also been provided with specific training to meet people's care needs, such as dementia care, end of life care and nutrition and hydration. Staff described their dementia training as, "A really good insight into what it must be like to live with dementia, the best dementia training I have ever done" and "A real eye opener, you get to see things from the perception of a person with dementia."

We looked at the provider's training records which identified some staff required updated training in some subjects. We discussed this with the registered manager who demonstrated they had plans in place for staff to attend the required training sessions.

Staff told us they had formal supervision and an annual appraisal (meetings with their line manager to discuss their work) to support them in their professional development. The registered manager told us their policy was to provide staff with supervision every six to eight weeks. Records demonstrated staff were not receiving supervision as frequent as this, however staff felt supported and able to approach managers at any time to discuss concerns and they could request a supervision if they wanted one. One staff member told us, "We have lots of informal supervisions but they are not always written down." Another commented, "We don't necessarily have them very often, but we can request them whenever we want." We discussed this with the registered manager who told us they would look at delegating some of the supervision responsibilities to the deputy manager. They said this would enable them to complete and record supervisions in line with their policy.

People made their own decisions. They chose what care or treatment they received and gave their consent

when care was provided by staff. We heard staff asking for people's consent before they assisted them on both days of our inspection. One person said, "I can do what I want here and they respect my choices."

The registered manager and most of the staff we spoke with had an understanding of the Mental Capacity Act 2005 (the MCA). They knew how to make sure if people did not have the mental capacity to make decisions for themselves, their legal rights would be protected. One staff member however commented they thought they could do with a refresher training to remind them of the principles of the Act because their training was some time ago. The registered manager confirmed they would arrange some refresher training in the subject.

The 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. Any restrictions placed on people should be regularly reviewed. No one living at the home lacked capacity. No decisions had been made on people's behalf.

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 any conditions on authorisations to deprive a person of their liberty were being met. We found that people had chosen to live at Abbeyfield House and would leave if they wished to. This meant people were not being deprived of their liberty.

People and their relatives told us they were happy with the food provided. One person told us, "I am a fussy eater and they try their best to please me." Another commented, "The food is brilliant, really lovely, it's like a hotel." Comments from relatives included, "The menu looks great and [Name of relative] always says the food is lovely" and "The food is excellent, they provide good meals."

People's nutritional needs were identified and monitored as part of the care planning process. There was only one meal option on the menu each day and the meal options were based on feedback from resident's meetings. The staff spoke to people on a daily basis to inform them what was on the menu and see if they were happy with the option. The cook said if people did not like what they had on the menu they would cook an alternative from the various options they had. One person confirmed this commenting, "If you don't like what is on the menu you can ask for an alternative and they will cook it for you." One person told us they would like to have traditional food relating to their country of origin on the menu more often. We discussed this with the cook and the registered manager who told us they would arrange this for the person.

There was a list of people's likes, dislikes, preferences, allergies and dietary needs available in the kitchen. The cook told us this was documented when people moved to the home. We saw one person didn't like a specific vegetable which was on the menu; we observed their meal contained alternative vegetables. This meant people's preferences and dietary needs were considered.

We saw the lunchtime meal being served in the dining room on both days of our inspection. Staff reminded people it was lunchtime. Staff did not rush anyone, encouraged them to be as independent as possible, but were on hand to assist people when required. People sat at tables which were nicely laid and each had condiments for people to use. People had a choice of drinks including a range of alcoholic beverages. The meals were made from freshly prepared ingredients and they looked nutritious and appetising. There was a relaxed atmosphere during lunchtimes; we saw they were pleasant, sociable events.

People's health care was well supported by staff and by other health professionals. People's care records showed referrals had been made to appropriate health professionals when required. When a person had not been well, we saw the relevant healthcare professional had been contacted to review their condition. One person told us, "If I am unwell they get the doctor for me, they are very concerned if you are not well and do what they can." A relative commented, "The contact the doctor straight away if [Name of relative] is unwell and keep us up to date." This meant people's healthcare needs were being met.

Good

Is the service caring?

