

Anchor Trust

Abbeywood

Inspection report

Wharf Road
Ash Vale
Aldershot
Hampshire
GU12 5AX

Date of inspection visit:
02 October 2018

Date of publication:
12 November 2018

Website: www.anchor.org.uk

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Abbeywood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Abbeywood accommodates 51 people in one adapted building. The building is over two floors and set out in five living areas, each with their own lounge and dining rooms.

At the time of our unannounced inspection on 2 October 2018 there were 44 older people living at the home, some of whom were living with dementia. A further person moved in during the afternoon of our inspection, increasing the number to 45.

There was a registered manager in place. 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 assisted us with our inspection.

At the last inspection on 10 March 2016, the service was rated Good. At this inspection we found the service remained Good in Safe, Effective and Caring. The service had progressed to 'Outstanding' in Responsive and Well-Led. We found the responsiveness to each person's, needs, desires and wishes was an excellent feature of the care provided at Abbeywood.

People's care and support was planned proactively in partnership with them. Staff used individual ways of involving people and people took a key role in the local community. People's needs were responded to in a way that promoted an enhanced sense of well-being. They had facilities and support available to them to help them live as fulfilling a life as possible. People's care was tailored to their individual needs. Technology was used appropriately to the benefit of people and staff showed a dedication to involving people in the local community for people's benefit.

People had opportunities to take part in activities that reflected their interests and preferences. Where people's needs changed staff responded in a proactive way to meet those needs. End of life care was described as 'super' by a health care professional. The registered manager took the opportunity to learn from complaints and feedback and responded to these using a face to face approach. The registered manager and staff put people at the front of the service and their attitude demonstrated a 'can-do' approach to making sure people's lives whilst living at Abbeywood was the best it could be.

People, relatives and staff benefited from excellent leadership provided by the registered manager. There was a clear impact for people and staff from the management of the service. Relatives said management was open and transparent and it was clear from our discussions that they had a drive to continuously improve the service people received. Staff said there was a strong team ethos and staff said they received

good support from their colleagues. Staff had established effective links with health and social care professionals to ensure people received the care they needed.

The registered manager led by example and as such had developed a positive culture within the staff team. There was a desire to learn from new research and development in relation to people's needs. The registered manager demonstrated a passion for the service and its people.

People who lived at the home, their relatives and other stakeholders had opportunities to give their views. The provider's quality monitoring systems were effective in ensuring people received good quality care and support. Important areas of the service were audited regularly and action plans were developed when areas for improvement were identified.

People were supported by sufficient numbers of appropriately skilled staff to meet their needs and keep them safe. Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had.

Risks to people's safety were identified and action taken to keep people as safe as possible. Accidents and incidents were reviewed and measures implemented to reduce the risk of them happening again.

People lived in a home which was clean and hygienic and people received their medicines safely and as prescribed. The environment was adapted to suit people's needs and continuously checked for its safety.

People's needs had been assessed before they moved into the service to ensure staff could provide the support they required. Staff had the training and support they needed to carry out their roles effectively.

People's rights under the Mental Capacity Act 2005 were respected. Staff understood the importance of gaining people's consent to their care. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe.

People could make choices about the food they ate. People were supported to maintain good health and to obtain treatment when they needed it.

Staff were kind and caring towards people and there were positive relationships observed. Staff treated people with respect and maintained their dignity. People were supported to make choices about their care and to maintain relationships with their friends and families.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe

People's medicines were managed safely.

Risks to people were responded to and staff knew how to recognise abuse and act upon it.

People were cared for by enough staff who had been appointed through robust recruitment processes.

People lived in an environment that was clean and checked for its safety.

Lessons were learnt from accidents and incidents and appropriate action taken.

Is the service effective?

Good ●

The service was Effective.

People's needs were assessed before moving in to Abbeywood and the environment was adapted for people's individual needs.

Staff were provided with the training and support needed to carry out their roles.

People were provided with sufficient food and drink as well as support to access health care professionals when needed.

Staff followed the principals of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was Caring.

People were cared for by staff who demonstrated a kind and caring approach to them. One that showed people respect and dignity.

