

Mr Clifford Strange and Mrs Philippa Strange

Abbeywood House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

Abbeywood House is a converted period property situated next to Cary Park in Torquay and provides accommodation and personal care for up to 30 older people who may be living with a dementia. At the time of our inspection there were 24 people living at the service. This unannounced inspection took place on 1 September 2017. Abbeywood House was previously inspected on 20 and 25 July 2016. At that inspection we identified breaches of the legal requirements. The breaches were in relation to the management of medicines and the accuracy of records regarding the care people were receiving. Following the inspection the provider contacted us outlining the steps they would take to meet the relevant legal requirements.

We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Before the inspection we had received concerns about the service from a relative. During the inspection we looked at the concerns raised. This included the quality of the food, issues around the environment and a lack of meaningful occupation.

The service is required to have a registered manager and at the time of our inspection 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 and associated Regulations about how the service is run.

People told us they were happy with the care they received and believed it was a safe environment. However, they also told us they did not always have enough to occupy them. External entertainers visited the service up to three times a week. The staff member who had responsibility for organising day to day activities was on long term leave. Activities were arranged if staff had time to do this but there was no structured programme in place. There was no training available on how to provide activities for people living with dementia.

Relatives were happy with the care provided and considered Abbeywood House to be a well-managed service. They told us they considered the management team to be open and receptive. One relative had raised concerns but these had not been documented as complaints. There was no evidence of action taken to investigate the concerns or any actions taken as a result.

People received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard. Staff supported people to access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Relatives told us staff always kept them informed if their family member was unwell or a doctor was called. Records in respect of the care and support people received were accurate and up to date. Care plans were regularly reviewed. We found the service had addressed the areas of concern identified at the previous inspection.

People were supported to have maximum choice and control of their lives and were involved in the day to

day decisions regarding their care and support. Some people were receiving medicines hidden in food or drinks. This decision had been taken in people's best interests to help ensure they stayed well and healthy.

The premises were pleasant and well-maintained. There was an unpleasant odour in one bedroom. The registered manager and provider were aware of the problem and were taking steps to address the issue. A recent fire risk assessment had been carried out by an external contractor to help ensure the safety of the building. An action plan had been produced and the provider had taken steps to comply with any recommendations.

The atmosphere was friendly and relaxed. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner. Staff knew how to recognise and report the signs of abuse. Some people needed additional support due to their health needs and this was provided.

There were sufficient numbers of suitably qualified staff on duty to meet people's needs. New staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. There was an induction programme in place and a system of training and supervision. This meant staff were well supported to help ensure they could fulfil their roles.

Any risks in relation to people's care and support were identified and appropriately managed. Where it had been found necessary to monitor people's health this was completed consistently. There were systems in place to help ensure staff were kept informed of any changes in people's needs.

There was a daily choice of menu and people told us they enjoyed their meals. People had access to a varied and healthy diet. We did not find any evidence to substantiate the concerns raised before the inspection. Some people needed to be encouraged to eat and staff were aware of this and provided additional support. When necessary food and fluid records were kept to help ensure people received enough to eat and drink.

The management structure provided clear lines of responsibility and accountability. Staff had a positive attitude and told us they enjoyed their jobs and worked well together. The registered manager was supported by a deputy manager and a team of senior care workers. Everyone was clear about their roles and staff told us; "Everyone knows what is expected of them." Systems were being developed to improve the oversight of the service.

We identified breaches of the Regulations. You can see what action we told the provider to take at the back of the full version of the report.

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 received their medicines safely and as prescribed.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse.

Is the service effective?

Good ●

The service was effective. People received care and support that met their needs and reflected their individual choices.

People were supported by staff that were well trained and received a comprehensive induction plus regular training & supervision.

People had access to a healthy and varied diet. Staff supported and encouraged people to eat enough to help ensure they stayed well.

Is the service caring?

Good ●

The service was caring. Staff had formed positive relationships with people and there was a friendly atmosphere.

People were encouraged to maintain their independence and autonomy.

People's privacy and dignity were respected.

Is the service responsive?

Requires Improvement ●

The service was not entirely responsive. There were few organised activities. Staff had not received training in how to engage people living with dementia in meaningful occupation.

Complaints raised by one relative had not been documented. There was no evidence the concerns had been investigated or action taken to address the issues.

Care plans were comprehensive and regularly updated.

Is the service well-led?

The service was not entirely well-led. Information from concerns had not been used to make improvements. Action to develop activities had not been sustained.

New systems were being introduced to improve oversight of the service.

The provider and registered manager were highly visible in the service. People, relatives and staff told us they were approachable and available at any time.

