

Community Homes of Intensive Care and Education Limited

Abbeyfield Lodge

Inspection report

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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 unannounced inspection of Abbeyfield Lodge took place on 3 and 5 July 2017. The home provides accommodation and support for up to 13 people with learning disabilities, autism or mental health diagnoses. The primary aim at Abbeyfield Lodge is to support people to lead a full and active life within their local communities and continue with life-long learning and personal development. At the time of inspection there were 11 people living in the home.

The accommodation includes twelve single bedrooms on the ground and first floors, eight of which have en-suite facilities. There are also three separate bathrooms. Additionally, there is a self-contained one-bedroom flat on the first floor, normally used to support people to transition to independent living.

At the time of the previous inspection of Abbeyfield Lodge in 2014 a different provider had legal responsibility for meeting the requirements under the Health and Social Care Act 2008 and associated regulations about how the service is run. The current provider took over the management of the home and began to provide a service on 10 October 2016.

The service had a registered manager. 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.

People were protected from abuse because staff were trained and understood the actions required to keep people safe. Staff were able to explain their role and responsibility to protect people, which included personal intervention to prevent further abuse and reporting issues to the appropriate authorities.

The risks relating to people's health and welfare were assessed and recorded, along with actions identified to reduce those risks in the least restrictive way. People's care plans were tailored to meet individual needs and provided sufficient information to allow staff to protect people whilst promoting their independence. People's care plans had been reviewed regularly to ensure they included all of the information staff required to meet people's needs.

The registered manager completed a daily staffing needs analysis to ensure there were always sufficient numbers of staff with the right skills mix and experience to keep people safe. When required staffing levels had been increased to meet identified changes to people's needs. Staff had undergone relevant pre-employment checks to assure the provider of their suitability to support vulnerable people living with a learning disability or mental health diagnosis.

People received their prescribed medicines safely from staff who had their competency to do so assessed annually by the registered manager.

The provider's required staff training was up to date which ensured staff understood how to meet people's support and care needs. Staff also underwent further training specific to the needs of the people they supported.. Training was refreshed regularly to ensure staff retained and updated the skills and knowledge required to support people in accordance with best practice.

Staff protected people's rights to make their own decisions and supported them to make as many decisions as possible. Where people did not have the capacity to consent to care, legislation designed to protect people's legal rights was followed correctly and confidently by staff.

People were treated with dignity and respect at all times. Staff demonstrated caring and positive relationships with people and were sensitive to their individual choices.

People were supported to have enough to eat and drink. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, protecting them from harm and promoting their dignity.

People where appropriate their relatives were supported to be actively involved in making decisions about the care they received. Staff had developed positive caring relationships with people and spoke with passion about people's needs and the challenges they faced. People's privacy and dignity were maintained by staff who had received training and understood how to support people with intimate care tasks.

The management team ensured people were involved in the planning of their own care. People's needs and risk assessments were reviewed monthly or more frequently when required to ensure that their changing needs were met.

People were encouraged to maintain relationships with people that mattered to them and to avoid social isolation.

The registered manager sought feedback from people, their families and staff, which they used to drive continuous improvement in the service. People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs.

The provider's values underpinned staff practice and put people at the heart of the service. Staff were aware of the provider's values, which they demonstrated in practice. The registered manager provided clear and direct leadership visible at all levels which inspired staff to provide a quality service. There were comprehensive quality assurance processes in place which were used to measure and review the quality of care being provided.

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 were protected from abuse and the risk of avoidable harm because staff understood their role and responsibility to keep vulnerable people safe.

Staff were aware of people who were at particular risk of avoidable harm and the necessary measures required to mitigate these risks.

The registered manager ensured there were always sufficient numbers of suitable staff deployed to keep people safe and meet their assessed needs.

People received their medicines as prescribed from staff who followed current and relevant guidance regarding the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate supervision and support to ensure they had the required skills and experience to enable them to meet people's needs effectively.

People were supported to make their own decisions and choices.

People were supported to eat a healthy balanced diet of their choice, which met their dietary requirements.

People were supported by staff to maintain good health, had regular access to healthcare services and received on-going healthcare support when required.

Is the service caring?

Good ●

The service was caring.