People were encouraged to be independent and make decisions about their care.

People were supported to maintain relationships that meant something to them.

Is the service responsive?

The service provided an outstanding responsive approach.

People could play an active role in the local community.

People could access individualised, meaningful activities to give them a sense of enhanced well-being.

People had access to up to date technology in their day to day living.

People's needs were responded to by staff and people were actively involved in their care planning.

People's individuality and social needs were recognised and supported by staff.

There was a good complaints procedure in place which ensured that people were listened to and their views valued.

People received appropriate and compassionate end of life care.

Outstanding 

Is the service well-led?

The service was led in an Outstanding way.

People benefitted from an extremely well led service. One that put people at the forefront.

The registered manager strove for excellence and demonstrated a real passion for the service.

There was a drive to improve the service and to provide high quality, safe, caring and responsive care to people.

The registered manager had created an environment where staff felt supported and there was a positive ethos and good culture within the service.

Excellent links had been developed with external agencies.

People and relatives were positive about the management of the service.

Audits were undertaken to continuously check the quality of the

Outstanding 

Abbeywood

Detailed findings

Background to this inspection

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

The inspection took place on 2 October 2018 and was unannounced. This was a comprehensive inspection carried out by three inspectors and an expert by experience. An expert by experience has experience of caring for or knowing someone who has lived in this type of setting.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. 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. This enabled us to ensure we were addressing potential areas of concern at our inspection.

We contacted three social care professionals for their views of the service before we visited. We received feedback from two which we have included in our report.

During the inspection we spoke with or met 12 people who lived at the home, three relatives and one healthcare professional. We also spoke with nine members of staff plus the registered manager and deputy manager. If people were unable to tell us directly about their experience, we observed the care they received and the interactions they had with staff. We looked at five people's care records, including their assessments, care plans and risk assessments. We checked training records and how medicines were managed. We also looked at health and safety checks, quality monitoring checks and the results of the provider's latest satisfaction surveys.

Is the service safe?

Our findings

People lived in a service where they were kept safe. This was because staff identified, assessed and acted on risks to people and recognised their responsibility in keeping people safe from abuse. One person told us, "Staff are all pretty good. I feel quite safe and cared for." Another said, "I do really (feel safe here)." A relative commented, "We feel safe knowing Nan's here. Nothing is too much trouble."

Risks known to people were recorded in their care plans and supported by guidance for staff. One person said, "They (staff) put me in a wheelchair to bring me to the lounge so I can't trip or fall." A relative told us, "They seem to have it all covered. They will stand behind her to keep her safe." People's medical risks were managed well. For example, where people had diabetes there was clear information to staff on how they may be affected and how staff should respond if their blood sugars became too high or too low. People had appropriate equipment in place to help reduce their risk of falls, such as walking aids and a sensor alarm to alert staff if they got out of bed.

Staff were trained in how to recognise abuse and knew what they should do if they suspected it. One person told us, "It's their attitude towards you. They are never rude – they're excellent." A staff member told us, "I would report any unexplained bruising straight away and record it." Any previous concerns of possible safeguarding had been reported to CQC by the registered manager as per the requirements of registration. We were aware the service worked in conjunction with the local authority's safeguarding team to fully investigate these. Staff were confident to ask the inspection team who we were and checked our identification at every stage.

People were cared for by a sufficient number of staff. People told us this and staff also said they did not feel rushed and that there was enough of them. One person said, "Excellent, can't fault them (staff)." A relative told us, "I think they are well staffed. Staff are superb and there's always someone around when needed." We did not see anyone having to wait for assistance throughout our inspection and when call bells rang these were answered promptly.

The staff that cared for people had undergone a robust recruitment process. We checked four recruitment files which included previous employment details, references and undergoing a Disclosure and Barring Service (DBS) check. A DBS check looks at whether the prospective staff member is suitable to work at this type of service.

People received the medicines they required and medicines management practices were safe. One person said, "They bring me my medication everyday without fail." People's prescription details were held on a Medicine Administration Record (MAR). MARs had a picture of the person for identification purposes as well as details of any allergies they had. We found no gaps in people's MARs which told us they had been given the medicines prescribed to them. Medicines were stored in trolleys which were locked when not in use and the temperature of them taken to help ensure medicines were stored at their optimum temperature.

