Care Worldwide (Manchester) Limited

Abbey Hey Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was carried out over two days on 18 and 19 April 2017. Our visit on 18 April 2017 was unannounced.

At the last inspection carried out in October 2016, we rated the service as 'Inadequate', which meant the service was in 'special measures.' At that inspection we identified four regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to infection control, safe care and treatment, staffing and systems of governance.
Following the inspection the provider sent us an action plan which stated how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

Abbey Hey Care Home is a care home registered to provide accommodation for 39 people who require nursing and personal care to older people. Accommodation is provided over two floors with stair and lift access. All bedrooms are single, and all bar one have en-suite toilet and washing facilities. At the time of our inspection of the service there were 36 people living in the home.

The home had a manager registered with the Care Quality Commission (CQC), who was present throughout both days of the inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

During this inspection, we found significant improvements had been made. As a result of the improvements the service is no longer rated "inadequate" and will no longer be in special measures. We have made one recommendation regarding the time and recording of supervision.
Following the last inspection the service had completed a full health and safety review and had addressed issues of infection control. This included re-carpeting and re-flooring areas of the home, and had increased the number of domestic staff to assist with maintaining a clean and hygienic environment.

We found that the service had reviewed its practices with regard to medicine management and had established procedures to minimise the risk of providing incorrect medicines. All staff who administer medicines had been retrained and an external pharmacy audit found no major concerns with the management of medicines.

The service had good recruitment processes to ensure only suitable staff were employed. People who used the service told us that there were generally enough staff to meet their needs, and when we spoke to care workers they agreed but felt that there were times when they were stretched, such as early morning.

Looking at the training record and speaking with staff, we found improvements had been made to ensure staff were properly trained.

People told us they felt safe at Abbey Hey, and we saw that most staff had undertaken safeguarding awareness training. The staff we spoke with were able to discuss different types of abuse, and explain what they would do if they witnessed or became aware of any safeguarding concerns. However, we saw that unwitnessed injuries were not always fully investigated.

Care records showed that risks to people's health and well-being had been identified and where this was the case appropriate control measures were put in place. We saw records to show that equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions.

We saw that arrangements were in place to assess whether people were able to consent to care and treatment, and staff spoken with understood the need to obtain verbal consent from people using the service before a task or care was undertaken. Where people were subject to deprivation of liberty the appropriate authorisation had been sought.

Attention was paid to people's diet and people were supported to eat and drink in a way that met their needs, and they had good access to external health professionals such as opticians, specialist nurses and dentists.

Staff interactions with people were caring, compassionate and respectful. Staff showed attention to detail. A visiting relative told us, "My relative is always clean and well presented. Personal things, like having a scarf around her neck, were always important to her, the staff know this and take care to see that she is dressed how she would want to be dressed."

Whilst people were treated with dignity and respect care plans did not always reflect the person centred delivery of care or focus on their abilities.

People told us the manager was approachable and would listen and respond to any issues raised. She undertook regular audits, for instance, reviewing care plans, health and safety and medicine management, and was supported by the area manager, who conducted regular quality audit checks.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us that they felt safe and there were enough staff to meet their needs.

The service had systems in place for the safe recruitment of staff.

There were effective systems in place for managing medicines.

The service had reviewed its procedures for the control of infection and improved the quality of the environment.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received supervision but this was not on a regular basis.

People told us the staff were knowledgeable and we saw that staff received training to maintain and develop their skills to meet people's needs.

The management and staff demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and offered people choices

People's health was monitored and referrals to other health and care professionals were made to ensure care and treatment met people's individual needs.

Is the service caring?

Good

The service was caring

Staff had an in-depth knowledge and understanding of the needs of the people who lived at Abbey Hey and provided care in a patient and friendly manner.

Staff were vigilant to need and were able to respond in a timely way to people's requests for assistance.

Privacy and dignity were respected

Is the service responsive?

Good

The service was responsive.

Staff understood and responded quickly to people's needs.

The service had systems in place for receiving, handling and responding appropriately to complaints.

There was a range of activities available and people were supported to engage with each other.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had a registered manager who was supported by a deputy manager and the home owners. The registered manager promoted a sense of community and was respected by staff and people who used the service.

The provider had made a range of improvements since our last inspection. However, to improve the rating to 'good' would require a longer term track record of consistent and sustainable good practice.

Abbey Hey Care Home

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 18 and 19 April 2017. Our visit on 18 April 2017 was unannounced.

