

Aspects 2 Limited

Abbeymead Lodge

Inspection report

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Date of inspection visit:

13 September 2018

14 September 2018

Date of publication:

18 October 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Abbeymead Lodge is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were eight people living at the home at the time of our inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence that the service had progressed in developing people's personal growth and empowerment. The management continually demonstrated how they reviewed their systems and care practices to ensure people received high quality care. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. At this inspection we found the service improved to outstanding.

Why the service is rated Outstanding:

Feedback from people's relatives was overwhelmingly positive. They complimented the caring nature of staff and felt that the service was well-led. They praised the approach of staff and stated that they felt their relatives were safe living at Abbeymead Lodge. The strong leadership team ensured that the values and vision of the service were embedded in the care practices of staff. The management team had strong emphasis on driving improvement and improving the quality of people's lives. All health care professionals who contacted CQC about the service acknowledged the consistent dedication and approach of staff.

People's needs had been assessed and their support requirements and preferences were recorded in detail to provide staff with the guidance they needed to support people. Staff had a continuous approach and a healthy balance of supporting people to understand the potential risks linked with their activities such as being in the community independently without being risk averse or impacting people's confidence and anxiety about being independent. People were continually reassured and praised for their achievements. The staff approach focused on people's individual needs and how to maximise their potential and personal growth. Staff used innovative ways to obtain people's consent to care. 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. People were supported to maintain relationships with people who were important to them. Staff ensured people's human rights and diverse needs were supported.

Effective systems were in place to manage people's medicines so that they received them safely and on time. People were supported to access health care services and to maintain a healthy lifestyle. Health care professionals complimented the responsiveness and caring nature of staff.

Sufficient numbers of staff were available to ensure people's well-being and for them to safely be involved in activities. New staff were suitably vetted and trained before they supported people. Staff had a good understanding of people's needs and had been trained to carry out their role. Staff consistently praised the support they received from the management team. They told us they felt supported and trained and had access to the information they needed to support people. They understood their responsibility to report concerns and poor practices.

The service had an open and progressive culture to improve the quality of lives for people. The focus of the home was to ensure that people's individual and diverse needs and their human rights were valued and respected and at the centre of the care being delivered. Systems were in place to identify shortfalls in the service and drive improvement. The managers learnt from their own and other provider's mistakes and reviewed their processes to ensure their practices were current. The home valued people's and their relative's feedback to ensure people consistently received high quality care. Any concerns identified were quickly addressed.

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?

Outstanding ☆

The service remains Outstanding.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding

There was clear evidence that people received personalised care in innovative ways which empowered people to personally develop in their well-being and independence.

People had been consulted and their views were valued.

Staff had an exceptional understanding of people's needs which was complimented by health care professionals.

Processes were in place to ensure people would receive care which was dignified and compassionate at the end of their life.

Systems were in place to address the concerns of people and their relatives.

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding.

The managers had demonstrated innovative ways of empowering people to become more independent and be involved in the management of their care and the running of the home.

The culture of the home was to drive improvement and learn from mistakes. There was evidence of consistent robust quality monitoring and feedback from people and stakeholders to

ensure people received high quality care.

The leadership of the home was strong which provided staff with a role model of excellent care practices.

Abbeymead Lodge

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.

This inspection took place on 13 and 14 September 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke with the registered manager, home lead and four care staff as well as chatting informally to several people who live at Abbeymead Lodge throughout the inspection. We also spoke with four relatives by telephone and received feedback from five healthcare professionals about the service.

We reviewed four people's care records as well as records relating to the management of medicines, complaints and how the registered persons monitored the quality of the service. We also looked at staff records relating to their professional development and recruitment.

Is the service safe?

Our findings

At our last inspection in October 2015, we rated this domain as Good. At this inspection we continued to find that people remained safe and were protected from abuse and avoidable harm.