People lived in an environment that was cleaned regularly and was well maintained. Housekeeping staff

were seen cleaning throughout the day and we found communal areas, including bathrooms and toilets clean. Where staff stored or cleaned equipment, such as commodes these rooms were tidy and free from dirt. Staff were seen to wear gloves and aprons and when serving up lunch had hair nets on. One person required a dressing changed and the staff member explained to the person what they needed to do and explained why it was important to keep the area clean. A person told us, "It's all kept very clean – they wash their hands and mine." A staff member told us, "We have a cleaning schedule and supervisions to check standards." A health care professional told us, "It's beautifully clean."

People lived in an environment that was checked for its safety. Health and safety checks were carried out regularly. This included a fire risk assessment, daily fire safety checks, ensuring a first aider was on duty each day and that the water used by residents was safe. There were several animals living at Abbeywood, including rabbits and two cats and risk assessments were in place for these.

The service learnt when things went wrong. We reviewed the accidents and incidents log and saw that each incident had been recorded fully and reviewed by the deputy manager. A monthly report was produced which the registered manager could review to look for trends or themes. One person had had three falls in the space of four months. We read they had been referred to the falls team (a team of professionals who will review a person who is at high risk of falls). We heard from staff how another person's room was, "Modified and we've put in shelves to move things from the floor to reduce the risk of falls."

Is the service effective?

Our findings

People's needs had been assessed before they moved into the home. We found comprehensive assessments for people which helped to ensure that Abbeywood would be a suitable place for them to live. A person's pre-assessment formed the basis of their care plan. The registered manager told us, "We get people here for a day to get to know the service. They get a tour and are introduced to everyone."

People lived in an environment that was suitable for them. One person told us, "There is plenty of space and my room is comfortable." Corridors were wide and although bedrooms were not en-suite, there were plenty of bathrooms and toilets available. Each person had their name on their bedroom door and a small memory box which they could fill with their own personal items to help identify where their room was.

Staff had access to the training and support they needed to carry out their roles. One person told us, "(Staff) extremely skilled and patient with us all." A relative commented, "They only hire qualified staff and there is on-going training." All staff we spoke with talked highly of the training they received. One staff member said, "It's the best training I've had. Anchor are very hot on refresher training." We observed staff undertaking their job with confidence and competence. Compliance with training was at 99.9% and staff said the registered manager consistently reminded them to complete refresher training. Training topics included first aid, food hygiene, fire safety and moving and handling. In addition, there was specific training in subjects such as end of life, dysphagia or dementia. Staff felt supported in their role as they told us they had regular supervisions and an annual appraisal. This gave them the opportunity to meet with their line manager on a one to one basis to discuss their role, any training needs, concerns or professional development. A health care professional told us, "They're (staff) receptive to educational sessions."

People were being supported to make decisions in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Mental capacity assessments had been carried out where necessary and staff presented information to people in ways they best understood, which helped their decision-making. This included where people were unable to verbally communicate or had a hearing or speech impairment. Where people lacked the capacity to make a particular decision, staff had consulted all relevant people, such as relatives and healthcare professionals, to ensure the decision was made in the person's best interests. People had DoLS applications in place due to their lack of capacity to make the decision to live at Abbeywood. Other people had capacity assessments and best interests decisions for sensor mats. These were used to alert staff if people moved around unaided. We noted people had signed their consent to their care where they were able to do so. One person told us, "They always ask and explain anything I'm not sure of."

People told us they enjoyed the food and could make choices about what they ate. One person told us, "The food is very good. They explain what is on the menu. If there's something you don't like they will offer a cheese omelette." Another person said, "Plenty of choice and variety. Fish and chips on Friday." A third said, "Quite happy with the food and drinks are readily available."

People were seen being supported by staff to sit at tables for their lunch. No one was rushed and staff chatted to people about what they had chosen to eat. One person had chosen quiche instead of the meal choices and we saw they received this. One person told us, "It is food you like and food you can eat."

