Abbeyfield Society (The)

Abbeyfield Winnersh

Inspection report

Woodward Close
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 5 and 6 December 2018 and was unannounced. Abbeyfield Winnersh is a purpose built residential care home for older people who all have some degree of dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is arranged over two floors with en-suite bedrooms on both floors and communal areas comprising of dining areas, lounges, quiet rooms a cinema, library and a hair dressing salon. It can provide accommodation and personal care for up to 62 people at any one time. On the day of the inspection 44 people were living in the service of which three were in hospital.

The service was registered on 3rd August 2016. This was the second comprehensive inspection since the home opened. At the last inspection we found that improvements were needed in relation to the clarity and relevance of risk assessments and the accuracy of information within care plans overall. Staff training was not up to date and many of the senior staff who were new to their roles and the required responsibilities were not adequately supported. Whilst the last inspection demonstrated that improvements were being made these were at an early stage. The scale of the task was such that a period of sustained improvement needed to occur in many areas of the home including communication within the team and with relatives and health and social care professionals. At this inspection we found improvements in all areas. Whilst it was acknowledged that improvements were still needed the home was now functioning to a good standard overall. There was a registered manager in post. He was an experienced manager who had transferred from another of the providers services. 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 provider continued to complete thorough recruitment checks on potential members of staff. Maintenance and checks of the property and equipment continued to be carried out promptly and within required timescales. Checks on the fire safety systems and equipment were completed in accordance with the provider's policy and manufacturer's instructions. The medicines management systems were conducted safely and appropriately. The provider had plans in place to deal with any emergencies that may arise.

People who use the service were able to give their views about the quality of the care provided. The majority of relatives and community professionals told us they were happy with the direction the service was going in. In addition, there was more satisfaction with the standard of care provided by Abbeyfield Winnersh and confidence that people were safe using the service. The service had improved systems to manage risks to both people and staff, and we saw more person-centred initiatives had been implemented to enhance the care provided. Staff were aware and confident about keeping people safe and the procedures for reporting concerns promptly was well understood. Information and guidance was readily available for staff to access in the event they had any concerns.

People were treated with kindness, dignity and compassion. People were respected and had their privacy safeguarded by staff who understood these principles. Feedback from relatives confirmed this. We saw that people and staff interacted in a positive manner, choices were offered and explanations were provided. Throughout the two-day inspection there was a relaxed and friendly atmosphere where a range of activities were being provided and engaged with by people. We saw people laughing and smiling with staff as they went about their daily routines. Visitors and professionals were welcomed at the service and there were no restrictions on visiting times.

People's right to make decisions was protected. They were involved in decisions about their care as far as they were able. Staff understood their responsibilities in relation to gaining consent before providing support and care. Relatives/representatives told us they had been asked for their views on the care provided. Regular reviews of people's care and support needs took place. The registered manager had ensured that up to date information was communicated promptly to staff through briefings, meetings and regular supervision sessions.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. When people's freedom had been restricted for their own safety appropriate authorisations were in place under the Deprivation of Liberty Safeguards. There was a programme in place to ensure that all those people who lacked mental capacity and may require restrictions on their freedoms had applications in progress. People had a choice of food and drink which they enjoyed. When necessary their nutrition and/or hydration was monitored to help ensure their well-being. People received appropriate health care support from health and social care professionals who were contacted promptly when necessary.

Staff felt well supported and the registered manager was praised for the support and clear direction provided. Staff confirmed they felt listened to if they raised concerns or suggestions and action was taken without delay. There was a programme of training in place to ensure that staff acquired the skills necessary for their role. New staff received a comprehensive induction and training in core topics. We found a very open culture in the service and staff were confident to approach the registered manager or any member of the management team for advice and guidance.

The registered manager had implemented the provider's vision and objectives which had formed the basis and direction for improvements and all staff were now familiar with. The quality of the service was monitored by the registered manager and members of the senior team and included a range of survey and feedback exercises for interested parties which had informed the improvements and the formal service improvement plan.

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 had improved to good.

Risks that may affect people's health and well-being were assessed and plans to mitigate those risks were in place.

Care plans had been reviewed and improved to ensure accurate information was available to staff.

Is the service effective?

Good

The service had improved to good.

Communication had improved. This topic has been moved from the effective domain to the responsive domain since the last inspection. For more detail please see the responsive section of the report.