Our findings

The service was caring.

Each person spoken with said staff were very kind and caring. People praised the way staff cared for them. Their comments included; "I can't fault them, they are lovely. They treat you very well", "They are excellent, every part of the day they are caring. Anything you want they will get it for you" and "The staff are caring, they always help you."

Relatives also commented positively about the staff. Their comments included; "The staff are wonderful, fantastic, we are so happy and so is [Name of relative]", "They are caring, friendly staff" and "We are very happy with the staff, they are very caring."

Staff had built trusting relationships with people and they knew them well. Some people had come for short respite stays before deciding to move in permanently. This had helped staff get to know them. One person said, "They know me inside and out." A relative told us, "They know [Name of relative] well and all of their little quirks."

Throughout both days of our inspection staff interacted with people who lived at the home in a caring way. There was a good rapport between people and staff. Staff talked positively about people and were able to explain what was important to them such as family members, taking time when supporting people, people's past histories and spending one to one time with them. People's care plans included their life history. This provided personal information relating to the person's previous occupations, hobbies and family details. Information such as this is important when supporting people who might have memory loss. The staff we spoke with had a good knowledge of this information.

People chose what they wanted to do and how and where to spend their time. Some people chose to stay in their rooms; others chose to spend time in the lounges. One person told us, "I prefer to spend time in my room, they ask me if I want to go downstairs which I do sometimes, it's my choice." One staff member said, "People choose what they want to do, it's their home and they are free to come and go as they choose."

People told us their independence was respected; they liked to do as much as they could for themselves. One person said, "I do what I can for myself and they help me with what I can't do." Another person told us, "They are there for you if you need them." Staff encouraged people's independence. They saw their role as supportive and caring but were keen not to disempower people. One person told us how they helped out by folding the napkins for mealtimes and did some of their own laundry, they told us they, "Liked to do their bit."

People felt staff respected their privacy, one person told us, "They always knock on my door and support me in a respectful way. I get on with all of them." Another commented, "They are respectful and knock on my door."

We observed staff treating people with dignity and respect. For example, knocking on bedroom doors before entering and asking people if they wanted their support. We also observed staff using a 'dignity' screen whilst they were supporting one person, this ensured the person received the support in private. Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, closing doors and curtains and explaining what they were doing. One staff member said, "I support people how I would want to be supported myself." Staff had an understanding of confidentiality; we observed they did not discuss people's personal matters in front of others.

One of the staff members had been nominated as a dignity champion. They told us this role involved raising awareness of the importance of dignity with staff through training and staff meetings. They also encouraged people and relatives to raise any concerns. This meant people were supported by staff who understood the importance of treating people with dignity and respect.

The provider ensured people were given information about the service so they knew what they could expect. People were provided with a 'welcome pack' when they first moved into the home. This described the care people could expect, medicine procedures, health care support, the provider's complaints procedure and information about mealtimes and leisure and social activities. The packs also included change address cards for people to use. This ensured people had relevant and useful information about the home to enable them to settle in.

We looked through a file containing a number of thank you cards from relatives. We saw positive comments from relatives giving feedback on the service. These included, "Thanks to all your staff you have a wonderful team" and "Thank you for all taking such good care of [Name of relative]."

People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. One person told us, "My family can visit at any time." One relative commented, "We can visit any time, 24 hours we are always welcomed and have never been made to feel awkward." During our inspection we observed visitors coming to the home throughout the day. There was a visitor's signing in book in reception so the staff knew who was in the building in case of an emergency.

Requires Improvement

Is the service responsive?

Our findings

The service was not fully responsive.

Each person had a 'daily care plan' that was personal to them. These included information about people's care needs such as their mobility, personal care needs, diet and medication. We found the daily care plans did not contain easily assessable and detailed information to enable an unfamiliar member of staff to support the person. For example, where people required support with personal care the care plans made generic quotes such as 'needs an assisted shower once a week' and 'needs assistance with washing, dressing and undressing'. The care plans did not give specific guidance on what people could do themselves, people's preferences and what support was required from staff. Care plans did not include a section relating to how people communicated or their continence needs. This meant there was not detailed guidance for staff relating to how they should support people.