There was a strong culture in the home for people to sustain and improve their levels of independence. Staff and people had worked together to identify areas of their life which they wanted to become more independent in. Staff had developed a healthy balance of supporting people to understand the potential risks linked with their activities such as being in the community independently without being risk averse or impacting people's confidence and anxiety about being independent. The home lead explained that they recognised the importance of taking slow steps in informing people of potential risks and giving them the skills, confidence and resources to manage any potential dangers when people were carrying out activities independently.

Records showed that accident and incidents were well recorded, reviewed and actions were taken to help prevent further occurrences. Staff had recorded all accidents or incidents where people had exhibited behaviours that had challenged themselves or others. There was evidence of robust investigations and learning from mistakes to ensure people remained protected and safe and actions had been taken when failings had been found. For example, staff reflected on an incident relating to the behaviour of one person. Records demonstrated that staff had discussed how the incident was managed in relation to the person's care plan. They reviewed and updated the care plan and their care practices to help prevent further incidents.

Sound and robust medicines management processes were in place. Staff responsible for administering and managing people's medicines were trained and their knowledge was regularly observed and assessed by the home lead. Detailed protocols were in place for people who were prescribed medicines 'as required'. The protocols provided staff with the information they needed if people required their medicines. Staff had worked with the pharmacist to introduce a new storage and records system. The storage temperatures and each person's medicines stock balance was checked daily to eliminate the risk of medicines errors.

Information about people's prescribed medicines and how they preferred to take their medicines was recorded. Easy read information about people's individual medicines had been provided so people could understand the reasons for taking their medicines. We heard staff asking/or reminding people about the reasons and importance of taking their medicines when administering their medicines. There was good evidence that people had been consulted about their involvement of the management of their own medicines. One person came to the home's office and asked for their medicines. They were supported to take the medicine out of the container and were reminded of the reason the medicines had been prescribed. The person was then supported to sign the MAR sheet in the correct box which was double signed by the staff member. The person then drew a smiley face on a chart to show other staff that they received their medicines.

The home was clean, homely and free from offensive odours. People were supported by staff to help clean

their bedrooms and manage their laundry. Regular checks were carried out to ensure the building and equipment associated with people's care were maintained and serviced. Each person had a detailed personalised emergency evacuation plan in place. There was evidence that people and staff were involved in regular fire drills. Records showed there were regular safety checks of the building and equipment used to support people.

Risks associated with people's physical and emotional needs were managed well. Individual risks relating to their health, emotional well-being and support requirements had been identified and assessed. Management plans were in place, which gave staff guidance on people's level of risks, their support needs and the actions staff should take to help mitigate these risks. For example, care records provided staff with direction on how to support people who were at risk of choking. The guidance was comprehensive, personalised and provided staff with the guidance they needed to support people. The home lead provided examples of how they had monitored people's wellbeing and medicines which helped healthcare professionals make an informed decision about changes on people's medicines. The home had formed strong links with the local GP and pharmacist who carried out annual reviews of people's medicines.

People were kept safe from risk of abuse or harm. Staff told us they had received safeguarding training and were aware of the different types of abuse. They were clear of the provider's safeguarding procedure and their responsibilities to report any suspicions of abuse and whistle blow if they had any concerns about quality of care. One staff member explained, "I would always report any concerns to (home lead) and the managers and even go to CQC if needed." Easy read policies and posters of how to recognise and report concerns were available for people to read around the home. The home lead was aware of their responsibilities to report any safeguarding concerns to the relevant safeguarding agencies and CQC.

People were supported by suitable numbers of staff who were trained to meet people's needs. Staff helped to cover any staff absences to ensure people were supported by a consistent and familiar staff team. Additional staff were made available if people needed support with activities in the community. The home lead, registered manager and staff from the adjacent home of the provider were also available if people needed additional assistance. Relatives praised the staff team and commended the home for retaining a continuous staff team. One relative said, "The staff team at Abbeymead Lodge are great. They are reliable, conscientious and know all the residents really well – that makes such a difference."