Is the service caring?

Good

The service remained good.

Is the service responsive?

Good

The service had made improvements.

Communication had improved between staff and with outside professionals and relatives.

Care plans had been completely revised and now provided more accurate and consistent information.

Is the service well-led?

Good

The service had improved to good.

There was now an experienced registered manager in post.

There were systems in place to monitor the quality and safety of the service which were used effectively.

Staff were positive about the leadership and support they received from the registered manager and other senior staff.

There was an open, calm and friendly culture in the service.

Abbeyfield Winnersh

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 was carried out by one inspector on 5 and 6 December 2018. The visit was unannounced and was a comprehensive inspection.

We checked notifications we had received. Notifications are sent to the Care Quality Commission by the service to inform us of important events that relate to the service. We contacted the local safeguarding team at the local authority and requested feedback from other professionals with knowledge of the service.

During the inspection we spoke with 13 members of staff in private, including the registered manager, a visiting business manager who was the line manager for the service, the chef, the administrator, three senior care staff and six care staff. We received written comments from a further three members of staff. We were able to obtain feedback from some people who used the service whilst spending time in communal areas. Additionally, we spoke with five people in private. In addition, throughout the course of the inspection we spoke with people and staff informally. We spoke with six relatives at the home about the quality of the service that was provided for their family member and received email feedback from an additional fifteen relatives. We spoke with one social care professional whilst they were visiting the home and received email feedback from two community health team managers, a speech and language therapist, an occupational therapist and a community nurse. We reviewed the latest report from the local authority care governance quality team. We observed the lunch time activity of the service and saw people taking part in group and individual activities. We observed staff supporting people throughout the course of the inspection.

We reviewed the care plans and associated records for four people receiving a service. We examined a large sample of other records relating to the management of the service including staff training, health and safety, complaints and various monitoring and audit tools. We looked at the recruitment procedures which were used to appoint staff within the home.

Good

Is the service safe?

Our findings

Since the last inspection a range of improvements had been implemented across all areas associated with keeping people safe.

A complete review of care plans and associated risk assessments had been conducted. Risk assessments were now carried out to a set criteria and format and identified areas where action was needed were captured in order to reduce or manage risks. Examples included risks associated with falls, skin integrity and malnutrition. Management plans were drawn up to limit the identified risks and they now provided detailed guidance for staff to follow. During the inspection we observed staff followed these management plans. For example, staff used the equipment detailed in a person's care plan to assist them with moving from one area to another. Staff told us the care plans had been improved and felt they now provided much clearer information. Those we reviewed gave detail of how a person should be assisted, stated their preferences and provided guidance on such things as the type of equipment that may be required. Important information was not only available in the care plans but was also readily available for quick reference in a one-page profile which was being produced for each person identified as having specific needs.

Where tools were used to assess risk such as the Waterlow assessment (a tool to determine a person's risk of developing pressure sores) these were completed accurately and used to inform the care plan. For example, some people were identified as requiring pressure relieving mattresses to protect their skin. Where they were used they had been set correctly for the individual and were checked at pre-determined times. This was to ensure the setting remained correct and no faults had occurred. Risk assessments were reviewed monthly or sooner if a change in a person became apparent. When changes occurred the care plan and risk assessment was updated accordingly.

Risks associated with the building and the environment were also assessed. They included those related to fire, the use and maintenance of equipment, food hygiene and infection control. Maintenance staff were employed by the provider to monitor the risks associated with the environment and carry out routine remedial work in the service. Staff told us this was done promptly and records indicated jobs were completed without delay. Where a specialist was required to inspect and maintain the safety of equipment such as the passenger lift or fire safety equipment, contracts were in place. This routine checking had been carried out in line with guidance and legislation.

Incidents and accidents were recorded and details of actions taken were documented. Body maps were completed for each incident where appropriate, and permission had been granted where photographs had been taken. Incidents and accidents were audited each month and an analysis completed to identify any emerging trends. All incidents and accidents were discussed at staff meetings to explore themes and identify areas of learning.

The provider had robust recruitment procedures. A Disclosure and Barring Service (DBS) check was conducted for all employees. A DBS check allows employers to ensure an applicant has no criminal convictions which may prevent them from working with vulnerable people. Two references were sought for

each prospective employee with regard to their conduct in previous employment. A full employment history was obtained for each employee and gaps in employment were discussed and documented in staff files. Health questionnaires were completed to help ensure prospective employees were fit enough to carry out their role. Where necessary an employee's right to work in the United Kingdom had been established.