Staff developed caring and positive relationships with people

and treated them with dignity and respect.

Staff promoted people's independence and understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain important relationships to prevent social isolation.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People knew how to raise concerns or make a complaint and were confident the registered manager would take prompt action to deal with them.

The registered manager used feedback, concerns and complaints as an opportunity to learn and improve the quality of the service provided.

Is the service well-led?

Good ●

The service was well-led.

The management team promoted an open, inclusive, and person centred culture which encouraged people and staff to be actively involved in developing the service.

The registered manager provided clear and direct leadership visible at all levels which inspired staff to provide a quality service.

The registered manager effectively operated quality assurance and governance systems to drive continuous improvement in the service.

Abbeyfield Lodge

Detailed findings

Background to this inspection

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

This unannounced inspection of Abbeyfield Lodge took place on 3 and 5 July 2017. When planning the inspection visit we took account of the size of the service and that some people at the home could find unfamiliar visitors unsettling. As a result, this inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also looked at the provider's website to identify their published values and details of the care and services they provided.

We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of four people living at Abbeyfield Lodge.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with 11 people who were using the service and two of their relatives. We spoke with the staff including the registered manager, the provider's operations director, the assistant manager, the activities coordinator, four senior staff, nine staff and the chef. We also spoke with two visiting health and social care professionals, a person who had used the service and was visiting friends and a person who had used another service within the provider's care group who was employed as a cleaner.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at eight staff recruitment, supervision and training files. We looked at individual supervision records, appraisals and training certificates within these files. We examined the provider's schedules which demonstrated how people's care reviews and staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We also reviewed staff rotas during May and June 2017. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit we spoke with three other health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We also spoke with two commissioners of the service.

This was the first inspection of Abbeyfield Lodge since the provider, Community Homes of Intensive Care and Education Limited, began to support people on 10 October 2016.

Is the service safe?

Our findings

People were happy and content at Abbeyfield Lodge, where they were protected from harm and abuse by staff who made them feel safe. One person told us, "The carers know me and what to do to help me stay safe." Another person told us, "They know if I am unwell and how to make me take care of myself to help me get better." A third person told us, "I trust all of them and they (staff) always tell me to let them know if I want their help or if something is making me worry." People consistently told us that they felt safe and able to raise any concerns if they were worried.

People were protected from abuse and the risk of harm because all staff, including those not delivering care, were trained and understood the actions required to keep people safe. Staff told us they had completed safeguarding and whistleblowing training, which was regularly updated to ensure their knowledge about how to safeguard vulnerable people from abuse was current.

Staff were able to explain their role and responsibility to protect people, which included personal intervention to prevent further abuse and reporting issues to the appropriate authorities. The provider ensured staff had ready access to their safeguarding policy and government legislation. Staff knew how to raise concerns and to apply the provider's policy. The registered manager conducted thorough investigations in response to allegations of abuse and worked with the local safeguarding authority to keep people safe from harm.

Risks specific to each person had been identified, assessed, and actions implemented to protect them. Risks to people had been assessed in relation to their mobility, social activities, and eating and drinking. People's care plans detailed what support people needed to keep them safe, for example in relation to safety awareness whilst accessing the community. Risk assessments also detailed the required staffing ratio at different times and for specific activities to ensure the safety of people, staff and others. On the first morning of inspection three people and staff were excitedly preparing to leave Abbeyfield Lodge for a week long holiday in Chichester. We reviewed the comprehensive risk assessments prepared by the senior staff supporting people on this holiday. These assessments had been thoroughly reviewed by the registered manager to ensure all identifiable risks had been considered and plans prepared to reduce these risks.

Staff were aware of people who were at particular risk of avoidable harm or abuse, for example; staff knew people who were at risk of choking or falling and the necessary measures required to be implemented to mitigate these risks. People experienced safe care provided by staff who had the necessary knowledge to enable them to respond appropriately to concerns about people's safety.

Where people were diagnosed with health conditions such as diabetes and epilepsy, care plans detailed how the associated risks related to the particular individual and the support they required to mitigate them. People who had been identified to be at risk of pressure areas had assessments and management plans in place in to enable staff to reduce the risks associated with their skin integrity. Staff were able to explain the risks relating to people and the action they would take to help reduce the risks from occurring.

