

Abbeyfield North Northumberland Extra Care Society Limited

Abbeyfield House - Alnwick

Inspection report

South Road
Alnwick
Northumberland
NE66 2NZ

Tel: 01665604876

Date of inspection visit:
19 July 2018
24 July 2018
03 August 2018

Date of publication:
13 September 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Abbeyfield House – Alnwick is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 25 people. There were 25 people living at the home at the time of the inspection.

We carried out an unannounced comprehensive inspection of Abbeyfield House – Alnwick in December 2017. We identified two breaches of the regulations relating to dignity and respect and good governance. We rated the key question 'is the service well-led?' inadequate and rated the service as requires improvement overall.

Following the inspection, we met with the registered manager and nominated individual to discuss our concerns, improvements needed and support that may be available. The provider also sent us an action plan stating what action they were going to take to improve.

We carried out a comprehensive inspection on 19 and 24 July and 3 August 2018 to check that they had followed their plan and to confirm that they met legal requirements.

At this inspection we found that improvements had been made, however, further action was required.

The provider was a charitable organisation. A committee of volunteers oversaw the home. A registered manager was 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 deputy manager had stepped down from their post. As a result, there was no deputy manager in place at the time of the inspection. Following our visits to the home, the registered manager told us that a new deputy manager had been appointed.

There were safeguarding procedures in place. The local authority safeguarding team were working with the home following the concerns that were raised at our last inspection. A safeguarding meeting had been held and an action plan formulated which the home were working towards. The provider had commissioned an external human resources consultant to speak with staff and write a report detailing any recommendations that needed to be made. The consultant was speaking with staff at the time of our inspection and was in the process of writing their report.

We received mixed feedback about the caring nature of staff. People and most staff told us there had been an improvement in staff attitude but further changes were still needed with regards to the attitude of a certain few. We observed positive interactions between staff and people. Staff promoted people's dignity

and ensured they promoted people's privacy and dignity during moving and handling procedures.

Some people, staff and relatives told us that more staff would be appreciated. Staff were more visible than at our last inspection. We observed however, that there was a lack of interaction at certain times of the day especially in the afternoon. We have recommended that staff deployment is kept under review due to the mixed feedback we received.

We identified issues with the maintenance of records. There were shortfalls in the recording of certain medicines. Care plans for two people who were staying at the home for respite care had not been fully completed and some of the assessment tools we viewed were outdated.

There was limited information about people's personal histories and backgrounds in the care files we viewed. This information can help staff provide care and support that respects the individual's wishes, needs and preferences. We have made a recommendation about this. The registered manager told us that she was visiting another Abbeyfield care home to view their care documentation.

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. We found omissions in the maintenance of records relating to the Mental Capacity Act 2005. The registered manager was addressing this issue.

The service was clean and there were no malodours. Checks and tests had been carried out on equipment to ensure this was safe. Temperatures within the home were monitored and were within acceptable and comfortable limits. We found that not all aspects of the environment met best practice guidance relating to supportive environments for people living with dementia. We have made a recommendation about this.

Most people told us they were satisfied with the meals at the home. We observed the lunchtime experience. Staff sat and ate with people at lunch time to make the meal a more social experience.

Staff worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GPs, dietitians, the chiropodist and dentist.

An activities coordinator was employed. There was a varied activities programme in place. People told us there was enough going on to occupy their attention. There was a complaints procedure in place. No complaints had been received.

There was a quality monitoring system in place. However, this had not always identified the issues which we had found with the maintenance of records relating to medicines, the MCA and care records. In addition, further improvements were required to ensure that all staff demonstrated high quality compassionate care.

The omissions and shortfalls we identified did not appear to have a major impact upon people themselves. People and relatives told us they were happy with the service. One person told us, "It's the best here in Alnwick."

We found one continuing breach of the Health and Social Care Act 2008. This related to good governance.

Due to the continuing breach of the regulation relating to good governance and the continued rating of requires improvement; we have organised a meeting with the registered manager and provider to discuss our concerns and the improvements required for this service to become compliant with the regulations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We identified shortfalls in relation to the management of medicines.