People told us they felt safe at Abbeyfield Winnersh. Comments people made when we asked if they felt safe included, "Yes, very safe thank you." and "I feel very safe and cared for." The majority of relatives we spoke with or received written feedback from also thought their family members were safe. One said they felt relieved about their family member's safety each time they visited and saw how staff cared for them. Another told us, "My mother has been at Abbeyfields for about 8 months and she has always been treated with respect and I feel she is in a safe environment." Training in safeguarding people was provided for all staff and was refreshed annually in accordance with the provider's policy. Staff were able to describe signs that may indicate a person had been abused and knew their responsibilities to report any concerns immediately. They also demonstrated this knowledge during the staff handovers which took place during the inspection. The provider's whistleblowing policy was available for staff to refer to and they told us they would be happy to use it if the need arose. Staff were clear that they could go to outside agencies such as the local authority or the Care Quality Commission if necessary.

Staffing levels were determined based on the needs of people living at the service. A dependency tool was used to help establish the amount of time and input a person required from staff. This was reviewed each month by the senior staff with the facility to make adjustments to staffing numbers when necessary. Staff told us they felt they had sufficient time to care for people safely and effectively. They said they did not have to rush people and were able to meet people's needs in a person-centred way. However, some staff did point out that this had not always been the case and the use of agency was still at quite a high level.

The registered manager informed us that there were three senior staff and eight to nine carers in the home during the morning and two seniors and six to seven carers in the afternoon and evening. Night time was covered by two seniors and four carers. They were supported by the registered manager and two heads of care who were both supernumerary and could step in to help on the floor if necessary. The care team were further supported by administration, housekeeping, laundry, maintenance, catering and activity staff. We reviewed the staff rotas and found these staffing levels were maintained. Agency staff helped to cover some vacancies, staff leave and sickness. The registered manager explained they used a regular agency and requested the same staff to help ensure consistency. However, when it was possible the extra work was offered to and covered by their own team of staff.

The registered manager told us there had been a review of how staff recruitment could be improved. A designated recruitment specialist had been appointed for the organisation and it was understood that Abbeyfield Winnersh was a priority with regard to ongoing recruitment due to its use of agency staff. It was hoped that once operational this individual using local initiatives would reap rewards in terms of numbers of applicants. It was acknowledged that turnover of staff had been significant over the previous year. However, work had been undertaken to support current staff and to ensure that the direction of the home was well understood and embedded. Staff told us that the atmosphere was much improved and each staff member commented to us that they liked their job and looked forward to coming to work.

A thorough review of medicines management had been undertaken to improve the safety and accuracy of the systems for handling people's medicines. All medicines were supplied and delivered by a community based pharmacy. They were stored safely in locked trollies in dedicated medicine rooms on each floor. These provided a safe storage facility where staff were able to maintain safe temperatures for medicines. Medicines were ordered and managed by dedicated staff. Regular audits were carried out to ensure the safe

management of medicines and to make sure that procedures were adhered to. In addition, support was available from the community pharmacist on any issues as or when they arose. Senior staff advised us and records showed that all medicines had recently been reviewed by the relevant GPs to ensure they remained appropriate and necessary. Some reviews were still awaited. As a result of completed reviews and in line with best practice a number of tests were being conducted for some people. This was to ensure they were receiving appropriate medicines and doses. Some people were prescribed medicines to be taken when necessary. We found guidance was provided for staff regarding these medicines. This included symptoms to check for before administration, how people may indicate they require the medicine and when a doctor should be contacted. Staff ensured that any medicinal allergies were recorded and highlighted appropriately.

The provider had a business continuity plan and an emergency plan. These plans outlined the actions to be taken to ensure the safety of people using the service in an emergency situation. An emergency 'grab bag' was available and staff were aware of the location of these bags. The bags contained information such as how to assist people to leave the building in personal evacuation plans as well as important contact numbers. Staff were familiar with and had practiced emergency drills.