People were protected from being cared for by unsuitable staff because there were robust recruitment processes in place. Records showed that necessary employment, criminal and medical checks had been carried out to ensure people were supported by staff of good character. People's views about the staff who supported them were valued. The home lead told us that people were frequently involved in the selecting and recruitment of staff to ensure people felt comfortable and compatible with potential new staff.

Is the service effective?

Our findings

At our last inspection in October 2015, we rated this domain as Outstanding. At this inspection we found that people continued to receive an outstanding level of effective care based on current best practices and consent to care. The service continued to find ways of working successfully with people to promote personal growth and independence. Without exception, relatives praised the dedication and skills of staff and the progress that people had individually made in their confidence and independence. People continued to receive an outstanding level of effective care based on current best practice for people. Staff knew the people they worked with exceptionally well and involved them in decisions about their care and support throughout their interactions, greatly enhancing their quality of life. The managers were proactive in seeking national guidance to ensure the staff practices were current. For example, up to date and easy read information about how to protect yourself during the recent heatwave was made available to staff and people. Staff supported people to use technology such as computers, mobile phones and devices to maintain contact with their families and carry out searches and games on the internet. Without exception, people's relatives expressed the upmost confidence in the staff team and management of the home. They all felt that staff understood the needs of their family members well and were trained well.

The management structure of the home ensured people received continued and effective care and staff had the support they needed. The registered manager had a good understanding of people's needs and the running of the home and was supported by the home lead who was responsible for the day to day management of the home. Staff praised the support and training they received. We received comments from staff such as, "I feel supported fabulously"; "I could go to them (managers) with anything. We have a lovely support network here" and "I have worked in the care sector for many years and you couldn't improve on the level of support we get here – both the residents and us staff." They told us their training and support allowed them to continually develop professionally in an environment which was supportive and proactive in seeing the potential in people and staff. Staff records showed that staff received regular, personalised and comprehensive supervisions and annual appraisal with the aim to improve care practice and the quality of care being delivered. The home lead invested time in their staff to ensure they had a good understanding of people's needs and expected standards of care.

Staff had been supported to develop an excellent understanding of the needs of people. New staff attended a corporate induction programme which included training, shadowing experienced staff at the home and elements of the care certificate. Staff care practices in relation to the care certificate were observed, assessed and signed off by the home lead once they felt staff could demonstrate sound care practices. Records showed that all staff had received mandatory training in health and social care subjects. Staff had also received additional training to help them be competent and informed in their care practices such as nail care training and dysphagia. Staff were encouraged and supported to professionally develop and undertake national qualifications in health and social care.

The skills and competencies of staff were regularly checked to ensure they were knowledgeable. For example, the home lead ensured that staff were competent and fully informed of people's individual support requirements such as the care and management of one person who experienced seizures. Where

appropriate, people were involved in staff training to help staff understand their needs. For example, one person drew a picture about their experience of having a seizure and shared it with staff to support their training. Another person helped staff understand their emotional changes and how they would like to be supported when they became frustrated or upset. One health care professional wrote to us and said "Staff always attend appointments incredibly well prepared and act with initiative. Staff always seem well trained skilled and suitably supported."

People were supported to maintain a healthy and well-balanced diet. Staff knew people well and were aware of their meal and food preferences. Staff recognised when people were becoming hungry and encouraged them to have healthy snacks. They used inventive ways to provide food which was healthy but looked larger in quantity. The home lead provided several examples of staff had supported people to progress with their eating and now eat a varied and nutritious diet.

People were encouraged to make healthy snack choices such as eating fruit and buying healthier options when people went shopping. For example, staff assisted people to make an informed decision about their food and drink purchases in the community such as choosing low calorie and low sugar foods and drinks. They had spent time with people explaining the food labels and suggesting alternative options. The home was situated near a local 'express' supermarket, however, staff encouraged some people to walk to a larger supermarket further way to give them a greater choice of food options and increase their daily exercise.

People's specialised diets were catered for and recorded in their care plan. Recommendations by health care professionals about the management and textures of people's food and the use of adapted crockery was adhered to. Staff had worked with some people to develop some kitchen skills and help to plan and prepare their meals.