Before the inspection we reviewed information we held about the service. This included the previous inspection report and the action plans submitted to the Care Quality Commission (CQC) following the last inspection in October 2016. We also reviewed the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

During our visit we spoke with the registered manager, a deputy manager, four carers, the cook, and the maintenance man. We spoke with four people who used the service and five relatives. In addition we interviewed two people who were visiting the service in a professional capacity. We looked around the building, including all of the communal areas, toilets, bathrooms, the kitchen, treatment room, and the garden.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us

We looked around all areas of the home, looked at how staff cared for and supported people, and looked at food provision.

We looked at the care records for four people, four medicine administration records and five staff personnel files, and other documents related to the management of the home, such as maintenance records and service invoices

Good

Is the service safe?

Our findings

When we spoke with people who used the service, they told us that they felt safe at Abbey Hey. One person said, "I'm here because I wouldn't be safe on my own, I forget things and take off and get lost. Here, they make sure I am safe, warm and well fed. What more could I want?" Another told us, "We aren't forced or made to do things, everything is at our own pace so we don't ever get anxious or stressed. Yes I am very safe here." We asked a relative if they felt the home was secure and they told us, "Totally safe, I wouldn't sleep if I thought they were in any distress. It's why [my relative] is here, it was a real problem when he was at home, he was vulnerable and at risk of wandering off. Here he is well supervised and looked after all the time. Settled and well looked after. I have peace of mind."

Staff had received training in safeguarding adults. They were able to explain how they ensured people were safe, and tell us how they would respond if they suspected a person who used the service was at risk of harm. The home had a safeguarding policy, which met the requirements of the local Adult Safeguarding Board. Staff told us that they would report any incident that may constitute a safeguarding concern to the manager, but said that they had not seen any sign of abuse. The registered manager confirmed that there had not been any allegations reported, and one person who used the service told us, "I am very well treated and so are all the other people here." However, when we looked at the accident and incident logs kept at the service we noted an entry where a person had bruising to their body, but recorded that it was not known how this had come about. When we spoke to the registered manager about this they explained that the person had a history of climbing on furniture and the likely cause of the bruising was accidental. Whilst we felt that this may be possible, we felt that this assumption precluded any investigation which could rule out any physical assault, and this incident should have been reported as a safeguarding alert to the local authority. The registered manager agreed to ensure any further injuries would be reported to the local authority safeguarding team.

At our last inspection we identified numerous issues in regard to poor standards of cleaning and hygiene throughout the service. At this inspection we found that the service had responded to our findings. For example, bedroom carpets which were stained and dirty had been replaced, as had worn equipment such as commodes. Where the service had identified other carpet and flooring was worn, this had also been replaced, including non-slip flooring in the laundry and one bathroom. The service had recognised that dining chairs were old and dirty and during this inspection they took delivery of a set of twenty-four new chairs.

The service had reviewed the cleaning schedules and employed an extra domestic assistant. This meant that there were three domestic staff on duty each day. Each had assigned tasks to ensure good standards of hygiene and cleanliness were maintained. For example, all beds were stripped and cleaned with linen changed on a daily basis. Deep cleans and carpet shampoos were undertaken daily. A visiting relative commented, "It's much fresher. I come every day, and have no issues about cleanliness either of the home, [my relative's] presentation or their room".

The Local authority had completed an infection control audit in November 2016 which gave an overall

hygiene rating of 89%. We saw that where issues had been identified through this audit, such as ensuring soap dispensers were refilled, or displaying hand washing signs, action
had been taken to help improve the standard of hygiene in the service.

At the last inspection we noticed that the panels on the side of one bath had broken. The registered manager showed us evidence that new baths had been ordered and were due to be delivered and fitted later in the month of our inspection.

When we inspected Abbey Hey in October 2016 we found that the service did not always have the right number of staff available to meet people's needs. At this inspection we were told that the registered manager had reviewed the staff allocation to ensure that there was enough cover on both the ground and first floor at all times. When we spoke to staff they told us that there were generally enough staff, although one person told us, "Mornings can be difficult; getting people up and helping them with breakfast can be busy especially upstairs where people are more dependent, we need extra hands", but another care worker said, " There are enough staff. I get into a routine so I know where I'm up to and what needs doing. If we are overstaffed we can get confused about who has done what. There is time to sit and talk with the residents". Staff told us that having an extra domestic assistant had helped, as they could focus on supporting people who used the service rather than having to clean their rooms.

On the day of our inspection there were six care staff on duty, as well as the registered manager, and a deputy manager. There were three domestic staff, a cook and kitchen assistant, maintenance officer and an administrator. Three care staff were allocated to each floor, and the deputy manager worked across both floors providing hands on support. We looked at the off duty rosters for two months and saw this was normal staffing for the service. The registered manager told us regular staff would generally cover sick or annual leave, but if necessary an agency would be used. They told us that when this was the case they would ask for specific individuals who had worked at Abbey Hey previously and were familiar with the people who used the service.