Some people, staff and relatives told us that more staff would be appreciated. Staff were more visible than at our last inspection. We observed however, there was a lack of staff interaction with people at certain times of the day especially in the afternoon.

The local authority safeguarding team were working with the home following the concerns that were raised at our last inspection. A safeguarding meeting had been held and an action plan formulated which the home were working towards.

Requires Improvement 

Is the service effective?

The service was not always effective.

We found omissions in the maintenance of records relating to the Mental Capacity Act 2005.

Care plans for two people who were staying at the home for respite care had not been fully completed and some of the assessment tools we viewed were outdated.

Not all aspects of the environment met best practice guidance relating to supportive environments for people living with dementia.

Most people told us they were happy with the meals at the home. Staff worked with various agencies and accessed other services when people's needs had changed.

Requires Improvement 

Is the service caring?

The service was not always caring.

People and most staff told us there had been an improvement in staff attitude but further changes were still needed with regards to the attitude of a certain few to ensure that all staff

Requires Improvement 

demonstrated high quality compassionate care.

There was limited information about people's personal histories and backgrounds in the care files we viewed. This information can help staff provide care and support that respects the individual's wishes, needs and preferences.

We observed positive interactions between staff and people. Staff promoted people's dignity and ensured they promoted people's privacy and dignity during moving and handling procedures.

Is the service responsive?

Good ●

The service was responsive.

Improvements had been made regarding care documentation. Care files had been reduced in length which made the information easier to find.

People told us they could spend their day as they wished.

An activities coordinator was employed. There was an activities programme in place. People told us there was enough going on to occupy their attention

There was a complaints procedure in place. People and relatives told us they had no complaints about the service. No complaints had been received

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider was a charitable organisation. A committee of volunteers oversaw the home. A registered manager was in post.

There was a quality monitoring system in place. However, this had not always identified the issues which we had found with the maintenance of records relating to medicines, the MCA and care records. In addition, further improvements were required to ensure that all staff demonstrated high quality compassionate care.

The omissions and shortfalls we identified did not appear to have a major impact upon people themselves. People and relatives told us they were happy with the service.

Abbeyfield House - Alnwick

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 19 and 24 July 2018 and 3 August 2018. The visit on the 19 July 2018 was unannounced. The other visits to the service were announced. The inspection was carried out by an adult social care inspector.

We did not request a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection, we reviewed information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We contacted Northumberland commissioning and safeguarding teams. We also contacted Northumberland Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with the registered manager, four senior care workers, three care workers, two chefs, a kitchen assistant, two housekeeping staff, a member of the hospitality team and the activities coordinator. We also spoke with a senior care worker, care worker and agency care worker on night shift to find out how care was delivered at night. In addition, we spoke with the external human resources consultant.

We spoke with 12 people and five relatives to obtain their views about the service. We also spoke with a senior clinical pharmacist, a dietetic assistant from the local NHS Trust, a pharmacist and an optician's domiciliary assistant.

We observed the care and support staff provided to people in the communal areas of the home. We looked at the care plans and records for six people. We also viewed other documentation, which was relevant to the management of the service including quality monitoring systems and training records.

Is the service safe?

Our findings

At our previous inspection in December 2017, we rated this key question as requires improvement. We identified a breach in the regulation relating to good governance. Most staff and several people raised concerns about the manner of a small number of staff who could be abrupt at times towards people and the other staff. We identified shortfalls in relation to the monitoring of one person who self-administered their medicines and records were not available to evidence that water temperatures were within safe limits.

At this inspection, most staff told us that there had been improvements in the attitude of staff, although they told us there were still concerns about the manner of a small number of them. This was confirmed by people with whom we spoke.

There were safeguarding procedures in place. The local authority safeguarding team were working with the home following the concerns that were raised at our last inspection. A safeguarding meeting had been held and an action plan formulated which the registered manger told us, "We're getting there."