There were infection control procedures in place. There was a dedicated housekeeping team who now had clear duties and timescales for tasks. We saw that the home was very well ordered, clean and with no evidence of unpleasant odours. We were told by staff that there were always sufficient supplies of aprons and gloves and that staff wore them when required. We noted that hand washing audits were being used to monitor that all staff were adhering to procedures and washing their hands according to required guidelines. We received a range of comments from relatives including, "the cleaning staff keep everything spick and span!" and "Its beautifully clean and my [family members] room is lovely". However, one relative did question the frequency of window cleaning and how often beds were moved for cleaning purposes.

Good

Is the service effective?

Our findings

At our last inspection we found that improvements were needed in relation to communication between staff and with visiting professionals and relatives. This had impacted on the quality of care provision that people received. We found that improvements had been made and this is addressed within the responsive domain due to the topic having been moved from the effective domain since the last inspection.

People received effective support from staff who were trained and felt confident in their role. Staff received an induction when they began working at the service. In addition to this they also spent time working alongside more experienced members of staff for a minimum of two weeks. This period was extended if necessary to ensure the new member of staff felt confident and performed to a satisfactory standard. During the inspection one new member of staff was going through the induction process. They told us they were new to care and commented, "It's so good that I have been given the time to shadow, ask questions and get to know people. I've been told I can't do things like moving and handling until I have completed my training here which is really good."

The care certificate had been introduced for all staff new to a caring role. All staff received training in topics considered mandatory by the provider including fire safety, safeguarding, infection control, health and safety and food hygiene.

Refresher training was provided and the training matrix indicated training was mostly up to date. Where training had expired or was about to go out of date it was confirmed further updates had been arranged. The heads of care told us time was spent observing staff to ensure they were competent and that care practice was appropriate and at the required level. Staff confirmed checks were made on their work and we saw evidence of observations including hand washing skills and administration of medicines in audit documentation. One staff member told us, "The seniors observe practice, this is good because we need to know if we make mistakes so we can learn."

Specific training relating to the needs of people was also provided. Examples included, awareness of dementia, behaviours that challenge and dysphagia. More recently training had been provided in falls and nutrition and hydration as this had been identified as a training need. There were plans to provide enhanced training for staff in topics such as challenges of care giving, communication in dementia care and depression in older adults. Further training was constantly under review and would be sourced as and when required.

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 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). 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.

The registered manager and heads of care were aware of the legal requirements in relation to DoLS. They explained when they would make an application to the supervisory body. A tracking system was used to monitor all applications and authorisations. We noted that when a review of an authorisation was due this had been requested. Where delays had been experienced in the supervisory body responding we saw evidence of the service following the applications up. Some people's files indicated that they had appointed attorneys to make decisions on their behalf. We saw documents relating to Lasting Power of Attorney (LPA) were verified, recorded and included what decisions the attorney had the authority to make.

People were supported effectively by staff who had received training in the MCA and DoLS. Staff were able to explain to us how the MCA and DoLS related to their work. We observed staff seeking people's consent before doing anything for or with them. They explained what they were doing to people and then checked they were happy. One member of staff told us that sometimes people found it difficult to make decisions. They gave an example of a person who refused to have support with their personal care and told us, "Sometimes it's just at that moment they don't want help but later they may accept assistance. So we leave them for a while and then go back. Sometimes we talk about things they like or are interested in and then they let us help them."

People were offered choices in everyday decisions such as what they wanted to do or what they wanted to eat and drink. When people were unable to make decisions for themselves, best interest meetings were held between the care team, appropriate professionals and family members. This was confirmed in health and social care professionals' feedback. In people's files we saw an assessment of the person's mental capacity to make a particular decision had been recorded along with the details of the best interest meeting. Although best interest decisions were in place we noted clear guidance was provided to staff to continue to involve the person and seek their consent whenever possible.

Staff said they felt supported by the registered manager. Those we spoke with all felt reassured that the registered manager was a permanent appointment and had no plans to leave. One commented, "It's really good to have someone permanently in post. He is approachable and knows his stuff." The registered manager had good knowledge of the provider's philosophy and approach and staff told us they felt this was important to drive the improvements already achieved and to maintain stability. The registered manager had supported the two heads of care, senior care staff and care staff to understand their role, their scope of responsibility and importantly their accountability. Staff reported that they felt significantly more valued and confident to raise issues or errors.