People were protected from individual risks in a way that respected and promoted their independence, whilst keeping them safe. For example, one person had a risk management plan which promoted their independence by supporting them to socialise with friends in pubs and nightclubs, without compromising their medicines risk management plan. Another person identified to be at risk of absconding required to be continually supported by staff whilst accessing the community. We observed staff safely manage the identified risks to this person, following at distance, using line of sight, in accordance with the risk management plan. The person told us the way staff supported their access to the community made them feel relaxed and less anxious. This reduced the risk of them trying to abscond.

If people displayed behaviours that challenge, these were monitored and where required referred to health professionals for guidance. Staff were aware of and alert to the different triggers of people's behaviour. During our inspection we observed timely and sensitive interventions by staff, ensuring that people's dignity and human rights were protected, whilst keeping them and others safe. Risks to people associated with their behaviours were managed safely.

Where required, people were supported to manage their finances and protected from the risk of financial abuse. For example one person had a personal relationship, which required staff to be supportive to maintain the relationship, whilst protecting the person from potential financial abuse. We observed transactions where staff adhered to the provider's financial management and recording processes. One person told us how staff had effectively supported them to purchase a motor bike, which was one of their personal goals. Visiting health and social care professionals told us that the registered manager and staff had implemented their guidance to provide safe care in a safe environment for people.

Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Fire equipment such as extinguishers and alarms, were tested regularly to ensure they were in good working order. People were protected from environmental risks within the home.

During monthly 'service user' meetings health and safety issues were discussed, for example; the guidance provided in an 'easy read' booklet about how to stay safe in the heat wave. Minutes of one meeting detailed discussions about the Grenfell Tower tragedy and explored people's understanding about fire safety and the need to practice fire drills.

People's records contained emergency evacuation plans and 'hospital passports'. These documents contained essential information to ensure health professionals had the required information to be able to support people safely, for example; people's means of communication, their medicines and any known allergies. Staff had access to all relevant information, which health professionals could consider and act upon in an emergency to keep people safe.

Where an incident or accident had occurred, there was a clear record, which enabled the management team to identify any actions necessary to prevent or reduce the risk of further incidents. Staff told us they were encouraged to report any incidents or near misses which occurred, for example; one person recently experienced a choking incident. The necessary learning from this incident was shared with the relevant staff in meetings and handovers so necessary lessons could be learned as soon as possible. Staff knew and understood the provider's incident and accident reporting process to ensure all risks were identified and managed safely. People were kept safe because the provider proactively reviewed all incidents and took action to reduce the risk of a future recurrence.

The management team completed a daily staffing needs analysis which was based on the dependency of people. This ensured there were always sufficient numbers of staff with the necessary experience and skills

to support people safely. We reviewed rotas for May and June 2017, which demonstrated that the required level of staffing had been deployed to meet people's assessed needs. Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice. Observations, rotas and staff confirmed that sufficient staff were deployed to meet people's needs safely. Staff consistently responded quickly to people's needs and often anticipated when support was required based on their knowledge of people.

The registered manager was authorised to increase staffing levels immediately without consulting the provider, whenever people's changing needs required. This was demonstrated recently when a person's needs required further support when they were awake during the night. The staffing on nights was increased to support the person whenever they were awake.

Staff underwent relevant pre-employment checks as part of their recruitment, which were recorded in their staff files. These included the provision of suitable references in order to obtain satisfactory evidence of the applicant's conduct in their previous employment, explanations for any gaps in their employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Prospective staff underwent a practical role related interview before being appointed.

People received their medicines safely. Only qualified staff who had received appropriate training administered people's medicines. Designated staff had two practical competency assessments by the registered manager before they could administer medicines without supervision to ensure their practice was safe. This was reinforced by a written and verbal knowledge check.

Medicines administration records (MAR) were completed correctly. People were given time to take their medicines without being rushed. Staff explained the medicines they were giving in a way the people could understand and sought their consent before giving it to them. We observed staff supporting people to take their medicines in a safe and respectful way.