Comprehensive care files continued to hold extremely individual health action plans, with clear guidance for staff on how to improve people's health and well-being to meet their assessed health needs. The managers had assisted in helping people and hospital staff to overcome barriers in understanding people's needs when they were admitted into hospital. For example, each person had a comprehensive information pack about their medical and health needs which would be given to the hospital if they required a hospital admission. Staff had also engaged with the learning disability nurses based in the local hospital to help them understand people's anxieties, needs and worries if they required a hospital admission. One health care professional wrote to us and said, "(Name of home lead) and the staff there provide really high quality patient centred care and have really good knowledge of all their residents. They have sound clinical protocols to ensure safety but without a 'one size fits all' approach, and they place the individual needs highly." The home lead said, "I think one of our strengths is that we know people really well here and we bother to notice and we are prepared to look in more detail when things aren't going well for them." They explained how they supported one person who had a fear of visiting the dentist. Staff spent time with the person visiting the dentist and getting used to the dental surgery environment before they attended their dentist appointments.

Health care professionals who contacted us about the home, praised the quality of care people received. One healthcare professional said, "Carers that I have liaised with seem to have a good understanding of the health needs of their service users and they respond well to any health concerns."

Throughout our inspection we found evidence that people were consulted and involved in decisions about their care. The home lead and staff understood the importance of valuing and respecting people's decisions and consent to their care and support. Records showed that staff had consulted and gained people's consent such as taking people's photographs, use of keys and cleaning people's bedrooms when they were

not in the home. People had been consulted and agreed how often they wished to meet with their key workers to discuss their support and progress. Staff had been mindful about the tone and language used when speaking to one person who enjoyed having a laugh, banter and staff calling them by nicknames. Together staff and the person met and agreed on the words and names that were acceptable to the person which meant they could still enjoy 'banter' with staff without being offended. An agreed list of banter type words and nicknames which were inoffensive to all parties were drawn up. We were told that they regularly reviewed with the person to ensure they were still acceptable.

Where people had to make significant decisions about their wellbeing such as medical screening or an operation, staff had met with people and used various methods of communication to help the person understand the decision that was being made. This enabled staff to assess people's mental capacity to make an informed decision. Records showed that people, relatives and health care professionals had been involved in decisions made on half of people when they had been assessed as not having mental capacity to make a specific decision.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how this impacted on their role when supporting people who lacked the capacity to make some decisions about their day or care. Staff were aware of the need to support people in their best interest and in the least restrictive manner. 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). At the time of our inspection no one was being deprived of their liberty.

Is the service caring?

Our findings

At our last inspection in October 2015, we rated this domain as Good. At this inspection we continued to find that people were treated with kindness, compassion and respect by staff who had a genuine interest in fulfilling and enhancing people's lives.

Throughout our inspection we saw many positive and genuine interactions between staff and people when we walked around the home and people came into the home's office. People had been briefed about CQC's pending inspection so that they were informed of the reason of our presence in their home. Staff reminded people on the day of the inspection about CQC's role and were offered the choice to speak to the inspector privately. However, people chose to speak to us informally as they went about their activities and household chores. Many people came into the office and spoke to the managers and told us about their day. People freely moved around the home and came into the home's office and asked staff for advice and assurance. For example, one person came to the office and asked for their money as they were going into town independently by bus. The home lead took time to assure that the person knew the bus route, had the correct money and mobile phone with them.

We saw staff chatting with people in a friendly and warm way and heard many positive, genuine and kind interactions between staff and people. We heard and saw lots of smiles and praise when people achieved something such as walking to the shop independently or counting out their money. Staff had a very good understanding of people's needs. People's care plans were highly personalised and provided staff with the information they needed to support people. In addition, guidance on people's medical conditions and how people should be supported were in place such as how staff should support people to make a coffee. Staff adapted their communication and approach according to people's communication abilities and skills. We heard many examples of how staff had supported and encouraged people to develop and progress in their well-being to ensure people lived a fulfilling life and that their wishes were achieved. People had lived in the home for many years and had developed strong relationships between each other.