People's dietary requirements were recognised and where people were at risk staff took appropriate action. One person had been referred to the Speech and Language Therapy team as they were having difficulty in swallowing. This resulted in them being on a pureed diet which we saw them having at lunch time. This same person had also been referred to the dietician in response to some weight loss and staff were recording their food and fluid intake to help ensure they had sufficient of both. A health care professional told us, "The kitchen is fabulous with their fortified foods."

People were supported to stay healthy and to obtain treatment when needed. One person told us, "You only have to shout and they will arrange (for a health professional)." Another told us, "The optician came recently." We saw evidence of people receiving involvement from the dentist, optician, podiatrist and dietician. Abbeywood was situated opposite the community health centre. This resulted in them developing a very close working relationship with the practice matron who told us, "(If I leave guidance for staff) they follow it 100%. They welcome me with open arms. They avoid unnecessary hospital admissions."

Is the service caring?

Our findings

People were happy with living at Abbeywood. One person told us, "I am happy here." Another said, "It's very nice. Staff are nice – trustworthy and pleasant." A third said, "Can't fault them here."

Relatives and professionals reiterated what people had told us. One relative said, "It's brilliant here. I can't praise them (staff) enough. She is well looked after. It is very, very good." A second told us, "Definitely not got a bad word to say about them (staff). I'm constantly amazed at what they do." A health care professional told us, "They don't pay lip service – I'd put my mum in here."

There was a warm, caring atmosphere in the home. One person told us, "They (staff) are kind and caring and find time to sit and talk." Another person said, "They joke and laugh – they are very kind." People clearly had good relationships with staff and they appeared relaxed in their company. Staff knew people well and could describe to us people's individual characteristics. We heard staff talking to people about whatever they would like, for example, one person was asking the staff member where they lived and they chatted about that.

People were encouraged to make decisions about their care and maintain relationships close to them. One person required regular exercise and staff were encouraging them to go for a walk, however the person chose not to and we noted staff respected this. Another person told us, "Oh yes, I choose when I get up and go to bed. They (staff) do not force you to do anything." A further person commented, "I always have control." A relative rang to speak to their family member whilst we were talking to staff and we observed the staff member support the person to sit in a different area so they could have a private conversation. A relative told us, "Always welcome. Never treated as a visitor."

People were given individual attention from staff. One person was invited to a family wedding and a staff member told us, "We tried on his suit and we walked around the home and out in the garden so he could get used to having a suit on again. This ensured he felt comfortable dressed like that for the day – he had such a lovely time." One person told us, "They are all so kind. They care." A relative told us, "They (staff) treat her very well – she is very happy." A second said, "They always make a fuss of her."

Staff recognised people's individual ways of communicating. We heard how one person communicated with their eyes and how staff could understand how they were feeling or their wishes by watching them closely. At lunch time when one person did not respond to staff asking them what they would like staff plated up the two meals and showed them to them. We saw the person point to the one they wanted. A health care professional told us, "Staff conversations (with people) are appropriately pitched."

People were shown respect, privacy, dignity and independence. One person told us, "Yes, they are very respectful." A second person said, "Everyone is polite." The registered manager told us that one person liked staff using endearments with them such as 'darling' and we heard staff using this often when they spoke with the person. We also read people's preferred names in their care plans and in turn heard staff use these. A staff member was seen adjusting a person's clothes when they stood up to ensure they were dignified

when they walked across the room. Another person wore glasses and we noted these were spotlessly clean. Throughout the day we saw people moving about the building independently, sitting in different areas or spending time on their own. People had been encouraged to choose the décor in individual living areas which gave them a sense of 'ownership' within the living area they lived in.

Is the service responsive?