At our last inspection we found that safe medicines practices were not always followed which meant people were at risk of not receiving their medicines in line with prescribed guidelines. At this inspection we found that the service had reviewed its practices with regard to medicine management and had established procedures to minimise the risk of providing incorrect medicines. For example, we saw from the training matrix that senior staff who administered medicines had been retrained and their competency reassessed. Medicine administration records (MAR) were checked by a member of the management team each day, to ensure medicines were provided as instructed and properly recorded, and the registered manager conducted a monthly medicine audit.

The registered manager had requested a quality audit of medicine procedures from the pharmacist. This audit was conducted in early April 2017, and concluded, "Generally robust medicines policy which is being followed by staff". The report made two recommendations about recording and we saw that both recommendations had been followed.
All medicines were stored in a treatment room which was kept locked. The senior care worker on duty would hold the keys to the treatment room, with a spare set locked in the manager's office. Two lockable trolleys were used; one for each floor, and medicines dispensed using a monitored dosage system.

We observed one medication round and saw that before giving people their medicines the care worker checked the dosage and that they were for the right person before placing the tablets into a small pot. They approached the person, addressed them by name and explained what they were doing. They then checked the person had a drink to help them take the medicines. They watched the person swallow them before

recording on the medication administration record (MAR) sheet that the person had taken their medicine. We checked four MAR sheets. These were accurate, up to date and matched the medicines in stock. There were no gaps in signatures. They were clearly printed and contained information necessary for the safe administration of medicines, such as photographs and information about allergies.

We inspected the systems in place for the storage and management of medicines. Some prescription medicines are controlled under the Misuse of Drugs legislation e.g. morphine, which means that stricter controls need to be applied to prevent them from being misused, obtained illegally and causing harm. We saw controlled drugs were appropriately and securely stored. The stock balance of control drugs was checked and signed for twice daily by two senior carers to ensure it was correct. Fridge and room temperatures were recorded daily to ensure medicines were stored at the correct temperature to maintain their efficacy.

We looked at four care records, which showed that risks to people's health and well-being had been identified. These involved risks such as mobility, eating and drinking, nutrition and hydration, communication and hygiene. Risks identified had corresponding detailed care plans to help reduce or eliminate the identified risks, which were reviewed on a regular basis. We saw that risks were measured in a way which recognised the individuality of the person, and minimised the consequences of their behaviour rather than prohibiting it. For example, we observed one person who was continually active, and would pick up objects, some of which were very heavy. Whilst this could cause a risk to both the person and other people who used the service the risk assessment measured the dangers and instructed care staff to monitor and supervise the person, and offer smaller objects to carry around. We saw that this intervention technique minimised any risks the person's behaviour might cause. Similarly a risk assessment for another person considered the risks of incontinence, and weighed this against the risk of loss of dignity. The care plan aimed to minimise both.

When we looked around the home, we saw measures were in place to prevent injury or harm. For example, crash mats were placed next to some people's beds, so if a person were to roll out of bed the risk of injury would be reduced. Call bells were accessible to allow people who used the service to summon help.

We looked at the recruitment procedures in place and saw that this gave clear guidance on how staff were to be properly and safely recruited. We looked at five staff files. These included proof of identity, an application form that documented a full employment history and accounts for any gaps in employment, interview notes, a job description, and two references. Checks were carried out with the Disclosure and Barring Service (DBS) before any member of staff began work, and these checks were updated every three years. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant that checks had been completed to reduce the risk of unsuitable staffing being employed at Abbey Hey.

Staff confirmed to us that they were aware of the agency's whistleblowing policy, and whilst they had not had cause to use it they would be prepared to follow this if necessary. One person told us, "If I saw anyone treating someone in a way they wouldn't treat others I would have no hesitation in reporting it, without a shadow of doubt!"

We saw there was a system for staff to report any faults or broken equipment. The service employed a full time maintenance person who signed off any work that had been completed, and this was checked by the registered manager. They would meet on a monthly basis to review any long term needs and plan actions required to improve the environment of the service. During the tour of the building we checked that windows had a restricted opening to prevent accidental falls and the water outlet temperatures and

radiators were safe. We saw that all cupboards containing hazardous equipment were kept locked.