People's relatives praised the good will and nature of all the staff. They told us their family members were supported in a sensitive and compassionate manner by a very caring staff team. Relatives told us they could visit the home at any time and felt confident that all the people who lived at Abbeymead Lodge were safe and well cared for. They felt that communication between them and the staff was open and transparent and felt welcomed at the home at any time. One relative said, "We are all part of the Abbeymead Lodge family." Relatives provided examples of how people were supported to maintain contact with their families such as visits home and family fun days at the home.

Staff had signed up to be dignity champions and pledged to uphold national dignity champion values and treat people with dignity and respect and 'speak up about dignity.' These values and the values of the home and provider were strongly embedded in to the care practices and approach of staff. Staff had a good understanding promoting and respecting people's dignity and privacy.

People's views and decisions about their life were respected. For example, staff supported one person to

make an informed choice about purchasing a car and another person chose to keep two pet budgies. People's individual diverse and spiritual needs were supported and regularly reviewed with people. People were supported to maintain relationships that were important to them and offered support to practice their religious beliefs such as attending church.

Is the service responsive?

Our findings

At our last inspection in October 2015, we rated this domain as Good. At this inspection we found that the service had progressed in the management of people's personal growth and wellbeing.

Staff provided outstanding support which was caring and responsive to people's individual needs, preferences and individual support requirements. People were provided with support and care which had been wholly tailored to their needs. Staff promoted people's personal development and levels of independence. They had ensured there was a good balance of people taking positive risks to increase their levels of independence and comprehensive safety management systems to support and monitor people.

The managers and staff worked enthusiastically and creatively to enable people to live a fulfilled life. All the relatives we spoke with were extremely positive about the care and support that their relative received at Abbeymead Lodge. We received comments such as "We have absolutely no problems at all with Abbeymead. It is really really good"; "It's an absolutely beautiful place. I can't praise them enough and "I think the staff are lovely. I know (person name) is really happy there." Relatives told us they always felt welcomed at the home and staff had a proactive approach in communicating any issues with them. One relative said, "It is a happy home, a calm home and it is family orientated. They always always keep us in the loop if there are any changes."

People had progressed individually and at their own pace. Staff had spent quality time with people to ensure they were aware of possible risks. They had developed individual safety arrangements when people were independently in the community such as phoning the home on a regular basis to inform staff of their whereabouts. We heard this being carried out and staff praising them for their achievements. Staff told us how they had worked with people to ensure that they were confident and knowledgeable using the local bus service and aware of 'stranger danger'. Staff had helped people to become aware of a local 'keep safe' scheme which is supported by local shopkeepers and businesses. The scheme identifies safe places in the local areas (identified by a 'keep safe' sticker in the shop windows) where people can ask for assistance if required.

Staff provided the people with constant support and encouragement which focused on their personal growth and empowerment. For example, the home lead told us about one person who rarely left the home when they first moved into the home, however with the support and dedication of staff, this person had made significant progress in their confidence to travel independently on public transport to visit the shops and their family. For example, staff spent time with the person to ensure they understood the bus routes and timetable and the actions they should take if they became worried when travelling alone. On the day of our inspection the person told us about their plans for the day which included independently going on bus, visiting shops and having lunch. This person's relative positively and enthusiastically described how the person had 'blossomed in to a person that they never could have imagined'.

Since our last inspection people and staff had received training in sexual abuse awareness. The home lead explained "We need to inform and empower people so they understand what is an appropriate relationship

and what is not." The special constabulary police had also visited the home and spoke to people about the actions they should take if they felt vulnerable or in danger. Robust systems and daily checks were in place to safely store and account for people's monies to reduce the risk of financial abuse. People were encouraged to count and sign for the money they requested and returned to the office.