Staff were supported through one to one supervision meetings with their line manager and in addition group meetings gave an opportunity for wider discussion and reflection. Well-being meetings had been introduced so that all care staff were kept up to date with how all residents were, whether there were any specific issues and any forthcoming plans or appointments. Staff confirmed they attended these meetings and found them useful. One senior staff member commented, "I feel supported within my role I have regular supervisions along with others and monthly senior meetings are held." Other staff commented that they could get support at any time and did not have to wait for supervision but never the less it was "good to have a planned time to talk about things". A programme of annual appraisals also provided a support system, allowing staff to reflect on and review their performance over the past year.

Staff meetings were held regularly between various groups of staff. They included senior staff, general staff meetings and shift handover meetings. During the inspection we attended one of the handover meetings as

a guest. The atmosphere was relaxed and the meeting was attended by a number of incoming staff. We noted there was discussion about each person with relevant information being highlighted for the new shift to be aware of. Throughout the meeting staff were relaxed and comfortable to make comments and suggestions.

Where necessary, people were supported to eat and they received encouragement during meal times. We observed the lunch time period on day one of the inspection. We saw staff took time to sit with people and assist them to eat at their own pace. They gave encouragement when necessary and showed people the different choices of food available. People's likes and dislikes in relation to food and drink were noted in their care plans and had been discussed with the catering staff. People and their relatives praised the chef and told us the food provided was extremely good and plentiful. We spoke with the chef who demonstrated a very clear knowledge and understanding of individual food and hydration needs. We were made aware that the chef had recently entered a local competition organised by a speech and language therapist which was designed to evaluate the standard and presentation of soft foods. The chef had won three out of the four categories coming runner up in the fourth.

People told us there were alternatives available if you did not want the meals on the menu. A recent development had involved displaying the menu options on a daily basis rather than weekly which was thought to be too overwhelming for people to understand. Relatives told us that they appreciated the welcome to the home and the home-made cakes with a welcoming cup of tea was very much appreciated. We received a written comment from a relative who stated, "The admin staff are AMAZING, always so friendly, kind and amazing with the residents. Also, the food is lovely. It's always fresh, appealing looking and with lots of variety to meet all tastes." Another told us, "They are also very understanding about her meals. She does not want large amounts but knows she can always have something if she needs it."

Where there were concerns regarding a person's nutritional intake they were assessed using a recognised tool. When necessary a referral was made to health professionals such as dietitians or speech and language therapists. Records were maintained of food and fluid intake and people's weight was now systematically monitored where indicated. Staff were well versed with encouraging people to eat when issues with appetite were apparent.

People were able to access healthcare services when required. Records indicated people had seen healthcare professionals including, GP, physiotherapists, consultant neurologists and tissue viability nurses. Dentists and opticians had also visited the service to provide consultations for people who were unable to go to their practices. When advice had been provided by a professional this had been incorporated in to care plans and followed. The local care home support team had been invited to conduct a falls audit for the home so that any lessons could be shared and learned. The professional involved provided positive feedback that the home had engaged with this work and had appointed falls champions in an effort to educate all staff and prevent as many falls as possible.

The home was purpose built and arranged over two floors. The design of the premises was extremely relevant to people living with dementia. Each bedroom door was designed as a traditional front door with a window to the left that contained memory items. Every door had a doorbell. Each area was designed in a circular fashion which was given an individual street name. Street lights were added to the walls of each area to add to the street theme. All bedrooms had en-suite facilities fitted and were personalised by the occupants with furniture and personal effects, if they chose. There was a range of assisted bathing options available. Facilities included a hairdressing salon, a cinema room, a shop, an independent kitchen, library and a spa bath with music and lights for sensory stimulation. Many of the relatives favoured the flexibility of the layout which enabled their family members to move around freely including the outside areas.

Good

Is the service caring?

Our findings

People received care and support from staff who were caring, compassionate and kind. People told us they liked the staff and described them as, "Very good", "They are so lovely" and "Kind". One person said, "I'm very well looked after. I like to have a chat with the carers." Relatives and visitors also spoke mostly positively about the staff team. One relative said their family member had, "Always been treated with great respect by everyone either working or volunteering there." Another praised the care their family member received and told us when asked if they and their relative were treated with respect, "Very much so." Some individual staff were identified as being particularly caring and supportive which was made known to the registered manager so that those positive comments could be passed on.