We received mixed feedback from people and relatives regarding staffing levels. Comments included, "I find there are enough staff," "The staff are lovely – they don't let you wait long" and "I think they could do with more staff."

The home worked with one agency to provide staff cover when required. The same staff from this agency covered shifts to ensure continuity and familiarity for people.

Staff were more visible than at our last inspection. We saw several staff sitting with people and completing their paperwork. Other members of the staff team including domestic staff, the hostess and activities coordinator also interacted with people and supported the care staff. We observed however, that there was a lack of interaction at certain times of the day especially in the afternoon.

We recommend that staff deployment is kept under review due to the mixed feedback we received.

Following our inspection, the registered manager wrote to us and stated, "Staff deployment will be kept under review by the manager or deputy manager addressing this with unannounced visits to the establishment to observe how staff are complying with the home's duty of care, policies and procedures and the interaction with work colleagues, sponsors and residents."

The service was clean and there were no malodours. Staff had access to and used personal protective equipment such as gloves and aprons. Temperatures within the home were monitored and were within acceptable and comfortable limits

Water temperature checks were now carried out to evidence that water temperatures were within safe limits to reduce the risk of Legionella. Infection by Legionella bacteria causes Legionnaires' disease which is a serious form of pneumonia.

Checks and tests had been carried out on equipment to ensure this was safe. We noticed that one person did not look comfortable in their wheelchair. We spoke with the registered manager about our observations. She told us they were going to refer them for specialist seating. Following our inspection, the registered manager told us that a referral had been sent.

We checked the management of medicines. People told us they received their medicines as prescribed. We observed a staff member administer medicines. They followed safe administration procedures. The staff member said to one person, "Do you want any paracetamol? It'll help take away your pain?" The person smiled and said, "You sound like the advert!" They both laughed.

We found shortfalls in the recording of topical medicines such as creams and ointments. In addition, certain medicines were recorded on the medicines administration record which had not been signed as being administered. The senior care worker told us that these medicines had been discontinued. Errors can occur when discontinued medicines are included on a medicines administration record. The registered manager wrote to us following our inspection to state that they had contacted the relevant external professionals prior to our inspection to have the discontinued medications removed from the medicines administration record.

One person was prescribed a nutritional supplement three times a day. We noted that they refused this supplement at night. There was no evidence that this had been discussed with the person's GP or dietitian. In addition, the person had lost weight. The registered manager told us that this would be addressed. We spoke with a dietetic assistant following our inspection who confirmed that staff had spoken with the team.

Another person was prescribed inhalers. We noted that their medicines administration record did not demonstrate that staff had administered one of their inhalers. The senior care worker explained that the person self-administered this medicine. This information however, was not recorded.

We visited a third person in their room. A tub of thickener, used to thicken their fluids was stored on the person's table. NHS England previously issued a safety alert regarding the safe storage of thickener to reduce the risk of accidental ingestion. We spoke with the registered manager who told us that this would be addressed immediately.

Medicines audits were carried out; however, these had not identified the shortfalls we found.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Recruitment checks were carried out prior to staff starting work. These included obtaining a Disclosure and Barring Service [DBS] check and two references. These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with people.

Is the service effective?

Our findings

At our previous comprehensive inspection in December 2017, we rated this key question as requires improvement. We identified a breach in the regulation relating to good governance. We found omissions in the maintenance of records relating to the Mental Capacity Act 2005 [MCA] and not all aspects of the environment met best practice guidance relating to supportive environments for people living with dementia. At this inspection, we found that some improvements had been made; however, further action was required.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At this inspection, we found continuing shortfalls and omissions in relation to the MCA. The registered manager had submitted DoLS applications to the local authority. However, there was a lack of evidence to demonstrate that assessments were being carried out when people first came to live or stay at the home to ascertain whether their care amounted to a deprivation of liberty. This would ensure that any DoLS applications could be sent to the local authority in a timely manner. The registered manager told us that this would be addressed.