Staff had considered creative and innovative ways to support people and help them manage their emotions. For example, two people enjoyed having a regular massage. We were told that the massage helped the people to focus, relax and was used to help them to manage their anxieties and emotions and reduce their prescribed medication. Some people were assisting staff in developing a 'secret garden' at the end of the home's garden. We were told staff had identified that some people needed a quiet space to sit in and have time to themselves. People had been involved in the decision and developing the garden.

People's human rights and views were recognised and encouraged. For example, staff spent time with people to help them understand the views of the local and national political parties at the last General Election. Staff helped people to understand the political manifestos to make an informed and independent decision. As a result, three people voted during the election.

People had been given opportunities to carry out and experience different educational, leisure activities, volunteering placements and part time jobs. For example, one person who was concerned about the environment worked at a local garden centre and assisted them with their recycling. Another person was being supported to be an accredited volunteer for a charity that recycles bicycles. The home lead explained the progress they had made from initially starting at the charity and was now 'amazing'. They explained how the person has progressed socially and was enjoying the responsibility of becoming a volunteer. Staff from Abbeymead Lodge worked with the staff at the charities to support people in developing good working practices and behaviours in a working and public environment.

People were involved in decisions about their day and we heard staff respecting their choices. For example, one person chose to have a lazy morning in bed. Staff respected this decision although regularly checked on them and provided them with drinks and snacks as well providing a choice of different activities which they could join when they got dressed. However, staff recognised that for other people, it was important to maintain a daily routine which was important to them. Staff were familiar with people's needs and were possible were able to anticipate people's emotions and triggers. For example, staff had purchased a small selection of note books for one person who enjoyed writing and drawing. The home lead explained that having a stock of books available meant that the person could be distracted with the new note books if they became upset or frustrated.

People were supported to attend a wide range of activities which were personalised to their own interests and hobbies. For example, people were supported to go to the gym, discos, music concerts and carry out activities in the home such as baking, arts and crafts. Staff supported people to take part and experience new activities such as drama. The home lead explained the positive impact it had on the person being on stage and performing in front of an audience.

People were encouraged as much as possible to be involved in decisions about their life and the running of the home. For example, one person assisted the home lead to carry out daily temperature checks of the home's medicines area to ensure that people's medicines were being stored at the required temperature. People were supported to manage and understand the value of money. Staff spent time with people counting the coins and discussing what they could buy with their money. We saw people being encouraged to check and sign for any money that they received and returned to the office.

Staff supported people to consider their own personal needs and safety when in the community. For example, we heard staff checking and reminding a person about their safety and ensuring they had their mobile phone, money, pack lunch and medicines ready for the day centre. Staff had taken time to help people understand their expected behaviours and social boundaries when in the community. They supported people when things had gone wrong and looked at different ways in helping people understand and promote acceptable behaviours in the community and in their home.

Throughout our inspection we heard staff prompting, encouraging and praising people when they had achieved something such as walking to the shops. The home took time to recognise people's accomplishments by displaying photographs, art work and certificate of achievements and fund-raising events around the home. Throughout the inspection we continually saw the home lead and staff praising people. People's personal achievements were acknowledged and recorded by the home lead such as carrying out mental arithmetic and creating a weekly menu for the home. This allowed people to reflect on their progress with their key worker.

People's care plans were detailed and highly detailed and focused on people's aims, goals, wishes and support preferences. They informed staff of their support needs and how they wished to be supported. For example, one person's care plan described how they would like to be supported in the morning including support with their personal hygiene and breakfast routine. Care plans identified people's individual communication needs and identified how these needs were met in line with the Accessible Information Standard (AIS). AIS sets out a specific, consistent approach to identify, record, flag, share and meet the information and communication support needs of people with a disability, impairment or sensory loss.

Care plans were in place for those people who had specific medical conditions, such as the care and management plan for one person who experienced epileptic seizures. Their care plans provided staff with detailed information of how to support the person if they experienced different stages of seizures and what actions they should take. The person's seizures, support and treatment was monitored which provided health care professionals with the information they needed. This person's relatives explained that there had been a noticeable reduction in the person's admissions to hospital due to the responsiveness of the care of staff. All the health care professionals who contacted CQC told us that staff were extremely attentive and responsive to people's changing needs. One health care professional wrote to us and said the service and staff were "Incredibly responsive to all our recommendations and equally effective at accessing suitable course activities etc without direction."