Where people were prescribed medicines there was evidence within their medicines management plan that regular reviews were completed to ensure continued administration was still required to meet their needs. Staff understood the risks to people from their specific medicines, for example; Clozapine. Clozapine is a medicine prescribed to support people who are living with a mental health diagnosis which can have significant side effects, including an increased risk of infection. Staff understood the support people needed to monitor these risks, including the provision of regular blood tests. Staff managed and monitored the administration of people's prescribed medicines to ensure they were protected from potentially harmful side effects.

Where people took medicines 'As required' there was guidance for staff about their use. These are medicines which people take only when needed. People had a protocol in place for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds. Staff recorded when and where they applied creams and ointments. People's medicines were managed safely.

There were appropriate systems to ensure the safe storage and disposal of medicines and additional security for specified medicines required by legislation. The stock management system ensured medicines were stored appropriately and there was an effective process for the ordering of repeat prescriptions and safe disposal of unwanted medicines.

Is the service effective?

Our findings

People, their relatives and health and social care professionals felt the service provided people with effective care and support. People told us staff understood their needs and knew how they wished to be supported. One person told us, "They (staff) are brilliant. They help me to do what I want to do and always encourage me." Another person told us, "They know all about my mental health and know how to support me make good decisions to stay well." A third person told us, "I've been in other places but this is the best because the carers work with you and support you to make choices rather than just telling you what to do."

Staff completed an induction course based on nationally recognised standards and spent time working with experienced staff. During this time they shadowed experienced staff to learn people's specific care needs and how to support them. This ensured they had the appropriate knowledge and skills to support people effectively. One staff member who had just completed their induction told us they were confident the induction process had given them the skills and confidence to carry out their role effectively.

The provider's induction and training programme ensured that all staff had completed the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve.

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included the provider's required training, such as safeguarding, the Mental Capacity Act 2005, infection control, food safety, fire safety and first aid. This ensured staff understood how to meet people's support and care needs. Required training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively. Staff also underwent further training specific to the needs of the people they supported, including autism, learning disability, epilepsy and positive behaviour management. This ensured staff understood how to meet people's individual support and care needs. Training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively. People were supported by staff who had the necessary skills and knowledge to meet their needs.

The provider had established an academy to provide opportunities to develop all of their staff, for example; the assistant manager had completed a foundation management course. Staff with supervisory responsibilities had completed or were scheduled to complete training relevant to their particular role and responsibilities at the home. All staff were supported to achieve diplomas in health and social care, at least to level two, with some achieving higher levels.

Staff told us they were proud of their teamwork and how they shared vital information that was important to ensure people's quality of care and to keep them safe. We observed staff working and communicating well together. We observed three handover meetings, during which staff coming on duty were made aware of changes to people's needs. Where staff had been absent, they were provided with updates regarding people whose needs had changed since they were last working, for example; the necessity to monitor one person's fluid intake. During the handover meetings, staff raised pertinent questions to check their own

understanding. This ensured that all information was shared with staff and acted upon safely and effectively.

Staff operated an effective diary system to ensure all appointments and information in relation to people's care and treatment was shared efficiently, for example; updating the results of medical examinations such as blood tests and changes to people's medicine prescriptions.

Staff were encouraged to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development. Staff told us they found training they had received in relation to mental health issues, including schizophrenia, obsessive compulsive disorder, bipolar, personality disorders, depression, self-harm awareness and drug and alcohol awareness was invaluable. Two people told us they thought the effective training staff had received in supporting their mental health needs had a significant impact on their general well-being and mental health. One relative told us, "The staff here know how to support (their loved one) to manage his anxieties which stops him worrying and keeps him well."

The registered manager used various strategies to reinforce staff learning, such as the staff quiz. This covered all areas of staff competencies and skills required to meet people's needs effectively. Staff told us they enjoyed the staff quiz, which was a good way of refreshing and updating their knowledge and how it applied to individuals living at the home. The learning themes identified from this quiz were shared during staff meetings and were used to promote discussion, for example how to support people who were identified to be at risk from choking. The quiz also identified areas requiring personal development which were addressed during staff supervisions.

Staff received effective supervision, appraisal, training and support to carry out their roles and responsibilities. Staff had two monthly one-to-one supervision meetings with their line manager. Staff were enabled to identify their concerns and aspirations, and briefly outlined agreed action plans where required. Any agreed actions were reviewed at the start of the next supervision. Supervisions provided staff with the opportunity to provide feedback and suggest ways in which the service could improve, for example; the provision of stimulating activities for people.