We observed staff talking to people in a polite and respectful manner. They interacted with people as they went about their daily work stopping to say a few words to people as they passed by. People told us the staff gave them choice and control over their day to day lives. One person told us, "They know when I like to get up and what I like to do." Another explained, "They respect my choice of staying in my room when I want to." Whilst commenting about the home one staff member provided written feedback which stated, "Abbeyfield Winnersh is an amazing place to work, it's the only place I know where I can sing and dance with residents and not get frowned at. Working as part of a team here I would recommend it to anyone you really do feel like part of a family not just a job."

We saw staff were polite and considerate in their approach to people. They spoke quietly to people who showed signs of distress or agitation, and were successful in calming or distracting them. We also saw people were encouraged to be playful and jokes were shared between them. This indicated staff knew people well and what they would respond to. People appeared comfortable with staff who were caring and friendly towards them. For example, after lunch, when care staff were escorting people from the dining room back to the communal areas, they did so without rushing them and chatted as they went. They assisted people to sit where they wished. When staff carried out tasks for people they bent down to speak to them, so they were at eye level and could engage fully with them. For example, one person needed a great deal of encouragement to take their medicine and the staff member sat next to them offering encouragement while at the same time engaging the person in conversation.

Whatever they were doing for people the staff had a calm approach and made sure people were comfortable. People told us staff treated them respectfully and maintained their privacy. We saw staff knocking on people's doors and asking if they could go in. They told us how they protected people's dignity when giving personal care by making sure doors were closed, covering people appropriately and explaining what they were doing.

Staff were very familiar with the people using the service and they had a good knowledge of their personal preferences, routines, health conditions and care needs. A carer was able to describe examples of the actions taken when people showed signs of ill health, the plans for their care, and the other professionals who had been consulted and involved. Another member of staff told us how one person had worked in the local authority while another had lost their mother at an early age. This demonstrated how staff had taken

time to get to know the people they cared for. They used this knowledge of the person to provide individualised care.

The registered manager told us of an initiative which acknowledged that some older people may find it difficult to discuss personal relationships. By asking about husbands or wives staff could inadvertently prevent people from talking openly. Staff were being encouraged instead to talk about partners which could support people in feeling more comfortable about sharing their experiences.

People were made to feel valued and important. Special occasions were celebrated and during the inspection we were told of examples where these occasions had included relatives as well. Photographs were taken of these occasions so that they could be used to share memories. We saw that photographs of people undertaking a range of activities were displayed in communal areas.

People and staff told us visitors were welcome at any time. We observed visitors came and went freely during the inspection. Those we spoke with said they visited regularly at various times of the day and were always made to feel welcome. One person told us they had friends who enjoyed visiting and they could come and eat a meal with them. We observed relatives enjoying tea and cakes with their family member and generally joining in with activities with people. It was apparent that this was a regular and familiar occurrence for all involved.

Meetings were held with people who lived at the service and their relatives. Suggestions were listened to and acted on. For example, at one meeting it was commented on that relatives would like information on new staff joining and staff leaving as well as other information about the service. A newsletter was suggested and it was agreed that this was an idea worthy of consideration. This was going to be taken forward together with a photo board of staff on duty which would be clearly displayed at the entrance to the home. We noted that not all staff wore name badges and some were hand written suggesting that they may have been used only on the day of the inspection. This was mentioned at the last inspection and has been raised by relatives who felt it would be helpful to them for identification but more importantly to their family members.

People had the opportunity to express their wishes about the care they would like to receive at the end of their lives. Some people had made advanced decisions and others had made living wills. Details were contained in their care plans so that staff were able to follow people's wishes. Some people had 'do not attempt cardiopulmonary resuscitation' forms which the GP had discussed with them and /or their relatives as appropriate. We noted that a 'butterfly' trolley had been introduced which provided a range of familiar objects and relaxing aids for people nearing the end of life.

All confidential information was kept securely in the office or care stations and available only to those with authorised access.

Good

Is the service responsive?

Our findings

Communication between staff and with relatives had been a particular issue at the last inspection. We received many examples of positive feedback from staff and relatives that overall communication had significantly improved. However, we still received some comments from both groups that further improvement was still needed. For some relatives this had included not being informed of incidents or not being informed of the need to replenish supplies such as toiletries in a timely manner. However, we did receive one comment from a relative that the key worker had contacted them to see if they could visit as their family member was feeling low in mood. This was convenient for this relative as they lived close by but the attention to detail and thoughtfulness was appreciated. It was recognised that communication was an area where improvements could always be further developed. The registered manager, senior team and all care staff were striving for excellence in the quality, accuracy and consistency of all communications.