We saw there was regular maintenance by external professionals. This meant the electrical installation and gas equipment was safe. We also saw documentation for the lift, hoist and sling checks, the control of Legionella and portable appliance tests (PAT). This meant equipment was safe for staff and people who used the service. There was a business continuity plan to inform staff of how the home could function with a loss of facilities such as gas, electricity or bad weather. There was an emergency 'grab bag' located near the entrance which contained a personal emergency evacuation plan (PEEP). This plan was available to hand to emergency services and told them what support each person needed to leave the building safely. There was also specialist equipment to use for example a mattress to get people down stairs. There was a fire risk assessment with a contingency plan for the safe movement of people to another facility if needed. The fire alarm and call bell system were also checked periodically to ensure they were working correctly. There was a record of fire drills with staff being taught evacuation of the premises and the fire break points were checked on rotation to ensure they were working.

Accidents and incidents were recorded and the registered manager audited them to see if they could minimise any risks identified. This helped protect the health and welfare of people who used the service.

Requires Improvement

Is the service effective?

Our findings

The people we spoke with believed that the carers were competent and knowledgeable. One person who used the service said, "The place is great, staff are fantastic, and really know what they're doing". A visiting relative remarked, "The staff are well trained and know what they are doing. People here have varying degrees of need, but all staff know how to respond. They all know the people and what they need, even the domestic staff. They understand the procedures for instance, for lifting and using equipment".

When we last inspected Abbey Hey we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as records showed that some staff had not received supervision. At this inspection we found that action had been taken and the service had introduced a programme of supervision and appraisal for all staff. Care staff told us that they valued their supervision and found sessions useful and instructive. We saw that the service had devised a structure for supervisions so that specific topics could be discussed at each session, for example, performance, pressure areas, nutrition, interpersonal skills, report writing and reviews. The registered manager took responsibility for overseeing the work of the deputy managers and both deputies each supervised a team of care staff . Each person had a minimum of six supervision sessions per year, but the service wanted to remain flexible about when these sessions occurred and so had not scheduled all sessions. This meant that there could be a risk that supervision would be overlooked. When we spoke to the registered manager about this she informed us that the service used to have a supervision timetable, but now considered who might need support and provide the supervision as needed. They told us that good relationships between staff and managers minimised the risk of personal issues impacting on individual's ability to work effectively. When we looked at staff records we saw that not all supervision sessions had been recorded.

We would recommend that the registered manager set a date by which each member of staff has had a formal supervision and ensures that each session is recorded and signed by both supervisor and supervisee.

At the last inspection we identified shortfalls in training records. Following that inspection, the registered manager had asked the administrator to review all training for staff. We were shown a copy of the training matrix, which recorded when all staff had received training and what the training was for. We saw from this that all mandatory training had been completed by all but two care staff, both of whom had completed most of their training, but had still to complete sessions relating to health and safety and falls. Initial training was completed through online training and DVDs which included a knowledge test. New staff were not enrolled on the care certificate. This is a nationally recognised qualification for care staff which provides a basis for people who work in the care industry to build their knowledge, but we were told that all staff would be enrolled on the National Vocational Qualification (NVQ) level 2 in Care, and the administrator had brought in a college to support staff to complete this. We spoke to the college assessor who was positive about the work the care staff were producing. They told us, "the staff here are good and proactive around training, they come to me with evidence, I don't need to chase them up".

The registered manager told us that all new staff received a full induction to the service over a six to seven week period. This involved shadowing experienced staff and spending time getting to know the people who

used the service. Once they had built up confidence and competence they would be signed off as ready to work unsupervised..

Staff communicated well with each other and we saw that information was exchanged between staff informally throughout the working day. A detailed handover meeting took place at the start and finish of every shift. Handover meetings ensure information about changes to the health or care needs of people living at the home are discussed and any alterations in their care are communicated promptly. We looked at handover sheets used during the handover, and saw they contained detailed information about everyone living at the home, including information about doctors and district nursing visits and referrals to other healthcare professionals.

The Mental Capacity Act (2005) (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

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 Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find. We checked whether Abbey Hey was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager told us, and we saw information to show that applications to deprive people of their liberty had been authorised by the supervisory body (local authority), or were awaiting authorisation. We had been informed where authorisations had been granted. Capacity assessments had been completed as part of the process to determine whether people needed a DoLS authorisation. Paper copies of all requests and authorisations were kept in the person's care record file, and a central file showed when authorisations had been granted and when they were due to expire, so that the management team could keep a close check on who was being deprived of their liberty, re-submit applications if necessary before they expired, or ask for the deprivation to be revoked should the person regain capacity.