The registered manager held monthly staff and senior staff meetings to discuss issues and ideas to support people. We reviewed minutes of staff meetings during 2017 which reinforced best practice in relation to the Mental Capacity Act 2005 (MCA) and medicines management. These minutes also addressed concerns raised by staff and recorded the advice and guidance provided by the management team.

People's ability to make decisions was assessed in line with the MCA. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider had policies and procedures providing staff with clear guidance about how to support people who were not able to make decisions about their care or support, to ensure their human rights were protected. Staff followed these by consulting with relatives and healthcare professionals and documenting decisions taken, including why they were in the person's best interests. The registered manager effectively operated a process of mental capacity assessment and best interests decisions, which protected their human rights.

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 are called the Deprivation of Liberty Safeguards. 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. We found the provider was following the necessary requirements. Deprivation of Liberty Safeguards applications had been made to the supervisory body with the relevant authority for two people using the service. The registered manager carried out a review of the applications on a regular basis to ensure they were still required. Staff had been trained in MCA and Deprivation of Liberty Safeguards. They were aware of the people that these restrictions applied to and the support they needed as a consequence. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests and reflected the least restrictive option.

People had undergone an assessment which documented how they communicated their choices, how to involve them in decisions, and the people to consult about decisions made in their best interests. We observed staff seeking consent from people using simple questions and giving them time to respond. Daily records of care showed that where people declined care this was respected. Staff supported people to make as many decisions as possible. People's human rights were protected by staff who demonstrated clear understanding of consent, mental capacity and deprivation of liberty legislation and guidance.

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. We observed the preparation and provision of meals during breakfast and dinner time, during which people were supported to consume sufficient nutritious food and drink to meet their needs. People were encouraged and supported to prepare their own meals, snacks and drinks in accordance with their eating and drinking plans.

People were referred appropriately to the dietician and speech and language therapist if staff had concerns about their wellbeing. We observed communal mealtimes where people and staff ate together. People were provided with appropriate support to eat at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, protecting them from harm and promoting their dignity.

People consistently praised the chef who had worked in the home for 12 years for the quality of the food they prepared and their willingness to make them alternatives to the meals on the menu. One person exclaimed during an observed lunch service "(Chef's name), you should get a medal for this pie it's delicious." Another person who lived with a health condition, which increased their risk of malnutrition, patted their stomach and said, "Look, they must be doing something right, I've even put some weight on." The chef knew each individual's dietary needs, including those who were being supported to live with diabetes and those who needed a specific type of diet, for example; gluten free. The chef demonstrated different recipes they had researched to provide people's favourite meals, which also met their dietary requirements. Where people required a specific type of diet with risks associated to certain food groups all of their ingredients were clearly marked and stored in separate cupboards. People were supported to ensure they consumed food which met their dietary requirements and mitigated the risks associated with identified food groups.

People were supported to stay healthy. The service worked with healthcare professionals to ensure people's additional or changing needs were supported. Records showed that people had regular access to healthcare professionals such as GPs, psychiatrists, opticians and dentists whenever they needed them. People, relatives and healthcare professionals told us the registered made prompt referrals when healthcare support was required when people's health deteriorated.

Is the service caring?

Our findings

People told us the staff were always friendly and treated them with kindness. During the inspection staff responded to people with patience and understanding, following people's communication and behaviour support plans. When people became upset or anxious we observed staff promptly offered reassurance and comfort. One person told us, "The staff are wonderful, they are always very kind and thinking ahead about helping me when I need it and encouraging me." One person told us, "They (staff) know how to keep me really positive and (staff member) is really good at getting me to do the right things and make good choices so I don't make myself unwell again." One family member told us their loved one had previously been unsettled and unhappy whilst living at other placements. The relative told us, "He is so much happier here because the staff have gained his trust and really take an active interest in his life." One person told us how their worries and anxieties had reduced dramatically while living in the home because of the caring relationships they shared with staff. One person told us the caring nature of the staff made them feel at home surrounded by close family. This person told us, "I love all the staff and one is just like my mum."