Our findings

People were supported to live as full a life as possible and staff opened up opportunities for people. The registered manager had started a #nevertooold (never too old) campaign. This was her mantra. She told us, "There's a stigma about care homes. I am proving to people that care homes can be full of wonderful people with wonderful pasts and wonderful staff. If we can make it happen we will. Life doesn't stop because you come into a care home." They added, "We have jumpers, hats, t-shirts with 'Never to Old' on them. It promotes the positives." The thinking was to help residents achieved their life time wishes. The registered manager told us, "We are making residents dreams come true. Giving them the opportunity to see and do things they have always wanted." We found this to be the case. There was a 'wish' board on which people recorded any wishes or desires they had. We read a wide range. Some people had requested a visit to Paris. One person had told the registered manager, "I've always wanted to go." Other's had asked for trips to The London Eye, Buckingham Palace, London Zoo, Milford Secret Garden and the History museum. We read that these had been achieved. A health care professional told us, "People's lives are enriched." One person had always wanted to visit Japan and although this was in-practical the staff arranged for Japan to come to them through food, discussing culture and architecture and dressing in Japanese clothing. The photographs showed the person enjoying the experience.

People had opportunities to participate in activities that met their individual needs as staff knew how to meet people's preferences and had considered innovative ways to achieve them. The registered manager told us, "One person used to be a professional ice skater. We called the local ice skating rink and organised a trip. As they could no longer skate on the ice we organised wheelchair skating. We got ice skating gloves and a puck." A person told us, "I went out wheelchair ice-skating, my son couldn't believe it, it was good fun." They chose to keep the puck beside their bed as a memento.

The arrangements for social activities met and exceeded people's expectations. People had expressed a wish to have music events and we read that a brass band concert had been held. Some people were anxious about leaving the service so a string duo was hired to perform at Abbeywood. There were also electronic tablets for music. Other events included a trip to Winter Wonderland and Fantasia as well as staff planning to recognise national events, such as Remembrance Day. One person said, "They have something every day." A second told us, "We often go out on outings." A staff member said, "The activities are absolutely amazing. There is always something going on. I have never heard someone say, 'I wish I could...'"

Activities were carefully thought out to give people an enhanced sense of wellbeing. For example, some activities promoted people's mobility such as Tai Chi and Zumba and because the building was spread out and activities held in various areas it encouraged people to move around and walk, encouraging a normal life, rather than sitting in the same space.

Staff used innovative and individual ways of involving people and promoting the service. There was resident's internet access and Abbeywood social media pages which allowed people and their family members to follow what was going on at the service, comment, look at pictures or post suggestions. The registered manager told us, "They (people) understand 'selfies' and enjoy taking pictures when out." For

those unable to directly participate staff showed them and read out the posts so they felt involved.

People were supported to express themselves through their previous interests, hobbies and work. One person loved painting and decorating and now spent time with the cleaner and maintenance person doing small decorating jobs. Another person had a garden swing chair at home as they loved sitting in the sun. The service had purchased a similar chair for them which sat in the courtyard. A risk assessment was completed to check the person was safe to use it and they had been provided with a bell so when they wished for a drink or assistance to go back inside they could ring for staff. This meant the person could spend time doing what they loved in a safe way.

People took a key role in their local community. The registered manager told us in their PIR, "We maintain a good relationship with the local co-operatives, our local florist and pet store and Rushmoor voluntary mini bus services encourage residents who wish to take small trips down to these shops." We found this to be the case. The local store had a food bank which people contributed to. In turn the stores supplied the home with items for their raffles and brought presents and sang Carol's at the home at Christmas. In addition, the local bakery made cakes for the home and other shops advertised Abbeywood's events. The registered manager told us, "We are involved with local churches and the toddler group. On a Wednesday people go and 'play' with the children in the toddler group. There are also relationships with the primary school."

People's characters were considered to help ensure their stay at Abbeywood was the best it could be. The registered manager told us, "We have people move in and then we get to know their characters. We may realise then that they would be better to move rooms closer to someone who is of a similar character. One person was here on respite and they made friends with [name]. We moved them closer to each other and it made them want to stay. They now spend every day together." We saw these people sitting together and they told us they were, "Friends."