The registered manager told us they were still awaiting information from some relatives about whether people had a Lasting Power of Attorney [LPA] in place. LPA is a legal tool which allows people to appoint someone (known as an attorney) to make decisions on their behalf if they reach a point where they are no longer able to make specific decisions. There are two types of LPA; property and financial affairs and health and welfare. This information is important to confirm whether an attorney has been appointed and what type of LPA was held to ensure the correct attorney is involved in the correct decisions.

Mental capacity assessments had been carried out for certain decisions such as any restrictions on people's movements. The registered manager told us that staff were carrying out further assessments regarding important decisions about people's care.

Preadmission assessments were carried out before people moved into the home. We looked at two people's care records who were staying at the home on respite care. Respite care is a short-term stay, in a care home. Respite breaks can be planned, or unplanned in cases of emergency. We noted that care plans for people on respite care were not fully completed and lacked information about people's needs. We spoke with the

registered manager about this issue. She told us that this would be addressed.

Some of the assessment tools we viewed were still outdated. The registered manager told us that she was visiting another Abbeyfield care home to view their documentation.

These shortfalls relating to the MCA and care assessments constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Staff said there was sufficient training. Most told us there was too much training. The registered manager provided us with information to demonstrate that staff had completed training in safe working practices and to meet the needs of people. One member of staff said, "I've just finished a team leading course." Staff were completing Legionella training at the time of our inspection.

There was a supervision and appraisal system in place. Most staff told us they felt supported. However, several staff told us that more support was required. Supervision and appraisals are used to review staff performance and identify any training or support requirements. Personal improvement plans were in place for certain staff where concerns or issues had been raised about their practice.

We checked whether the design and décor of the premises met the needs of people. Accommodation was on the ground floor. There was a lounge, dining room, conservatory and well-maintained gardens. We found that not all aspects of the environment met best practice guidance relating to supportive environments for people living with dementia. The registered manager told us that this was being addressed. New carpets were due to be laid and they were looking into additional signage around the home.

We recommend that the design and decoration of the premises is based on current best practice in relation to the specialist needs of people living at the service.

Following our inspection, the registered manager wrote to us and stated, "The executive committee have allocated funds to help make the home more dementia friendly."

Most people told us they enjoyed the meals at the home. Comments included, "The food is not bad at all. I wouldn't say it's top of the range. I would say it's reasonable," "Lovely food, couldn't be better," "The food is good," "Some of the meals you don't like – but that's only natural" and "The food it is a lot better – it is nice." One person told us, "The food could be better."

There was a choice of meals. People were asked for their preference the day before. We observed the dining experience on the second day of our inspection. Staff gave one person mince and dumplings. The person told the member of staff that they would prefer the salad option. They still however, received mince and dumplings. Although they told us they enjoyed their lunch they said, "Salad is my favourite meal." We spoke with the registered manager about our observations. She told us that she had spoken with staff to ensure people were asked again at meal times what they would like to eat and their choices were respected.

Picture menus were not available for those who had a dementia related condition to help them visualise and choose what they would like to eat. The registered manager told us that she was looking into this.

Staff were attentive to people's needs throughout the meal and offered discreet support where required.

People and relatives told us that people were supported to maintain good health and access healthcare services. One relative told us, "If there's anything amiss they get the doctor."

Staff worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GPs, dietitians, the chiropodist and dentist. The clinical pharmacist phoned weekly to find out if there were any changes to people's medicines or if any new people had moved into the home. They visited on the third day of our inspection. They told us they had no concerns about the service. An optician's domiciliary assistant also visited.

Is the service caring?

Our findings

At our previous comprehensive inspection in December 2017, we rated this key question as requires improvement. We identified a breach in the regulation relating to dignity and respect. Some people and relatives raised concerns about the attitude of a small number of staff. In addition, certain staff procedures such as moving and handling did not always promote people's dignity.

At this inspection, we received mixed feedback about the caring nature of staff from people and relatives. Comments included "The staff are beautiful and all lovely," "The staff are very nice, very obliging," "The girls are nice," "It meets mum's needs. I think she is well looked after," "They bother on" and "They are so caring." A relative told us, "Some staff did not greet us as warmly, they were not as welcoming. It's not an issue now since things have been addressed." A health and social care professional told us, "The staff are fab, always lovely."