There was a supportive family atmosphere at Abbeyfield Lodge, where people and staff shared a mutual respect and understanding. Relatives and health and social care professionals told us that staff were committed to supporting people in the home. One visiting health and social care professional made positive comments about the significant improvement in one person's health and wellbeing whilst living at the home. They told us, "The staff have been brilliant supporting their recovery encouraging them and keeping them positive." Another healthcare professional told us staff were "very caring and kind" whilst they effectively implemented their advice and guidance.

Staff cultivated close relationships with people within the home and also supported people to develop friendships with one another. This was clearly apparent on the first morning of the inspection because three people were excitedly preparing to go on holiday. We heard lots of friendly conversations between people who were going on holiday and those remaining who were happy to share in the anticipation. Due to the "feel good" atmosphere created by the impending holiday, staff invited other people to visit the holiday campsite to spend the day with their friends.

Relatives told us the staff were kind and compassionate. During the inspection we observed staff readily provided support to people before it was requested. Staff were attentive and responded promptly people's needs, following their behaviour support plans. When people displayed behaviours that challenge we observed discreet and sensitive interventions by staff, in accordance with people's positive behaviour support plans. We observed several incidents where staff had preserved individuals' dignity and privacy whilst supporting them to positively manage their behaviour.

Staff understood triggers that could potentially upset and distress people and took action to prevent these situations from occurring, thereby supporting people's wellbeing. For example one person became anxious and displayed behaviours that challenge if they thought staff were supporting other people at their expense. We observed staff promptly engage with the person using various distraction techniques, in accordance with their behaviour support plan, which quickly reassured and calmed the person. At lunchtime one person

began to display behaviours that challenge others. They were immediately reassured and calmed by a staff member who offered them a wide range of puddings, until they chose one of their favourites, which made them happy.

We reviewed one person's medicines management plan which demonstrated that they had often taken medicines when required to support their anxieties whilst accessing the community. This person had developed such positive, trusting relationships with staff which meant they no longer required to have such medicines available whilst in the community to support their anxiety management.

Staff told us they took pride in the caring values of the home. One senior staff member said, "I just love my job. I love seeing people progress and move on. I feel so proud, it's like watching your own family grow. And believe it or not working here gives me a lot more energy than when I was younger." Another staff member told us, "Even when I'm on my days off I can't help thinking about them (people using the service). You just want the very best for them and when they achieve something it's the best feeling." We observed the provider's values demonstrated consistently by staff who were dedicated and committed to the people living at Abbeyfield Lodge.

Relatives told us the registered manager was focused on the staff developing caring relationships with people. One relative told us, "All the staff are very good at listening carefully and taking time to make sure they understand which makes people feel that they want and what they're saying really matters." Staff told us that it was important for people living at Abbeyfield Lodge to feel safe and secure with people supporting them, due to their personal anxieties.

Staff engaged people in conversations about things which interested them that did not just focus on the person's support needs, for example; one person enjoyed working in the garden, and was supported painting the garden shed in readiness for the provider's best garden contest. Each person told us about their individual contributions from decorating the barbeque to making decorative flowerpots. We observed staff engage in animated conversations with one person who wished to change their hair colour. As the inspection unfolded we observed different staff support the person to order new hair colours online and then to apply the new hair products. The person then excitedly went to show off their new hair colour to their friends in the home and staff. We observed that staff support in these endeavours had a significant impact on this person's happiness, mental wellbeing and self-esteem.

We observed that people were relaxed and happy in the company of staff and chose to spend time with them. Staff spoke with people in a thoughtful and considerate way to enquire how they were. Healthcare professionals told us that on their visits to the home staff had always been considerate and attentive while supporting people.

The views of people living at the home were sought during the staff recruitment process. People who wished to be involved were invited to take part in the interview selection process. One person told us they always volunteered if they were available because it was important to choose staff who were "kind and friendly". A new member of staff told us they had been questioned by people living in the home during their selection interview. They told us one person had asked them, "Could you be my friend and would you do things with me?" New members of staff told us they had been supported by mentors and other staff to develop their relationships with people. People experienced positive relationships with staff who worked as a team to develop people's trust and confidence.