From the training matrix, we saw that all staff had received training in mental capacity and deprivation of liberties. The care staff we spoke with were able to demonstrate a good understanding of capacity and consent issues to help ensure that people's rights were protected, but did not always understand what a DoLS could mean in terms of daily interventions. One person who used the service told us, "They always offer choice, and to everyone. If you want to go to the shop they will send someone with you or if you are capable you can go on your own". We observed that choices were offered for example, for meals, drinks and snacks; when one person was asked what she would like to drink the cordial she wanted was not on the drinks trolley, so the carer went back to get the drink for her. A care worker told us, "I always offer choice. For example, if people are awake at the start of my shift, I'll ask if they want a cup of tea in bed, or if they want to get dressed. At breakfast I'll ask what they would like, but if they are struggling I'll show them what they might have. Sometimes it's better to show alternatives rather than just ask".

People who did not have family or representatives and were unable to speak for themselves had access to advocates who gave independent advice and acted in the person's best interest. Where this was the case, we saw information in care records that advocates were consulted before decisions were made.

People had good access to healthcare and staff monitored their physical and mental health needs. We spoke to a visiting health professional who told us they felt staff ensured people maintained good health.

They said, "We don't get called inappropriately, but when we do the staff are keen to follow our advice". Relatives were also complimentary about people's access to healthcare. One told us that their relative was, "Healthy as can be, and well looked after. They see the dentist and have their eyes checked regularly. They see the doctor when needed, but that isn't often because they are kept so well." When we looked in care files we saw that professional visits were noted, along with any advice given. For instance in one file we saw evidence that a dietician had provided advice to build up weight and we saw that this advice was being followed.

People told us they enjoyed the food provided. One person told us, "The food is very good, there's a nice variety and we have a roast every Sunday. We have bacon butties for breakfast. There is always an alternative, today is sausages I don't like them so they will make me something else".

We saw residents had a choice of meals. Breakfast normally consisted of cereals, porridge or a cooked breakfast. We saw one person chose cornflakes and egg on toast. People told us that they enjoyed the food. One relative we spoke told us, "The only downside is that [My relative] has put on weight because the food is so good". They told us that staff were monitoring their relative's food intake, and were recording weights regularly. In addition they had reviewed the care plan to take account of the gradual weight increase, encouraging mobility and exercise.

The main meal of the day was served at lunchtime, and a choice of hot or cold meals was available at teatime. Supper was offer before people retired for the night and tea, coffee and biscuits were available in between meals.

We observed the lunch-time meal. Care staff would ask each person what they would like for their meal a short time before it was served and people had a choice of two main courses and a desert. On the first day of our inspection, most people had sausage and mash, one person wanted a lighter meal and asked for soup and a salad which was prepared for them. People who were able to feed themselves were encouraged to do so. Staff provided one to one assistance for people who were unable to feed themselves, sitting with the person, talking with them, establishing eye contact and helping them to eat and drink at their own pace. Lunchtime was a sociable, relaxed and happy occasion, with staff engaging well with residents. Portions were of a good size, and second helpings were offered to people if they required.

When we toured the building we saw that the environment had been decorated and arranged to help people with sensory, physical or orientation difficulties. For example, bedroom doors were painted different colours and there were signs for toilets and bathroom doors as an aid for people living with dementia. Corridors did not lead to dead ends, but furniture such as easy chairs had been placed at the ends of corridors to ensure people had somewhere to walk to. Long corridors had been decorated to resemble streets, with post boxes and telephone boxes.

Good

Is the service caring?

Our findings

People told us that they got on well with the staff at the home. We were told by one person, "it's good here, I wouldn't want to go anywhere else. They are a good crowd of staff who know how to look after us, and always have time for us."

When we spoke with visiting professionals they were impressed with the caring nature of the staff. One told us, "What stands out is that the residents are the most important thing; the staff all show genuine care", and another told us, "Patients here are well cared for by really caring staff. All are well looked after, I'd put my Mum in here".

Relatives we spoke to also told us that they were made welcome when visiting the home. They informed us, and we saw that staff knew them and addressed them by their preferred name and were always welcoming. One person told us, "I'm always welcomed, and feel like it's my second home, they are so accommodating and friendly".

A relative told us that the staff were always available, friendly and knowledgeable. They told us "No complaints, staff are all really caring and good with me too, they are genuinely interested in me as well as all the people here." Another said, "Staff show attention to detail. My relative is always clean and well presented. Personal things, like having a scarf around her neck, were always important to her; the staff know this and take care to see that she is dressed how she would want to be dressed."

We saw that all the people working at Abbey Hey displayed a genuine wish to care for the people who used the service. For example, we saw the maintenance man stop and chat to a person who used the service, and talk to her by name. This person was becoming agitated. He inquired after her needs and recognising that she needed assistance with personal care discreetly brought this to the attention of a care worker. When we spoke to visiting relatives they confirmed that all the staff at the service showed warmth towards the people who lived there. One person said, "The care they get is second to none, I find it unique, all the staff are as good as they are, even the kitchen staff. I come three or four times a week and have got to know the residents and their visitors, and they are all treated well. All the relatives say that".