Requires Improvement 

Abbeywood House

Detailed findings

Background to this inspection

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

This inspection took place on 1 September 2017 and was carried out by two adult social care inspectors.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people who were living at Abbeywood House. We looked around the premises and observed care practices on the day of our visit. We spoke with the provider, the registered manager, deputy manager, seven care staff, and five visitors. Following the inspection we contacted an external healthcare professional for their view of the service.

We looked at four records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, and other records relating to the running of the service.

Is the service safe?

Our findings

At our inspection in July 2016 we found people were not always receiving their medicines as prescribed. Medicine Administration Records (MARs) were not always accurate and records to show people had had creams applied were not consistently completed. Medicine audits were being carried out but these were not effective as they had failed to identify the issues highlighted during the inspection. We found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found MARs were completed accurately. Any handwritten entries had been signed and witnessed by a second member of staff to help reduce the risk of errors. We checked medicines in stock against three people's records and found these tallied. Care plans contained body maps to indicate where creams should be applied. Records to show this had been done were completed appropriately. Creams or eye drops had been dated upon opening. This meant staff would be aware of the expiry date of the item, when the medicine would no longer be safe to use. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated the temperature was constantly monitored when in use. Medicine audits were completed regularly to help ensure any errors were quickly identified.

We concluded the service was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff with responsibility for administering medicines had received the relevant training. We observed a member of staff supporting people with their medicines and noted this was done with patience and discretion. Staff explained to people what their medicines were for and ensured each person had taken them before signing the medication record.

Records showed that two people were able to have their medicines administered covertly if required. This means it could be given to them without their knowledge or consent, hidden in food or drinks. The use of covert medication is a restraint according to the principles of the MCA and appropriate safeguards must be in place. In both cases there was evidence this decision had been authorised by the person's GP. There was information for staff on how the medicines should be first offered to the person before giving it covertly. There was further information on how to administer the medicine; "Can be put in her tea." The guidance stated the administration of the medicine in this way needed to be highlighted in the MARs and reviewed. The service diary showed a medicines review had been booked for one of the individuals concerned but not the other. We raised this with the registered manager who told us this was an oversight. They immediately added the person's name to the diary.

People and their relatives told us they were happy with the care provided and felt they were safe. Comments included; "I don't think they could do more than they are doing, I am really happy with it" and "She gives them a big smile so you know they are looking after her."

People were protected from the risk of abuse because staff were knowledgeable about the action they should take if they suspected abuse. They told us they would report any concerns to the registered manager and were confident this would be acted upon. If not they told us they would raise their concerns outside the organisation. There was a safeguarding policy available for staff and the contact details of the local safeguarding team and the Care Quality Commission were readily available.

Care files included risk assessments which identified risks and the control measures in place to minimise risk. These covered areas such as falls and mobility. Information guided staff on the actions they should take to minimise an identified risk. People were supported to transfer from chairs to wheelchairs safely using the appropriate equipment. Staff provided reassurance throughout and focused their attention on the task.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Abbeywood House. One person required one to one support throughout the day due to their health needs. This was provided appropriately. Rotas for the week preceding the inspection showed the appropriate staffing levels were consistently met. An additional staff member was on duty between 7.30 am and 11.30 am to provide extra support for people at breakfast time and when people were preparing for the day. We had received concerns there were not enough staff on duty during the night. Following our last inspection an extra member of staff had been added to the rota between 8.00pm and 9.00pm. This arrangement was still in place. Between 9.00 pm and 7.00 am there were two members of staff on duty. We discussed this with the registered manager who told us this was sufficient to meet people's needs. There had been one recent incident when someone had needed support from both members of staff on duty following a fall. This meant anyone else requiring support would have had to wait. The registered manager assured us this was an isolated incident which had not impacted negatively on other people. There were times when agency staff were used to cover gaps in the rota. The same agency was used to provide staff who were familiar with the service and had a good understanding of people's needs. There were four permanent members of the night staff team, three of who had worked at the service for a long time. The fourth member of the team was a new employee but had worked in the care sector previously. In addition one of the day senior care workers was sometimes available to cover night shifts.

Staff had completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks and two satisfactory references.

The premises were well maintained, clean and largely free from malodours. We did identify one bedroom where there was an unpleasant and strong odour. We discussed this with the registered manager who told us they were aware of the problem and were addressing the issue with plans for replacement flooring and other alterations to the environment. In the meantime the carpet was regularly deep cleaned to help control the problem.