Staff spoke passionately about people's needs and the daily challenges they faced. Staff were able to consistently tell us about the personal histories and preferences of each individual. Staff told us the

registered manager encouraged them to know as much as they could about each person so they could support them effectively. Staff understood people's care plans and the events that had informed them.

Staff spoke fondly about their relationships with people at Abbeyfield Lodge. For example, one staff member told us about a person who had recovered their mental wellbeing whilst at the home and was now living independently on their own. This person came to visit the staff during our inspection and told us, "I will be forever grateful to all the staff being there for me and helping me to recover my independence."

Care records included details of their circle of support which identified people who were important to the person. People and families confirmed that staff supported them to remain in contact. People were supported to maintain friendships and relationships that were important to them.

Relatives told us the staff worked closely with families and representatives and kept them fully involved in the person's care as required. Relatives and visitors were welcomed to the home and there were no restrictions on times or lengths of visits. Some people living at the home experienced low self-esteem which had an adverse impact their well-being. We reviewed one person's positive reinforcement plan to build their self-confidence and guidance for staff to educate their family members how to provide encouragement and positive support to their loved one during visits.

People's privacy and dignity were maintained by staff who had received training and understood how to support people with intimate care tasks. Staff were able to clearly describe and demonstrate how they upheld people's privacy and dignity. They also demonstrated how they encouraged people to be aware of their own dignity and privacy, for example; supporting them to replace clothing.

When staff wished to discuss sensitive, personal matters with people they did so in private. Staff had discussed sensitive issues, for example; supporting people with their management of drugs and alcohol. These issues were treated with strict confidentiality, while ensuring the person received the necessary support to maintain their emotional wellbeing.

Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records in order to protect their privacy. Staff told us about the importance of treating people's personal information confidentially. During our inspection all care records at the home were kept securely to ensure they were only accessible by those authorised to view them.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People had an initial assessment of the care they required to enable the provider to assure themselves that they could meet the person's care needs. Care plans we reviewed reflected how people would like to receive their care and treatment, and included all the information staff would require to know how to meet people's needs, for example; Care plans of people who lived with diabetes informed staff about how to recognise if their blood glucose levels became dangerously low or high and the action they needed to take to ensure the person's safety.

People, relatives and social workers were involved in regular meetings with the registered manager and senior staff to review support plans and risk assessments. Support plans contained a record of any changes to the person's health or behaviour and the resulting changes to their risk assessments. For example, where a change in a person's behaviour might require an adjustment in the medicines they were taking or more intensive interaction from staff. This ensured people experienced care that was consistent but flexible to meet their changing needs.

People were involved in developing their care plans, which were personalised and included detailed daily routines specific to each person. One person told us they had created their own care plan with the deputy manager and key worker. Another person told us "Staff are always asking me what I would like to do and encouraging me with new ideas. If I want to do something new we talk about how to achieve it and set goals towards doing it."

Relatives told us that the home provided person centred care and support which was tailored to meet their family member's needs. One relative told us, "The staff are very good at listening to ideas and suggestions and then work with us towards achieving them."

The staff had completed training in relation to person centred care and planning, which records confirmed. This ensured people's care plans accurately reflected their wishes in relation to the way staff were to support their assessed needs. For example, health professionals had advised that one person required a high level of night time monitoring to mitigate the risks associated with a health condition. The person did not wish to be subject of such monitoring so the registered manager arranged a meeting with the person and relevant health professionals. At this meeting a lower level of monitoring requested by the person was agreed and subsequently implemented. The management team were committed to ensuring people were involved in planning their own care.

The management team held weekly meetings to review people's needs, where any concerns or changes were discussed and recorded. Staff sought advice and support from health professionals such as speech and language therapists, occupational therapists, specialist diabetes nurses, the community care home nursing specialist and learning disability team. For example one person had been provided with a chair designed to mitigate the risk of developing pressure areas as a result of a referral to an occupational therapist. Where people were living with diabetes guidance had been sought from a specialist diabetes nurse and the care homes community matron. We observed staff consistently providing care and support in

accordance with the guidance from health professionals contained within their care plans. People, their relatives and health professionals told us staff consistently responded to people's needs and wishes in a prompt manner.