No one was receiving end of life care at the time of our inspection. However, some people had advance care plans in place which included their wishes and care preferences about their end of life care and support. The home lead explained that planning people's end of life care was an on-going process as they had to tentatively and sensitively approach people and their families when appropriate to discuss their end of life wishes. The home lead explained that they would be led by the advice of the health care professionals and the wishes of people if they should need end of life care to ensure people received comfortable and dignified end of life care.

The provider had a complaints procedure which was made available to people and their families. Easy read copies of the procedure were on display around the home. The procedure described the process of making a complaint and the response people could expect if they made a complaint. Relatives told us they had had no reason to make a formal complaint but were confident that any complaints would be taken seriously and immediately addressed. The results of a recent customer satisfaction survey with relatives and health care professionals indicated that they were pleased with the service being provided at Abbeymead Lodge. One relative told us "I can't thank the staff at Abbeymead enough. They always exceed my expectations. I have

no doubts at all that (Name) is very very happy living there. The care is outstanding for everyone who lives there."

Is the service well-led?

Our findings

At our last inspection in October 2015, we rated this domain as Good. At this inspection we found that the service had progressed in the management and governance of the home to deliver high quality person centred care.

The visions and values of the home were clearly embedded in the care practices of staff and the leadership of the home. It was evident from our observations that care to people was delivered in a unified and empowering manner. We were provided with many examples of how people were fully involved in their care and support. People had been empowered and encouraged to be involved in the management of their care and the running of home.

There was a registered manager in post. 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 registered manager was assisted by a home lead who was very experienced and managed the day to day running of the home. It was clear from the start of the inspection that the home lead led by example and was passionate about improving people's lives and enriching people's lives. These values had been embraced by staff who were passionate about supporting people to personally progress. For example, one staff member said, "It is all about them (people). This is their home and it is their life. We are here support them in what they want to achieve." There was a strong sense that Abbeymead Lodge was a family home however people were also encouraged to be individuals and have their own aspirations and wishes. Staff took every opportunity in encouraging people to develop in their well-being and confidence. The home lead explained, how encouraging people to be more independent had come with its own risks and considerations. They said, "We do a lot of work here in supporting people to become more independent, but with that comes other challenges such as people's safety in the community and learning about appropriate relationship boundaries." Staff and management had encouraged people to recognise their human rights and provided information to enable people to vote at the last General Election.

People and staff worked as a team. Staff used creative ideas to involve people in the management and running of their home. For example, people were encouraged to plan the weekly menu and take part in weekly checks such as checking the stock of the grocery cupboards and fridges to assist staff ordering the home's food online. Staff had discussed with people how they wished to be involved in the management of their medicines and how they wanted to build on their independence and take a proactive part in the management of their medicines. For example, people had been asked if they wanted to be involved in carrying out weekly audits of their medicines to check the balances of medicines. The home lead told us one person enjoyed helping out and said, "The weekly audits take twice as long when (Name of person) is involved but they enjoy helping out and it gives them a good sense of value and importance." People were also encouraged to be part of the recruitment and interviewing process of new staff. One person had been elected and trained as a fire warden and helped staff to check the home's fire safety systems.

Staff were passionate and motivated to support people to progress and build on their skills and confidence. Staff knew people well and were able to confidently describe the support needs of people. New staff had been given the time to read people's care plans and fully understand their health and social support requirements before becoming part of the care team. The communication between the staff and senior team was effective and consistent to ensure they were informed of any changes. They told us they had strong and dedicated staff team who worked together to ensure people were supported in a consistent manner and treated people as individuals.