The deputy manager told us the service recognised first and foremost that Abbey Hey was a place people lived in. They informed us, "Care is person centred, not institutionalised , so people are free to walk around or become involved in various activities; "I hope there is someone like us who will look after me when I need it". We saw that people's rooms were personalised, and decorated to their tastes with colours and wallpaper which they had chosen.
Residents were free to walk on their floor, with no areas restricted, so for example we saw people sitting in the manager's office where they would pass the time chatting to the manager or quietly observing the comings and goings of staff and visitors. We observed a relaxed, calm, and friendly atmosphere with good interactions between people who used the service and between them and staff. For example, we observed residents looking at a book about sixties popular music, and discussing amongst themselves their favourite

singers.

Care records for people documented their interests and what they enjoyed doing. People and their representatives told us that they were offered choice in the delivery of their care and support. We were told that there were no set times for people to get up or go to bed. A care worker told us that after supper people would start to retire, and would ask for assistance when they were ready.

We observed staff treat people in a caring and compassionate manner. Whilst staff formed friendships with people who used the service, they understood that their relationships were limited by professional boundaries. One care worker told us, "I like all the people here, but I know I am here to work, so need to maintain a professional distance. That doesn't mean we can't befriend them and know them well but at the end of the day we are here to support the, not make them dependent."

The care workers we spoke with demonstrated a good knowledge of the people who used the service, their lives, likes and past histories. We saw care staff spending time with people who used the service, for example sitting and talking with them and encouraging a steady conversation. At the same time they remained vigilant, for example we observed a member of staff who was talking quietly in a lounge with a person who used the service. They noticed another person was beginning to get agitated and excused themselves from their conversation, and attended to the need of the second person. Once this person was settled they returned to finish off their original discussion.

We saw that staff addressed people by their preferred names, and spoke to them in an unassuming way, making eye contact and touch when appropriate. When we observed lunch we saw that staff offered to help anyone struggling to eat their food, and allowed people the time to finish their meals without rushing to clear tables.

There was evidence that people's wishes were taken into consideration in planning their care and for the future. We looked at the care notes of a person who wanted to return to living independently. Whilst the staff did not think that this was a good idea, they were supportive to this person and began to plan for this, drawing in support from family, social services and other professionals to ensure a smooth transition and planned move.

People's privacy and confidentiality was maintained. Staff were aware of the need for confidentiality and we saw they were discreet when talking to professionals. Visiting relatives told us that when discussing the needs of their relative, staff would always ensure that they were spoken to in private. Care records were stored securely and kept in locked cupboards when not in use.

The home had an equality and diversity policy, and the staff we spoke with had a good understanding of what this meant and gave examples of how they would respect people's individual beliefs, culture and background.

Staff had a good understanding of the needs of people approaching the end of life. We saw evidence in the care files we looked at that personal wishes had been considered, and individual plans made for this aspect of care, including DNAR records. A DNAR (do not attempt resuscitation) form is a document issued and signed by a doctor, which advises medical teams not to attempt cardiopulmonary resuscitation (CPR). We asked staff how they supported people who were nearing the end of their life and they were able to explain how they would consider their needs, and liaise closely with families and relevant health staff to deliver high quality end of life care in a compassionate and understanding manner.

Good

Is the service responsive?

Our findings

People told us that staff responded to their needs and provided them with support when they required it. One person said, "The staff have got to know me and how I like things done, and they respect my decisions." We spoke to one relative who told us that although their relative was unable to articulate their wishes the staff responded appropriately to them and understood how to best meet their needs. We were shown a compliment letter send by a relative which stated, "If there were a thousand dementia specialists they could not engage [my relative] as you have".

We saw staff showed good understanding of people who used the service and what was important to them. For instance where one person had to make an important decision about their life and balance concerns about independence and security staff were available to provide support without influencing the person either way.

However, care records did not always reflect the response the service provided. We looked at four care records. Prior to moving into the home a pre-admission assessment was carried out by the registered manager to ensure that the service could meet the person's needs, and a copy was kept on the person's care records.

We looked at four care records. One included a social profile which gave a good indication of the person, and when we spoke with staff they were able to demonstrate a good understanding of the person and their life history which matched the information held. However, not all care records contained this information. The registered manager told us that the service was looking at producing 'This is Me' life stories for all the people who lived at Abbey Hey. The service had recruited an activity co-ordinator who had been in post for just over one week when we inspected the service, and we were told that this person was spending time with individuals and their families to get to know them and produce a short life history.