We spoke with three people who had raised concerns about the manner of staff at our previous inspection. They told us improvements had been made, but further changes were still needed with regards to the attitude of a certain few. Comments included, "They are nicer than they were," "There is a few staff who are not as good as others," "We have the odd abrupt one – quite tauty [grumpy]," "There are one or two a bit grumpy" and "Some of them come in and they are not very happy, probably because they have been rushing about."

Most staff also told us there had been an improvement in staff attitude. Comments included, "They are trying better now not to be abrupt" and "The care is good. There is just an issue with the culture and attitude of a few staff." However, one staff member said, "Half of the thing about being a carer is being caring and how can they care for people if they don't care for each other?"

People told us that staff promoted their privacy and dignity; with the exception of a small number of staff whose attitude was not as positive as others. Comments included, "They used to wheel you away without telling you, now they tell me where they are taking me when we go down the corridor," "There's company and there's the privacy of your room" and "They are smashing with privacy and dignity and they always knock before they come into your room." We observed that staff ensured people's dignity was maintained during moving and handling procedures.

We observed positive interactions between staff and people. There was a planned fire alarm test and a member of staff told a person, "I'd rescue you [if it was a real fire]. I'd never leave you." The person smiled and said "Thank you." Another staff member went around saying good bye to people at the end of her shift. She gave people a hug and said, "I'll be back in the morning." One person told us, "She's a good worker." We observed the lunchtime experience. Staff sat with people at meal times which they told us added to the social experience. One staff member said, "I like to sit here and eat with [names of people]."

We looked at people's care plans. We noted there was limited information about people's personal histories and backgrounds in the care files we viewed. This information can help staff provide care and support that

respects the individual's wishes, needs and preferences. We spoke with one relative who told us, "It's important that they know their background – they are more than a person sitting in a chair. I don't think anyone has asked us about [name's] background. They are very proud of their background." We spoke with the registered manager who told us she was looking into this.

We recommend that the provider seeks advice and guidance from a reputable source to ensure that care plans reflect people's personal histories and backgrounds to help staff deliver person centred care.

People and relatives told us they were involved in their care. Meetings and surveys were carried out to obtain people's views.

Whilst we recognised that action was being taken and improvements had been made regarding the attitude of a small number of staff. Further improvements were still required to ensure that all care staff demonstrated high quality of compassionate care. We have taken this into account when rating this key question as requires improvement.

Is the service responsive?

Our findings

At our previous comprehensive inspection in December 2017, we rated this key question as requires improvement. We identified a breach in the regulation relating to good governance. Care plans were extensive and not always relevant or necessary. There was a complaints procedure in place. However, the registered manager had not recorded full details of the complaints which had been received.

People and relatives spoke positively about the responsiveness of staff. One relative said, "She's picked up tremendously since she's been here." We spoke with two people who had moved into the home just before our last inspection. They were more alert and engaged in their surroundings than they had been at our last visit.

At this inspection, we found that improvements had been made regarding care documentation. Care files had been reduced in length which made the information easier to find. Care plans contained more information about people's needs. One care plan stated, "Staff to take some of [name's] teddy bears to the bathroom as this can help with anxiety."

People told us that they could spend their day as they wished. One person told us, "I go out for walks two or three times a day" and "Have no fears [about coming here] – it's alright and I am free to go out." Another person said, "I can have a bath or shower when I like."

There was no one receiving end of life care at the time of the inspection. Action was being taken to ensure that information about people's wishes at this important time in their lives was included in their care files.

There was a varied activities programme in place. An activities coordinator was employed. People and relatives spoke positively about them. People told us there was enough going on to occupy their attention. Comments included, "Taking things as a whole – there is enough going on and we have the television" and "Oh yes, there's always something going on."