People were supported in a way that promoted an enhanced sense of well-being and through dedication from staff people improved. A relative told us, "When she first came in she got a bit aggressive, which was understandable. Now, she's the happiest she's been in years." Another person who had moved in was not walking or interacting with people and their family member had told staff that they did not expect them to live very long. However, due to the responsive care and support received from staff the person went on to live many happy years, coming out of their shell and joining in on activities. Another person came to the service for some respite care. They were unwell and not eating. After a year the person had blossomed and now went on trips, walked around the garden and goes to the pub on occasions for a meal.

People's care and support was planned proactively in partnership with them. People's care plans contained 'My Living Story' booklets which recorded important and individualised information about the person This included their favourite place, what they liked most, where they went to school, their favourite subject and any wishes for the future. There were also care plans for people's specific conditions, such as one person who had a care plan for their hiatus hernia and how this affected them. A staff member told us, "I am always referring to people's care plans. I like to know people's history; it makes conversation easier."

People received care that was personalised to their needs. A person told us, "[Name] and [name] are both outstanding and will go that extra mile." Another person said, "They know what I like – even the pink biscuits." A third person said, "The care is centred around me and my needs." One person was recorded as having a 'fear of deep water' and as such staff gave them an assisted wash each day, rather than a bath. Another person was recorded as, 'likes decaffeinated tea – has own china cup'. Staff were knowledgeable in this. One person told us, "I get the food that suits me. I am well catered for. I had a lovely chicken sandwich yesterday." Some people were allergic to biological washing power and as such non-biological powder was

available. There was a list in the laundry cupboard of those that needed to use the alternative product.

Where people's needs changed staff responded to this by engaging the support from external professionals. One person's family raised concerns that they were not eating and as such they were referred to the dietician. Another person had an eye disease which meant as it progressed it would increase their risk of falls. There was information in place relating to this condition. This same person required 'small mouthfuls' of food and 'close supervision' when eating due to a risk when ingesting food. We saw staff following this guidance at lunchtime. A health care professional told us, "Staff can do basic wound care and they know how to avoid an appointment as they respond to deterioration in care in a very timely way. The care is phenomenal."

There were appropriate procedures for managing complaints and concerns. People told us they would know who to speak to if they had any concerns or worries. We reviewed four complaints which had been received by the service since our last inspection and noted that all had been responded to in a timely way. The registered manager had noted when a complaint had been closed, outlining the resolution and whether the complainant was happy with it. The registered manager explained how they met with the complainant to discuss their concerns and how they should support them to resolve things. They told us, "I'd rather do as much as possible face to face. It shows we care and listen." One person told us, "Haven't got any complaints. You only have to ask and they will help with whatever you need." A relative said, "Never had to (complain). Never gets far enough to become a complaint – the manager is always on the case."

We read of several compliments received by the service. These included, 'Thank you to everyone who made the tea party so enjoyable. Mum is lucky to have found a home with people who care for her so well'. A local public figurehead had sent a thank you note following a tea party saying, 'Thank you and how wonderful the music morning was. Staff brilliant at getting people engaged'.

The registered manager told us in their PIR, "We train each new staff member to understand the importance of the care we provide in those final days and moments and express the importance of the little home comforts the resident likes." Although no one currently living at the service was receiving end of life care we found care plans included information for people for when the time came. This included one person who had told staff they did not want a minister to visit and another who had a funeral plan in place. One person who had lived at the service loved the Jungle Book and staff told us they put the music on in their room when they were at their end of life and the person sang to it. The registered manager told us, "We encourage, if the family wish, to remain by the side of their loved one ensuring they are comfortable and have all the provisions they need." This was confirmed by a relative who had sent a thank you note saying, 'Thank you for all the kindness in dad's last days and the way you looked after me. Popping in for chats, feeding and caring for me too. Dad was happy with you'. Staff received a unique type of training in relation to end of life. A staff member told us, "We go to the funeral directors and they talk staff through the process of what happens when someone has passed away. They describe the paperwork that is required and the difference between a burial and a cremation. We then go to the crematorium and staff see behind the scenes. This gives them a sense of how relatives and family may feel when they have lost their loved ones." A health care professional told us, "Their end of life care is super. Staff never let them forget this is their home."

Is the service well-led?