People were assessed prior to them receiving a service. The assessment gathered information which was used to develop an individual care plan designed to meet people's needs. Care plans were in date and reviewed monthly. We found improvements had been made in the amount and consistency of detail included in both the assessments and the care plans. The registered manager and care staff all told us a great deal of 'hard work' had gone into working on the care plans. They explained this was in order for them to be more accurate and reflect the individual preferences of the people living at the service. Senior staff told us that the registered manager had implemented Abbeyfield documentation which was much more logically ordered and provided clear prompts for staff completing care plan information. The local authority quality team had visited the service on 15th November 2018 to carry out a review and was conducted as a follow up to their visit in February 2018 where considerable issues were found. In relation to care plan and associated documentation they reported that there had been considerable improvement and there was now confidence that supporting paperwork more accurately reflected people's needs. It was acknowledged by the senior team that this work was still ongoing and should be fully complete by the end of January 2019.

The care plans provided clear and detailed guidance for staff. For example, one described how a person liked to return to their room after lunch time. Another guided staff on how to support someone with personal care when they had a tendency to lash out by giving the person something to occupy their hands. Staff told us that the care plans were much improved and it was now much easier to access the most important information. People's preferred times to get up and go to bed were recorded as well as times when they may like to return to their room to rest. In addition to the care plans we were told that one-page profiles were being introduced for all residents with specific needs which detailed significant information and provided a quick reference tool. The new care plans were now typed which made them easier to read. There was a computer system being introduced which would enable care staff to update care plans in real time. Whilst there had been some teething problems with the implementation of the system it was considered that once up and running this would be an extremely useful tool which would support more staff time being spent with people.

It was clear that whenever possible people had been involved in the care planning process and when appropriate families had also contributed. For example, where people had significant memory loss due to

living with dementia, families had been asked to provide information such as people's past employment, their extended family, hobbies and interests. Staff told us this enabled them to engage people in meaningful conversations which often sparked a memory for them. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The service was already documenting the communication needs of people.

The service worked collaboratively with other services in order to be responsive to people's needs, for example, the Rapid Action Treatment Team and the Care Home Support Team. A relative described for us how this collaboration had prevented an admission to hospital for their family member reducing the potential for their anxiety and distress. In other examples working with individual members of community teams had enhanced the lives of people by analysing falls, reviewing people at risk of choking and devising specialised behaviour plans for those people at risk of presenting challenging behaviour. We witnessed an intervention for one person who could become very agitated and could lash out when they felt they were not understood or others were not co-operating. It was clearly understood that these responses were directly related to this person's dementia. By following the behaviour plan staff were able to redirect this person's attention and ensure they remained calm and in control.

A programme of activities was provided each day by dedicated activity staff. This was an area of ongoing development for the home. The current programme included music, arts and crafts, quizzes, and games. There was a dedicated cinema room where people could watch pre-arranged films. People were encouraged to join in the activities of their choice. If people did not wish to take part, this was respected. One relative told us that there was always something going on when they arrived at the home to visit their family member. Work had commenced to gather more information about individual people's background, life experiences and interests. Within relatives written feedback there were comments about the lack of opportunities for people to go out of the home on outings, lack of progress in utilising outside space both in the garden and a large balcony area. There were also further comments about making ready the summer houses and activities for those individuals who do not like to participate in group events. This was fully acknowledged by the registered manager who had plans to address the concerns/comments by increasing and upskilling the activity staff. However, there were other comments from relatives which indicated that there had been improvements in the range and types of activities and special mention was made of the warm and friendly welcome they always received when visiting the home.

Soon after appointment the registered manager had commenced residents and relatives' joint meetings. To date there had been two such meetings arranged. These meetings were designed to provide updates on progress/initiatives with the home and to allow people and relatives to have their say and input. The meeting minutes were available to everyone who attended and for those people who were unable to make it. Suggestions for attendees had been noted and would be considered. Examples included, a newsletter and staff photo boards including agency staff on duty.