There were various toiletries such as shampoos and shower gels kept in shared bathrooms. Some of these were marked with people's names and others were unmarked which indicated they might have been used by more than one person. The use of shared personal care products does not show a respect for people's individual preferences. There is also an increased risk of cross contamination associated with this practice. We discussed this with the registered manager who told us they would arrange for people's toiletries to be kept in their rooms.

There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

Personal Emergency Evacuation Plans (PEEPs) were in place for each individual living at Abbeywood House. These are used by first responders to inform them of the support people will need to exit the building in an emergency. An evacuation sledge was available for use in an emergency and staff had received training on how to use this safely. A recent fire risk assessment had been carried out by external contractors. Any identified actions had been carried out by the provider. Checks on the water supply and electrical appliances were completed regularly.

Is the service effective?

Our findings

At our inspection in July 2016 records documenting the care and support people had received were not always up to date, accurate or detailed. For example, there were gaps in records to show people had been seen by other healthcare professionals such as their GP. Mental capacity assessments and best interest decisions made on behalf of people who were unable to make some decisions independently had not been clearly documented. We found the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found records were completed appropriately and provided clear evidence of the care and support people had received. Any visits by external healthcare professionals were recorded along with the advice given. Mental capacity assessments were carried out where necessary and best interest decisions were documented. We saw records to evidence these processes. We concluded the service was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. Some people were subject to DoLS authorisations and one person had conditions attached to this. The registered manager explained what steps they were taking to ensure these conditions were met. They displayed an understanding of the need to adhere to the conditions and the importance of this legal requirement. A relative told us; "They are very clear on what [relative's] rights are."

Applications for DoLS authorisations were made appropriately. Not everyone living at Abbeywood House had an application in process. This demonstrated the service took peoples individual needs into account when considering the need for applications to be made.

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. One commented; "We know what ticks people and what doesn't." Relatives told us they were confident that staff were competent, knew people well and understood how to meet their needs.

Newly employed staff were required to complete an induction which included training in areas identified as

necessary for the service such as fire, moving and handling, health and safety and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction included a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported.

Staff completed a range of training to help ensure they were able to meet people's needs across a range of areas including moving and handling, infection control and health and safety. There was also training in areas specific to the needs of the people living at Abbeywood House. For example, the day before the inspection staff had attended a workshop on the experience of living with dementia.

Staff received formal supervision and responsibility for delivering this was shared amongst senior staff. Supervisions were used as an opportunity to refresh staff knowledge on various aspects of care and organisational working practices. Staff told us they felt supported by the registered and deputy manager.

People's individual health needs were well managed. People had access to healthcare services such as occupational therapists, GPs and dieticians. A relative commented; "They respond to any requests to see a GP." The registered manager communicated with external healthcare professionals to help ensure people's health needs were met. For example, they were working with one agency to safely reduce one person's medicines. An external healthcare professional told us; "They contact the Community Nursing Team appropriately and follow instructions about the residents care well."

We observed the support people received during the lunchtime period. Mealtime was unrushed and people were talking with each other and with staff. Before the inspection we had received concerns that people were not provided with a healthy diet. We looked at the menus, which were rotated over a four week period to help ensure people had access to a varied diet. These showed people were offered healthy options including fresh fruit and vegetables. Kitchen staff told us the budget was sufficient to provide people with a wide range of good quality produce which met their needs and preferences. People told us they enjoyed their meals and were always offered a choice. One person commented; "The food is nice, they know what I like." On the day of the inspection some people were enjoying a glass of wine or beer with their meal. One person told us they did not drink much alcohol but enjoyed a non-alcoholic glass of beer with their meal. We did not find any evidence to substantiate the concerns raised.

Some people required assistance with their meals and this was done discreetly. Staff sat with people and spoke gently with them concentrating on their needs throughout the meal. Some people required their food to be pureed due to their health needs. All the elements of the meal were pureed separately and served from moulds so they had the appearance of the original ingredient, for example, a carrot. This helped the meals to look appetising.

People's dietary requirements were documented and, where necessary, food and fluid charts were kept to record what people had consumed during the day. We observed staff completing these records. Records to show how much fluid had been taken were not totalled at the end of the day. There was no information for staff on how much fluid people should be having. This meant staff might not be aware if people were not receiving the appropriate levels of hydration to maintain their health. We discussed this with the registered manager who said they would update the monitoring records to address these issues.

One person's care plan stated they were at risk of losing weight and staff needed to encourage them to eat a high calorie diet. We saw staff provide the person with an ice cream and they were clearly pleased to see the person eat and enjoy this. There was specific guidance within the care plan about how the person should be supported at meal times and we saw this was followed.

Is the service caring?