We discussed the support people required with staff and they were able to describe in detail how they supported people in line with their needs. Whilst staff were aware of the needs of people, the information would not be available if regular staff were unavailable to support people. However, the registered manager and staff confirmed they did not use agency staff and their shifts were covered by the permanent staff team which meant they had a stable and consistent staff team.

We noted one person had experienced four falls within four months and staff told us the person was prone to falls due to a health condition. The person's mobility section in their care plan did not make reference to the person's recent history of falls. Whilst their life history section made reference to their health condition this was not included in the daily care plan. The registered manager told us the falls also related to the person's blood pressure and we saw regular checks were taken by the staff. However, again there was no reference to this in the mobility section of the care plan. This meant there was not clear guidance in the care plan around how staff supported the person to reduce and prevent falls. The registered manager told us there was a risk assessment in place relating to falls and that this had been recently removed because they considered the risk of falls had reduced. We also saw there was a record of falls and actions taken in the care plan. We noted appropriate action had been taken in response to the falls for instance health professionals being contacted.

Staff recorded information about each person during each shift. These records included information about specific aspects of the person's care. We found these records included detailed information about people's current and changing needs. For example, where one person was experiencing increased confusion there were detailed records relating to their changing needs. However, we found this information was not being transferred into the daily care plan with guidance for staff on how to support the person. Whilst the staff we spoke with were able to describe how they supported the person, there was not clear guidance in the care plan around how staff should support them when they were confused. It is a legal requirement for accurate records of care and treatment provided to be kept in relation to people's needs.

We discussed the care plans with the registered manager and showed us a care plan template they had to

replace the current daily care plan. The template covered aspects of a person's care, what they could do themselves and what support was required from staff. Following our inspection the registered manager sent us an action plan stating each person would have a new format care plan in place by the end of March 2017.

People told us their care was discussed with them. People knew the home kept records about them but people had little interest in them. One person said, "They deal with that, I know it's there and I am happy with their support." Staff had a very good knowledge of the people who lived at the home and were able to pick up if people needed any changes in their care.

People said enough activities and outings were arranged. They could choose to join in or not; there was no pressure to do so. Some people preferred to spend time in their room and occupy themselves. One person who chose to spend time in their room told us, "I've got to have my paper and I am happy with that, they make sure I have it every day." Other comments included, "There are enough activities going on" and "There are regular trips out for coffee and lunch."

The registered manager told us how they linked with local groups such as the Alzheimer's society and offered for people living in the community to access the home for activities, meals and to participate in the trips out.

There were a wide range of activities available for people to participate in. These included bingo, reminiscence and external entertainers coming in to facilitate music for health sessions. We also saw the registered manager had arranged an animal handling experience for people living at the home. One relative told us how the home supplied word searches and puzzles to encourage stimulation. We observed people completing these during our inspection. This meant people were supported to be involved in a range of activities to meet their needs.

People said they would feel comfortable raising a concern if they needed to. One person told us, "If I was unhappy I would speak to [Name of registered manager] we get on famously well here there are no problems." Another commented, "I would speak to [name of registered manager] or [Name of deputy manager] and they would put it right." Relatives told us they felt able to raise concerns with the registered manager directly and they were confident they would be listened to. Records showed there had been no formal complaints from people and their relatives relating to the service in the past year.

People told us they attended resident's and relative's meetings and felt they were listened to. One person told us, "I go to the resident's meetings, you get to talk about any changes you would like and they ask you if you're ok."

Resident's meetings had been held for people to raise concerns and receive information relating to the service. We saw records of these meetings and they covered items such as activities, how people wanted to spend their time, recent festive celebrations and any suggestions people would like to raise. Minute's demonstrated people's views were sought and action points were set as part of their feedback. For example, we noted in a meeting the residents raised they were not always sure who their nominated key worker was. A key worker is a nominated staff member who is responsible for overseeing specific aspects of a person's support. In response to this staff had spoken to people and enquired if they would like photographs of their keyworkers in their rooms. During the inspection we saw pictures of people's keyworkers in their rooms and one person commented they found this useful to remind them. This meant people were able to express their views and be involved in the running of the home.