Care plans identified each person's needs but were not always written in a person centred fashion as they listed tasks which might need to be considered rather than focussing on the person's ability. There was some evidence that these plans had been written up as standard documents without proper reference to the individual to whom they related, for example, we saw one care plan which gave the wrong name and gender in one section. When we raised this with the registered manager she agreed to review the information in the plan.

We asked people and their visitors about their care plans. One relative told us that prior to admission they were consulted about the person's needs and helped to draw up a plan of care. They told us that where amendments were needed they had been asked about these and involved in any review of care.

Information contained in care plans gave a fair outline of the individual's needs and preferences, and the actions staff should take to support the person to maintain their independence and meet their personal preferences. They also showed that risks to people's health and well-being had been identified, such as the risk of poor nutrition and the risk of injury, for example, from falls. Where a risk was noted action to reduce or

eliminate the identified risk was recorded in detail. We saw that specific specialist information and guidance from the relevant professionals involved in their care was contained within the care records.

We saw that there was no overall review of the care being delivered, but individual care plans were reviewed every month with any changes to the plan recorded separately. The registered manager informed us that the care commissioners would conduct a yearly review of care, and agreed that this would provide the service with a good opportunity to conduct a full review of the person's holistic needs and invite the person's family to participate.

We saw from care records that people were supported to maintain their independence and that staff had worked hard to encourage people to make the most of their abilities. For example, a pre admission assessment for one person noted that they were immobile and required a wheelchair at all times. However case notes and case reviews showed a steady improvement in mobility over the past 24 months and the person was now able to walk with assistance of care staff.

At the last inspection we noted that activity and engagement was lacking on the day of inspection, and that the previous activity coordinator had left but had not been replaced. At this inspection we saw the service had taken steps to provide more stimulation for people who used the service. They had recruited a new activity coordinator but this person was new to the post. Care records included a section where staff could record activities the person had undertaken and these showed that people were involved in a variety of individual or group activities.

We asked people if they felt there was enough for them to do at Abbey Hey. They gave a mixed response. One person told us, "There is enough for me to do, I can please myself, but there isn't a lot for me really. It would be good if they had a snooker table. The people here are alright, I can't take to them all, but they encourage us to chat to each other and I've made some friends".

We spoke to two people who used the service and they discussed this together. One believed that there was not much to do and that much of the time they were bored, whilst the other argued that there was much to keep them occupied. They told us, "There is no pressure, we can come and go as we please. There is always something to do or someone to talk to." We saw staff engaged people in conversations and stimulated discussion amongst people who used the service, for example, the service subscribed to a daily 'newspaper' which provided opportunity for reminiscence. This was being read out by staff to various people during the first morning of our inspection. During our inspection we saw a number of the people who used the service enjoying a quiz using the information in the newspaper. We saw that there were regular trips for example to the nearby garden centre, and the service had brought in entertainers. One person we spoke to told us "They do their best to do as much as possible in various forms. We had a singer in the other day; he was really good and got some of us up and dancing. I really enjoyed that".

The service had a complaints procedure in place and displayed in the reception area of the service This included details of how the complaint would be dealt with, the timescale and details of further addresses should the complainant not be satisfied with the response.

People told us that they knew how to complain, but the service had not received any complaints since before our previous inspection. When we spoke with the registered manager she told us that by maintaining an open door policy and good relationships with people who used the service and their relatives issues of concern could be dealt with at source to prevent them escalating to a formal complaint. One person who used the service told us, "I know how to complain but what would I complain about? Everything is fine, the food is good, there is enough to do and the staff are fantastic".

We asked the registered manager how the service gathers feedback from people who used the service and their relatives. She admitted that they were behind with this and had not had a residents' meeting since November last year. However we saw that there were systems in place to gather the views of people who used the service. A resident questionnaire had been sent out asking people to rate the service on a variety of issues such as environment, health and well-being, privacy, security, and complaints. Only two had been returned. Seven relatives questionnaires had been returned, but the service had not analysed the information provided to look at areas for improvement or need.

Requires Improvement

Is the service well-led?

Our findings

When we last inspected Abbey Hey we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems to manage and oversee the day-to-day governance of the service were lacking. At this inspection we found significant improvements had been made and the service was no longer in breach. The registered manager had delegated responsibility for overseeing training to the service administrator who has able to show that all staff received training to help them to complete their role effectively.