Our findings

In their PIR the registered manager told us, 'The homes managers clear vision is to ensure the home provides the best possible care for the residents and that the staff have the best possible working environment'. We had found this throughout our inspection both with the care and interaction shown by staff and the attitude and approach the registered manager demonstrated on the day.

The registered manager had developed and sustained a positive culture in the service. They also promoted a sense of 'ownership' amongst the staff team to encourage staff to progress and grow in their role. They told us, "I have no agency staff and staff turnover is very low. I support, but also push staff to help them to get the best out of the job." Staff told us they were happy working at Abbeywood. One staff member said, "I'm very proud to work here. We're like a family. We all give up our (spare) time." It should be noted this was because staff choose to do this and not because the registered manager demanded staff work beyond their hours.

The registered manager promoted an environment of learning and development that gave all staff the opportunity to develop their knowledge and skills in social care practice. They told us they had ensured that positions were filled with competent, well trained staff whilst maintaining a supply for well-trained bank staff who knew residents well. This had resulted in sickness management improving, annual leave being managed effectively and no use of agency since 2014. They added, "Through this we've had a team leader promoted to deputy manager, seven care assistants to team leaders, three catering assistants to deputy chef managers, with one becoming chef manager and two housekeepers to care assistants." This meant residents knew all the staff that supported them and meaningful relationships had been formed between residents and staff.

The registered manager told us, "I promote a 'can do' attitude where the staff team and different departments help each other. This empowers staff to make decisions in a timely manner which in turn has a positive outcome for residents. The registered manager told us, "I have ensured that I play to my team's strengths. One of my team leaders has been tasked with inducting new staff. This ensures a consistent, high quality induction, which empowers the staff team to understand the service and the people they support." A health care professional told us, "It comes from the top down. [Registered manager] leads from the top and this ensures from the bottom up it gets better and better." In addition, staff were recognised through the Anchor annual internal care awards scheme. One staff member told us, "I received an award for the best new carer. It made me feel good."

The registered manager led by example and was extremely driven to provide excellent, person centred care to people. They told us, "Having worked as a housekeeper, carer, receptionist, team leader and deputy manager I have extensive knowledge of all positions within the care home. I feel this helps me lead my team to provide the best care to residents." The registered manager said they continued to work alongside staff in each department regularly. They said this helped them understand any challenges and to work with staff to continually improve.

The registered manager's and staff's focus on people achieving the best quality of life they could, continued in other areas of the service. One person who was depressed from losing their wife almost died from a severe infection in their legs. However, through the registered manager and staff's input they were now walking, joining in on activities and going out with family. A social care professional told us they were, "Really impressed with the manager."

Staff felt supported and said there was a positive ethos within the staff team. The registered manager told us in their PIR, 'Staff teams work well throughout the home and will always support and cover one another, should the need arise'. We heard this first hand from staff. One staff member told us, "They all support me, the manager, the team leaders – they're all teaching me." Another said, "We work hard, but never too hard that we don't have time to chat to people. The manager is quick to bring extra staff in if we need it. I feel absolutely supported. The manager is easy to approach and she thanks us." They added, "It's nice to chat in our one to ones. It's all done in private." The registered manager told us, "I increased managerial oversight in a supportive manner by being available, having an open-door policy and completing a daily walk around. This had led to residents receiving safe, effective, caring and responsive care."

The registered manager strove for excellence through research and reflective practice. She told us, "I have read up on dementia and Alzheimer's to gain an understanding of the latest research and guidance on how to treat people." She added, "I follow policy and procedure but I also enjoy my job. It's my passion and I learn for myself." In conjunction with the community health centre's practice matron the registered manager had developed a booklet which was adopted by the clinical commissioning group as well as being sent out to all care homes in the area. This guidance covered how to reduce hospital admissions through sourcing support from local health professionals, for example district nurses, GP's, physiotherapists and community psychiatric nurses. By training staff in how to identify symptoms of conditions they could be treated before they worsened and as such avoid a hospital admission.

The drive to improve the service during the four years the registered manager had been in post had seen a positive result in feedback from people and relatives. The Carehome.co.uk score stood at 9.6 out of 10, 'Your Say' staff results showed 81% were happy in their role and the 'Your Care' residents 2017/18 rating was 982 out of 1000. The overall average for Anchors services was 878 and Abbeywood prior to the registered manager joining the service was 888.