There was a complaints procedure and information on how to make a complaint was displayed in the reception areas of the service. People and their relatives told us they were aware of how to make a complaint or raise a concern. We reviewed the complaints log and noted seven complaints/concerns had been made since the appointment of the current registered manager. All had been recorded, investigated and responded to in line with the provider's policy. In all cases the registered manager had followed up with the complainants personally to provide reassurance that the concerns were taken seriously and that

appropriate action would be taken. Each complaint detailed the action taken and the remedies implemented to prevent reoccurrence. We noted that the incidence of complaints had gradually decreased over the time since the current registered managers appointment. We saw a range of compliments from relatives about their family members care at Abbeyfield Winnersh.

Good

Is the service well-led?

Our findings

The provider had improved the systems to monitor the delivery and quality of the service. Regular audits were carried out and included checks on care plans, medicines, health and safety, infection control and accidents. Other areas such as the home presentation and environment were also monitored. These systems had been followed since the previous inspection and where they had highlighted deficits these had been addressed using a service improvement plan. We saw actions had been completed which had led to improvements being made. For example, staff champions had been introduced to drive knowledge and improvements in specific topic areas. Examples included, falls, nutrition and hydration, health and safety and medicines management. Observation of care practice was now a regular feature with appropriate feedback being provided to individual staff.

The service had a registered manager who had been appointed in July 2018. 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 service is required by law to send notifications to the CQC regarding significant events which happen in the service. We found the service had sent all the required notifications in a timely manner.

The current registered manager had continued the work of the previous interim manager and had worked hard to continue stabilisation of the home, to support and direct staff whilst ensuring that people's needs were addressed as a priority. The registered manager has been working to a detailed action plan implemented by the local authority safeguarding and governance framework together with an internal plan of detailed aims and objectives. This has been managed alongside the daily operational requirements of the service whilst also implementing a detailed improvement agenda.

We found an open and honest culture within the service. The registered manager was visible in the service and it was clear both people and staff were relaxed in his company. Staff spoke positively of the registered manager and said he was both approachable and supportive. One commented, "Since our new home manager has started I feel we are well managed, this is due to the fact he has worked within the company for a number of years, and therefore able to lead us in the Abbeyfield way." Another commented, "He is a vast improvement. Everyone is feeling more confident and he is very approachable." Staff told us they enjoyed working at Abbeyfield Winnersh. We received comments such as, "We are a good team, we help each other." and "It's becoming a really good team here, we all get on." Relatives commented favourably about the registered managers contribution whilst some continued to require reassurance that improvements would be sustained and built upon.

Quality assurance questionnaires had been sent to people, their relatives and staff to gain their views on the service and to help the registered manager identify ways to improve. The surveys had been conducted in October 2018 and we saw the collated results. This indicated clear areas for improvement and it was planned that whilst survey questions were quite broad, further detail would be identified by the means of one to one supervision meetings, resident reviews and further feedback tools. In addition, regular whole

staff meetings, senior staff meetings and meetings with people and their relatives had been conducted. These were designed to provide information sharing opportunities and seeking feedback to feed into the improvement agenda.

Records relating to people's care had been significantly improved and has been supported by the introduction of the providers care related documentation. This now meant staff did not have conflicting or inaccurate information and could rely on the records in order to provide safe and effective care for people. In addition, a range of initiatives had been introduced including enhanced training for staff and the implementation of a working group of junior staff to facilitate feedback.

The service had worked with health and social care professionals to achieve the best care for the people they supported. Since the appointment of the registered manager he had made considerable effort to link with community teams and to utilise their expertise for the benefit of the home and the people living there. Initiatives had included a range of health-focussed audits and further related work was planned. They had built relationships with local authority commissioners and GP's. We spoke with one visiting senior local authority professional who praised the work that had been undertaken. They confirmed as a result of the openness and transparency of interactions there was much more confidence about how the service was managed and how issues were addressed.

A range of health care professionals provided positive feedback about the operation and improvements in the home together with the appropriateness and relevance of communications. Some comments from professionals included, "Three of the senior carers I trained in the past as Dysphagia Champions and they have taken on the responsibility very well and shown initiative." Whilst another said, "They have taken on board some of the recommendations we have given and we have seen evidence of them being actioned in subsequent visits." A comment about the atmosphere stated, "I am not able to comment on all staff interactions with their residents, however, when I have visited the atmosphere in the communal areas has been a joyfully/happy", Another professional told us, "My contact with Abbeyfield staff (manager, clinical lead, administrator) has always been positive, in supporting them with some of the challenges they have had with their GP provision. They are keen to work in partnership with services ensuring their residents get the care they are entitled to."