Annual satisfaction surveys were also used to gain feedback from people using the service and their

relatives. The survey included people's views on areas such as staff, their support, the environment, the food and activities. We saw where people and their relatives offered feedback action was taken by the registered manager. For example, one person raised concerns relating to the carpet in their room; the carpet had been arranged to be replaced. This meant the service listened and responded to people's concerns.

Requires Improvement

Is the service well-led?

Our findings

Some aspects of the service were not well led.

The registered manager and provider had a range of audits and checks in place to identify where there were shortfalls in the service and note any improvements required. These included checks on the environment, equipment, falls analysis and infection control. The registered manager told us they completed monthly checks on the medicines systems and care plans, however not all of these checks were recorded.

We found the audits did not identify all of the shortfalls we found during our inspection, such as the hot water temperatures, the absence of some of the radiator covers and lack of information in care plans. This meant the quality assurance system was not fully effective.

We discussed this with the registered manager who following the inspection sent us an action plan and list of audits they would be completing and their frequency. They also confirmed they were recording the outcomes of the audits and any required action.

The business manager who was a senior manager employed by the provider also visited the home to complete audits; these included a quality monitoring audit, fire safety audit and the home's disaster recovery plan. They told us they monitored the home through residents and family meetings, reviewing complaints and meeting with the registered manager on a monthly basis. The registered manager told us they were supported well by the business manager.

The registered manager had worked at the home for a number of years. They were a registered nurse and they kept their skills and knowledge up to date by on-going training. They also told us they attended the local authority provider forums to keep up to date with any changes and new initiatives. The registered manager was supported in the home by a deputy manager and a small team of senior staff.

People and relatives spoke highly of the registered manager. One person said, "We get on fantastically well." Comments from relatives included, "[Name of registered manager] is fantastic, always welcoming, lovely with everyone a real gem" and "[Name of registered manager] is wonderful, very approachable and they want the best for the residents."

All staff spoken with liked and respected the registered manager. One staff member said, "[Name of registered manager] is compassionate and so supportive to everyone. They go above and beyond with the time and energy they put in." Another commented, "They are a brilliant manager good to the staff and residents, very supportive and approachable." The registered manager maintained a regular presence in the home, working alongside the staff and observed their practice. This gave them an insight into how people's care needs were being met and the on-going support and training staff needed.

Staff commented positively about the team culture at Abbeyfield House. Comments included; "I love working here, it's the best place I have worked for support", "I love my job we are like a big family" and "We

all work well together and get on amazingly well." This meant people were supported by staff who were motivated and positive about their work.

The key aims of the service were described in the home's statement of purpose. One of the service's key aims was to "Ensure residents have the opportunity to make choices about all aspects of their lives and retain as much control as possible over their own affairs." Another identified aim was, "Residents will be treated with respect and the care they receive will promote their privacy and preserve their personal dignity." Staff told us the vision for the service was, "To make sure everyone is happy and that we meet everyone's needs. We treat people with dignity and ensure everyone has choice" and "We strive to give good quality care and people to choose what they want to do. It's their home and their choice." This meant staff were aware of and shared the vision for the service.

Staff meetings were held which were used to address any issues and communicate messages to staff. One staff member told us, "We can discuss any issues and have open discussions." Another staff member said, "We talk about the residents, any changes and how we can improve things." This meant people were supported by staff who were able to voice their concerns and opinions and felt listened to. Meeting minutes demonstrated areas covered in the meetings included; safeguarding, medicines, dignity in care, training, health and safety and staff responsibilities.

The home had notified the Care Quality Commission of all significant events such as deaths and serious injuries which had occurred in line with their legal responsibilities. This meant that we were able to build a full and accurate picture of incidents that had occurred in the service and ensure the correct action had been taken.