Staff were involved in the running of the service and staff were empowered to voice their opinions. Regular meetings were held to cover all aspects of Abbeywood, such as health and safety, kitchen, night staff and housekeeping as well as general staff meetings. Staff had told the registered manager, "We cannot do all the paperwork, train other staff and do everything on the floor. We need set time off the floor to concentrate." As a result, the registered manager told us they had arranged for team leaders to have two management days bi-weekly to review and update care plans and complete supervisions. They said as a consequence, care plans had improved, reviews happened on time, risk assessments were up to date and staff supervisions are done. We found evidence of all of this during our inspection.

People benefitted from the improvements to the good management of the service. The registered manager told us, "People now have the equipment they need because staff have time to organise and review all aspects of their care. Team leaders discuss with us if people are deteriorating and as a result urine tests are done; their eating and drinking is reviewed and observations taken. The doctor is informed and the matron comes in." We saw evidence of observations being carried out for people routinely each month and the healthcare professional confirmed that routine observations were completed and as such appropriate referrals made.

People and relatives were involved in the service. One relative told us, "We have forms to fill in and they have relatives/resident's meetings." There were leaflets on the front desk where people could note a review of the service. Each living area had their own meeting and we noted from the notes of one that people had asked for smaller plates. We saw these had been ordered and some people were using them at lunchtime. We also read that relatives and visitors had felt there was a lack of easy access to the garden, this had led to three doors into the enclosed garden being unlocked during the day.

Relatives were complimentary about management. One relative told us, "Very good – always seem to be available. Totally well led." Another said, "Think they are a lovely group of people. The manager did all she could to get her in here. Very well run."

Regular audits were carried out to review the quality of the service. We saw infection control audits, hand hygiene, disposal of waste and personal protective equipment audits. Shortfalls identified were recorded with action taken. For example, a recent audit identified that staff needed making aware of the importance of wearing disposable aprons. The action was on-going reminders by senior staff to check staff usage. Care plans were also audited each month. Anchor's area manager also carried out internal 'inspections'. The last one, which took place in August 2018, noted that training compliance was at 99%, there was a range of activities and safeguarding concerns were managed well. They had recommended new furniture in some bedrooms and a deep clean of the stairwells. We read that both had been addressed.

The registered manager complied with their requirements of registration. They had completed the provider information return (PIR) which recorded where they felt the service performed well and where they planned to make further improvements. They also notified CQC of significant events and displayed their most recent inspection ratings within the service.

Lessons learnt were discussed with staff. This included complaints. The registered manager told us, "The team leaders are the first point of contact. However, there are discussions at handovers and supervisions relating to any complaints we have received. The deputy manager also meets with the night staff to ensure all staff are aware." The registered manager took people's safety and well-being into account. Where people's behaviours may make it unsafe for them to live at Abbeywood they worked with appropriate health and social care professional to look for more suitable and appropriate accommodation for their needs.

The registered manager had established excellent links with other agencies. The registered manager told us, "The doctors and matrons are good at giving us guidance and we pass this on to the staff." The local authority quality team were also involved in the service. Their last visit was in June 2018 and we read that they had recorded good practice which included, 'activities, outings, a warm welcome, the standard of cleanliness and staff's understanding of people's needs'. One recommendation was for diabetes training for staff. We noted this had commenced. The registered manager was proactive in sharing best practice and told us, "We tell new Anchor managers and have told Anchor management about our #nevertooold (never too old) campaign. It's a question of encouraging them to try new things too."

In summing up the service, the registered manager told us, "Abbeywood has a very dedicated team, our hearts are in the right place and we help each other out no matter what. Building a family with our residents and colleagues has meant that staff turnover is low and the recommendations to friends and family to join our team is high. We share the job and spend quality time with our residents. This has provided residents with the best possible care in a clean and safe environment, with the freedom to choose, live as independently as possible and free from harm and neglect." Our observations throughout our inspection supported this statement.