We saw that Abbey Hey had a highly developed sense of community amongst the staff and the people who used the service, and staff understood that although it was their place of work, Abbey Hey was where people lived. One person who used the service said to us, "I like it here. It is clean and so much better than where I was before. The staff make it, and there is a nice atmosphere, I feel safe and I am looked after. The atmosphere, the staff, the whole environment is pleasant. They treat me nicely: no different to anyone else, we are all treated nicely".
A relative commented about the staff, "I've never known a bunch of people who get on together and all are good at what they do"

The registered manager told us, "We are a family here. We all interact with each other I work the floor as well, it helps I can speak to staff. I work nights as well".

We saw that this positive culture allowed people who used the service to maintain their own personalities and each was treated with dignity and respect. All the relatives we spoke with were complimentary about the staff and managers and supported the efforts made by the management team to improve the quality of the service.

The service had a registered manager in place as required under the conditions of their registration with CQC. 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 had been in post since January 2014.

All of the people we spoke with were positive about the registered manager. One member of staff told us, "[The registered manager] is fabulous. She is approachable and can solve problems. I am always happy to come to work and the manager makes that happen." Another told us that, "She makes time for us, and is easy to talk to, including support with personal problems. She is always supportive and helpful. She is a good manager".

Care staff told us, and we saw the registered manager and the deputy managers were visible around the home every day when they were on duty. They showed a clear understanding of the role and responsibilities of the management team, and were aware of their responsibility to pass on to them any concerns about the care being provided. The registered manager told us information was passed up as well as down, and staff

would inform her of any concerns or issues. This meant that the service had effective systems of communication. Information was delivered to the people responsible and timely action was taken to respond to the concerns. The deputy manager told us, "The staff are all great I can't find fault, they are not frightened to approach us, they will ask if they aren't sure and are observant, so they will bring things to our attention as soon as they need doing".

The staff we spoke to were positive about the home, and felt that they were supported to do their job. They told us that they were encouraged to ask questions, support one another, and were consistently acquiring a greater understanding of the people who used the service.

They felt supported in their role and we saw that they were rewarded for their efforts with an 'employee of the month award. This accolade was accompanied by a half day of annual leave, when the manager would cover their shift for them.

Staff were regularly consulted and kept informed of issues about the service and we saw evidence that meetings were held for staff, including night staff and domestic staff as and when required.

There were effective systems in place to monitor the quality of the service, for example medical records were checked for accuracy on a daily basis and the registered manager completed a monthly medicine audit. The manager and maintenance man would meet on a monthly basis to review needs relating to the physical environment of the building and furnishings and review any actions that might be required for the following month, and complete a monthly health and safety audit. We looked at the most recent audit that identified issues relating to a release door key. We saw this was acted upon and marked as complete. However we noted that not all audits were as thorough, for example we looked at a care plan audit which showed that action was required to update a specific care plan but there was no corresponding note to say that this had been completed. The registered manager agreed to review this and check the action had not been missed.

The registered manager was supported by the owners. Since the last inspection they had recognised that the service required further investment and we saw that they have invested in décor and equipment including flooring in eight rooms, new dining chairs, and new baths.

The area manager also visited on a regular basis and conducted monthly unannounced quality assurance checks. We looked at the most recent which showed action needed with regard to care records, and saw that this action had been completed by the registered manager.

Copies of the company's policies were kept in the staff room where they were available to staff, and we saw that these were based on good practice guidance and up to date legislation. All policies were checked and reviewed on a regular basis. This demonstrated to us a desire to ensure staff had the most up to date guidance to ensure they supported people as well as they could. When we spoke with staff they showed a good understanding of the policies, especially the whistleblowing and infection control policy.

We saw that the service kept a track of accidents and incidents, and all incidents were recorded. However, we were unable to determine how this information was used, as there was no analysis to determine if any patterns of injury or trends could be established. When we raised this with the registered manager she agreed to review recent incidents to determine if there were any underlying causes or trends.

Before our inspection, we checked with the local authority commissioning team and safeguarding team, and they informed us that they did not have any concerns about Abbey Hey and were satisfied with the level of care provided. Some feedback we reviewed from the relative of a person who used the service stated, "We

have visited four to five times a week and neither myself nor any family member has reason to be alarmed at the level of care and cleanliness in the home….your priority is the care of all your special guests".

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating and report from our last inspection were displayed in the entrance hall.
Following our last inspection we rated the service overall as 'Inadequate' and it was placed in 'special measures'. Services that are in 'special measures' are kept under review and are inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. As part of this inspection we reviewed the action plans the provider had submitted to us. We found that these had been completed and significant improvements had been made to the service. Therefore it is no longer in 'special measures'.

Whilst we saw improvements had been made, we have not rated this key question 'good'. To improve the rating to 'good' would require a longer term track record of consistent and sustainable good practice.