Relatives and health care professionals overwhelmingly praised the management of the home. One professional wrote to us and said, "We have worked alongside this company for many years, and they have always shown great leadership, care and compassion. It has been a pleasure working alongside the management and their team, who try constantly to aim for the people that live there to enjoy every day and be safe." One relative said, "I am confident that the managers and staff are on the ball and know what they are doing. They are approachable, friendly and professional at the same time. I can't fault them."

It was clear from our conversations with the home lead and registered manager that the home continuously looked at ways to improve the service and keep people safe. They took learnings from incidents that occurred both locally and nationally. For example, they had reviewed their security systems as a result of a serious incident in another provider's home and had been proactive in reviewing all the fire safety systems as a result of a significant fire incident in London.

The home had developed strong links and relationships with people's families and the GP and health care professionals to ensure people were receiving the best possible care. The home lead felt that their relationship with the GP and pharmacist had resulted in a positive impact on people and the management of their medicines. For example, they had noticed a reduction in people's prescribed medication as a result of their monitoring and practical approach in managing people's emotional and health needs and having a positive and open relationship with their GP and pharmacist.

The culture of the service was supportive to both people and staff who worked at the home. The managers spent time with staff to ensure they had the skills and confidence to care for people, develop professionally and take on new responsibilities. One staff member said, "(The home lead) really encourages me especially when I am doing something outside my comfort zone." Another staff member said, "Both the managers are good, but (name) holds this place together. She is brilliant." The home lead told us they adapted their approach to each staff member and worked on their strengths. Staff told us they had an excellent relationship with the home lead and felt valued and supported at all times. There was evidence that staff had received comprehensive return to work meetings when they had been on sick leave to ensure they were fit enough to return to work. Detailed records showed that staff's physical or mental health well-being had been considered and monitored. Reasonable adjustments and support were provided and reviewed to ensure staff could properly perform tasks which were intrinsic to their employment.

Staff performance management was effective to assist staff with their professional development and care practices amongst staff. This style of management assisted in the retention of staff which meant people were supported by a consistent staff team which were familiar with their needs. During the inspection we saw records of staff meetings, supervisions and appraisals. These records were detailed and personalised records which focused on the professional needs and support of staff as well as any issues relating to the people they supported and the running of the home. For example, there was evidence that staff had discussed various provider policies, CQC key lines of enquires and changes in the data protection laws. The home lead took time to acknowledge and praise staff on their good care practices and kept a log of their achievements which helped to inform their professional development meetings.

Since our last inspection the home has been taken over by a new provider. Staff and people's relatives were positive about the take over and told us they found the transition process between the providers was relatively smooth, with very little impact on the care of people. We were told that the new provider had met with people and their relatives to share their visions for the service. The registered manager felt positive about the new provider and said, "I feel more empowered. The managers at Reability UK are at the end of the phone." We were told that the provider was reviewing their systems and sourcing new training providers to ensure there was standardisation of care practice across all the organisation. The registered manager met and worked with the managers of the provider's other services to share practices and information.

The service was committed to ensure people were treated equally and their views were valued and acted on. Staff held regular home meetings with people to gain a better understanding of their views and suggestions such as activities. Easy read minutes of the meeting were provided to people after each meeting. The managers welcomed and encouraged the feedback from people, staff, relatives and health care professional to better understand the experiences of people and stakeholders. Records showed that most people and stakeholders who had completed a recent provider questionnaire using the CQC's five key questions rated the service as outstanding.

Effective quality assurance checks were carried out to monitor the quality of the service people received and to ensure that the service complied with the legal requirements and current practices and expected standards. These included checks on people's medicines, care plan, finances and monitoring of the care being delivered. Any issues identified in the audits were shared with the managers and actions were cascaded to the staff team.

The managers were proactive in remain current in their practices and work in partnership to drive improvement across the service and the care sector. They actively carried out their own research and subscribed to newsletter and websites to ensure they remained current in care practices relating to Abbeymead Lodge. This ensured that the delivery of care remained current. For example, they learnt from mistakes of other providers and took action to ensure incidents would not occur in the service. The home lead was an ambassador to 'Proud to Care', a Gloucestershire County Council scheme to promote health and social care across the county.