Our findings

On the day of our inspection there was a calm and friendly atmosphere in the service. During the morning there were several visitors in the lounge area and there was plenty of lively conversation between people, staff and visitors. Relatives comments included; "We come at meal times and all sorts, we are always made to feel welcome" and "I pop in at any time." People had access to advocates and befrienders. On the day of the inspection a befriender from the local Age UK group was visiting one person. They told us; "It's a lovely home."

Staff interacted with people in a caring manner and demonstrated a concern for their emotional well-being. For example, one person had been expecting a visitor to take them for a trip out. The visitor had not turned up so a member of staff took them out for a walk in the nearby park. The registered manager told us the person had been looking forward to going out and staff did not like to see them disappointed. Daily records for another person stated; "[Person's name] was very emotional today. I reassured him everything would be OK."

People, relatives and an external healthcare professional were complimentary about the care staff, comments included; "Staff are lovely, they're very nice to me", "Staff work very hard but I've never heard a nasty word in frustration" and "The staff know their residents well and manage their individual needs well."

Care plans contained information about what was important to people. For example, in one person's care plan we saw written; "Likes to have her nails painted." We met the person and observed their nails had been recently varnished.

People were encouraged to maintain their independence and autonomy. A few people had keys to their doors and one told us this gave them a sense of privacy which they valued. Some people had failing mobility. Staff encouraged people to continue to mobilise independently if they could. The registered manager told us about one person who had limited vision. They said they had noticed the person enjoyed watching sun reflections and had purchased a coloured glass mobile for them to have in their bedroom. This had been placed over their bed in front of the window. The registered manager told us this helped to meet the person's sensory needs.

People were able to make choices about their daily lives such as what time they got up in the morning and went to bed at night. People were able to choose where to spend their time, either in one of the lounges or in their own rooms. Some people chose to spend most of their time in their rooms. Staff regularly visited these people to have a chat with them and check if they needed anything. A relative told us; "[Relative] has spent a lot of time in bed and staff have had extreme patience with her."

One person could become anxious at night and sometimes moved heavy furniture around putting themselves at risk of injury. The furniture had been moved out of the room and the provider had built a bespoke shelf to replace it. This meant the person still had space to put drinks and personal possessions. A relative told us this had worked well. This demonstrated a creative approach to helping ensure people's

needs were met and they were protected from foreseeable harm.

Shared living areas were arranged to help ensure people's individual preferences were met. Some areas had no TV or radio and were used as quiet spaces. We saw some people were watching the television and others were chatting together or reading the newspaper.

People's privacy was respected. Staff always knocked on bedroom doors and waited for a response before entering. One person commented; "They always knock first. They [staff] are very nice and always talk nicely to me. I've never fallen out with anyone." Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom doors had photographs on them to help people identify their own room easily. These were taped to doors and could easily be removed or fall off. The registered manager told us they were planning on putting up more robust nameplates to overcome this problem.

There were large clocks and boards displaying the day and date. This supported people, who may have had some memory difficulties, to keep track of the passage of time. We heard one person becoming concerned about what day it was. Staff sat with them and reassured them.

Is the service responsive?

Our findings

We found people's opportunities to take part in activities were limited. Some external entertainers visited the service regularly, including musicians and animal therapists. This happened two or three times a week on average. The rest of the time activities were arranged by the staff team. The registered manager told us they had a member of staff who led on organising and providing activities but they were on maternity leave. Staff told us they always tried to organise some activities if they had time. The examples given included sing-alongs and art based pastimes. In the afternoon one member of staff attempted to engage some people in a gentle exercise based activity but people did not respond well to this. At our previous inspection we noted the activities provided were not always suited to meet the needs of people living with dementia. At that time the activity lead had told us of plans to develop a programme which was more suited to people's needs and abilities. This included the introduction of life story books and rummage boxes and identifying people's previous interests and hobbies. In the PIR, completed 11 August 2017, it was recorded that life story books and memory boxes had been completed for three residents. At this inspection we did not see any evidence that these plans had been developed any further. No staff had received training on how to provide appropriate activities for people living with dementia. People told us they were sometimes bored and would like more organised activities. Comments included; "We need more to do, it can be a very long day" and "Once I've had lunch there is nothing to do until 5 o'clock."

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the lack of activities on offer, specifically for people living with dementia, with the registered and deputy manager. They told us they were aware of the need to improve this aspect of the service.