The activities coordinator organised a number of activities during our inspection. This included a pamper session; quizzes and a trip out into the local community. Children from one of the local primary schools also visited. People loved seeing the children. One person said to us, "Aren't the children lovely." Before the children left, they said a prayer which people joined in. People's spiritual needs were met. One person told us, "I miss my church, but there's one here [church service] each week and you can keep up with it."

The service had started to consider the Accessible Information Standard to meet the information and communication needs of people. Care plans contained details of people's communication needs. The service obtained large print booklets from the blind association. They were also looking into getting 'talking newspapers.' The activities coordinator currently spent time with people reading the newspapers discussing local news and events.

Technology was used to help ensure people received timely care and support. Call bell systems were in

place in people's rooms. People also had access to 'portable' call bells which they wore around their wrist. Chair and bed sensor alarm mats were also in place if people were at risk of falling. The service had four iPads which were used during activities. A computer was also available for people to video call friends and relatives.

There was a complaints procedure in place. No complaints had been raised since our last inspection. People and relatives told us they had no complaints about the service. One person said, "I have no complaints, sometimes I'm up four times during the night and they never complain, they're very helpful."

Is the service well-led?

Our findings

The provider was a charitable organisation. A committee of volunteers oversaw the home. A registered manager was in post. The deputy manager had stepped down from their post. As a result, there was no deputy manager in place at the time of the inspection. Following our visits to the home, the registered manager told us that a new deputy manager had been appointed.

At our previous inspection in December 2017, we rated this key question as inadequate. We identified a continuing breach in the regulation relating to good governance. Most staff told us that more support from the registered manager and the committee would be appreciated. They said morale was low and several staff were leaving.

At this inspection, most staff told us that there had been improvements at the home. Comments included, "I think it's got a bit better," "It's not as bad as it was" and "Management are trying to make things better." Some staff still felt improvements in morale were required. Comments included, "Certain staff spoil the atmosphere. I loved it when I first started," "Morale, sometimes it's good, sometimes not so good" and "The attitude is still going on." We spoke with the registered manager about this feedback. She told us that disciplinary action was now being taken with regards to certain staff where concerns had been upheld.

Most staff told us they felt supported by the registered manager. Comments included, "I get on well with [name of registered manager]," "The manager is fantastic, very supportive" and "[Name of registered manager] has tried and better tried [to resolve the issues with staff]." Some staff told us that further support would be appreciated.

The provider had commissioned an external human resources consultant to speak with staff and write a report detailing any recommendations that needed to be made. The consultant was speaking with staff at the time of our inspection and was in the process of writing their report.

There was a quality monitoring system in place. However, this had not always identified the issues which we had found regarding the maintenance of records relating to medicines, the MCA and care records. In addition, further improvements were required to ensure that all staff demonstrated high quality compassionate care

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Following our inspection, the registered manager wrote to and stated that training would be arranged for senior and supervisory staff with an emphasis on further development.

The omissions and shortfalls identified, did not appear to have a major impact upon people themselves. People and relatives told us they were happy with the service. Comments included, "It's a nice, pleasant place to be," "If you've got to be somewhere, here is as good as it gets," "It's homely – it has the feel of a home

rather than an institution," "The ambience of the home is good. It has a really good feel – it's welcoming, you come in and feel part of it," "I wouldn't fault this place in a million years," "They are fantastic. I would give them 10 out of 10" and "Abbeyfield is for people who feel they haven't left their home."

'Resident and relatives' meetings were held to obtain the views of people and their representatives. Pictorial surveys were carried out. It was not always clear however, what action had been taken if any issues were highlighted. The registered manager told us that this would be addressed.

The home was an active part of the local community. They had links with the local churches and schools.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were ongoing omissions and shortfalls including the maintenance of records relating to medicines management, the Mental Capacity Act 2005 and care records. In addition, there were shortfalls in relation to monitoring one person who self-administered their medicines and the storage of those medicines. In addition, further improvements were required to ensure that all staff demonstrated high quality compassionate care. Regulation 17 (1)(2)(a)(b)(c)(d)(ii)(e)(f).</p>