Before the inspection we were contacted by a relative who had concerns about how the service was organised. These concerns were well known to the registered manager and there had been various meetings and correspondence in respect of the issues involving the local authority and other professionals. We looked at the service complaints log and saw no complaints had been recorded since 2014. We raised this with the registered manager who told us they had not documented the concerns as complaints as they had not come directly to the service but had been raised either with CQC, social workers or the local safeguarding unit. In November 2016 the relative informed CQC they had raised various concerns with the service and had not received a satisfactory response. It is important that, when services are made aware of a complaint, from whatever source, they are documented. This enables management to evidence they are aware of the concerns, have looked into them and taken any action necessary to improve the service provided.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other relatives told us they had not had any concerns or complaints and found the provider and registered manager approachable and responsive to any worries they had. Comments included; "They are pro-active in dealing with everything" and "We mentioned there was a problem with the curtain rail and, at the moment,

[provider/owner's name] is fixing it himself."

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Abbeywood House. Staff spoke knowledgeably about how people liked to be supported and what was important to them. People and their visitors told us staff knew how to care for them. People who wished to move into the service had their needs assessed, before moving in, to help ensure the service was able to meet their needs and expectations.

Care plans gave details about each person's needs. The care plans were reviewed monthly or as people's needs changed. An 'At a Glance' care plan provided staff with a brief summary of the level of support people required for specific tasks. For example; "[Person's name] is independently mobile and needs prompting to use the lift rather than the stairs." This was backed up by more detailed information about people's needs in specific areas such as mobility, transfers, nursing needs and nutrition. There was information about people's life histories. This kind of information can help staff to engage meaningfully with people.

There were systems in place to help ensure staff were aware of any changes in people's needs. Daily handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. Daily records were kept for each individual. The information in these was detailed and informative. There were references to people's emotional well-being as well as the care people had received. This meant staff had a good overview of people's experience of the service. Monitoring records were kept where this had been identified as necessary. For example, people were weighed regularly and some people had behavioural charts in place. These enabled staff to have an oversight of any trends in behavioural patterns.

Is the service well-led?

Our findings

Action to address issues regarding the provision of dementia friendly activities raised at the previous inspection had not been carried out despite reassurances given at the time. Although it appeared some efforts had been made to improve people's experience these had not been followed through or sustained.

Although the registered manager and provider were aware of concerns raised by one relative regarding the quality of the service provided these had not been documented and treated as a complaint. There was no evidence of any subsequent investigation into the complaints. There was no evidence any action had been taken as a result to drive quality across the service.

The service is required to have a registered manager and at the time of our inspection 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 and associated Regulations about how the service is run.

There was also a deputy manager in place who was working closely with the registered manager with a view to applying for the position in the near future. They were committed to developing systems within the service. For example, they had set up a new system for recording any accidents and incidents. They explained this would enable them to have a clear oversight of events and identify any emerging patterns or trends. This demonstrated they were working to improve the service.

The management team attended manager forums which were organised by the local authority. This meant they were able to keep up with any developments in the care sector on a local level. They were also an opportunity to share good practice with representatives from other residential homes in the area.

The provider had an office in the grounds of the service and was well known to staff, people living at Abbeywood House and their relatives. A relative commented; "It's good that the owner is usually here and takes pride in the home." The registered manager told us they were well supported by the provider. They commented; "We talk daily."

The registered manager and deputy manager were visible within the service and knew people well. During the inspection we observed people come to the office to speak with the registered manager. A relative told us; "It is not unusual to see [registered manager] sat chatting with people." A member of staff said; "[The registered manager] is very focussed on the residents. She listens to everybody, staff, family and residents."

There were clear lines of responsibility within the service. The registered manager, deputy manager and provider had well defined roles and oversight of various aspects of the running of the service. Senior care workers were responsible for running the shift. There was a key worker system in place. Key workers have responsibility for overseeing the delivery of care for named individuals. Responsibility for staff supervisions were shared between management and senior care workers. A member of staff commented; "It's well

organised and is improving. Everyone knows what is expected of them."

Staff meetings were held regularly. The meetings were an opportunity for staff to voice any questions or put forward any suggestions. The registered manager told us they welcomed and encouraged ideas from staff. Staff morale was good despite recent criticisms of the service in the media. Staff comments included; "Everything is getting better and better" and "Morale is on the up again now, we know we have done nothing wrong."

Relatives were asked for their views of the service annually by means of a questionnaire. The results were collated to give the provider an overview. Results from the most recent questionnaire were positive. Relatives told us the management team were approachable and they could be contacted at any time. One commented; "Even at the weekend they will get back to me."

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care did not always reflect their preferences or meet their needs. Regulation 9 (1)(b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Systems for identifying, receiving, recording, handling and responding to complaints were not established or operated effectively. Regulation 16 (2)