Each person had a care plan to set out their own goals and learning objectives and recorded how they wanted to be supported, for example; one person's goal was to move into independent living. They were being supported to secure a job and insure their motorbike, while developing life skills such as cooking with the chef. This meant staff had access to information which enabled them to provide support in line with the individual's wishes and preferences.

Health and social care professionals told us staff supported people by promoting their independence and respecting their choices. For example one person was supported to manage their alcohol consumption while visiting local pubs and night clubs, whilst others were supported with their choice to smoke.

People were supported to remain in contact with their family and other people important to them by using social media and internet facilities. For example, one person had developed a close friendship with a person in Thailand who they spoke with daily using their mobile phone. During the inspection one person was supported by their mother to attend a dental appointment. People were encouraged to maintain relationships with people that mattered to them and to avoid social isolation.

Staff talked knowledgeably about the people they supported and took account of their changing views and preferences. There was a handover at the beginning of each shift where the incoming staff team was updated on any relevant information. We observed three handovers during our inspection and heard detailed information discussed about people's health and different moods, together with the potential risks and impact on planned daily activities. For example staff were reminded that one person was having their fluid intake monitored.

People and their families told us they felt the staff were flexible and responsive to their needs, for example; in relation to their morning and night time routines. People chose what time they wished to go to bed and get up. One person told us, "I know some people get up early but if I've had a late night I don't want to get up till lunchtime, which the staff are fine with as long as I let them know I'm going out." People's choices regarding their everyday routines were respected by staff.

People had activity plans which ensured people had a range of varied and stimulating activities every day tailored to their personal interests and pursuits. However the activities coordinator told us they had not updated them recently due to covering for unforeseen absence on shifts. The activity coordinator was in the process of reviewing and updating people's activity planners at the time of inspection. Staff had identified people's individual needs and interests and arranged activities to meet them.

People were encouraged to take part in other activities of their choice outside the home such as swimming, football, visiting local shops, pubs, clubs and restaurants. Detailed risk assessments were in place to ensure such activities were pursued as safely as possible. The activities co-ordinator and staff organised a diverse range of activities for people including: art, craft, music, games, films, and gardening within the home. In addition staff provided one to one sessions for those who could not or did not want to join in group activities.

People were given the care and support they needed to meet their spiritual and emotional needs. For example, staff had identified that one person's level of general activity and wellbeing had declined. This person was subsequently supported to attend Holy Communion more frequently, which has led to an

increase in their levels of activity and had a significant impact on their general wellbeing.

All staff had been taught a recognised system for supporting people to manage behaviours that challenge which had been linked to people's positive behaviour support plans. We observed positive behaviour management and sensitive interventions throughout our inspection, in accordance with people's personalised positive behaviour support plans which ensured people were treated with respect and dignity and their human rights were protected.

Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand and respected that some people needed more time to respond. Staff spoke in plain English and where necessary repeated messages to assure people understood what was being said. Throughout the inspection we observed staff positively interacting with people in ways that met their needs, in accordance with their communication plans.

The registered manager and staff listened to people's comments and suggestions and made changes to improve the service where required. People and relatives felt comfortable to raise questions and concerns and were supported by the staff to do this. People who lived at Abbeyfield Lodge held monthly 'residents meetings' which were facilitated and recorded by a senior member of staff. People had the opportunity to provide feedback to the registered manager who undertook to provide a positive response before the next meeting. Standing agenda items at these meetings included activities, menus, dignity and respect issues, the provider's plans, for example the renovation and refurbishment plans for the building. Minutes we reviewed demonstrated that the registered manager had taken action on the feedback provided, for example; provision of opportunities to attend social clubs and the introduction of salads and vegetable samosas to the evening menus. This meeting also appointed a 'service users representative' to attend the monthly staff meetings.

The registered manager also facilitated monthly staff meetings which gave staff the opportunity to raise concerns and make suggestions. For example one person who required to be supported on a one to one basis had begun to get up frequently during the night. After discussion with the staff the registered manager increased the staffing at night to respond if the person woke up and became active. The registered manager actively sought feedback from people and staff, took account of their views and took action to meet people and staff needs.

The provider had created a page on their website which encouraged people to provide feedback and had appointed an area director responsible for driving improvements based on analysis of the information provided. The registered manager and staff had created a quarterly newsletter which provided updates to issues raised and photographs of recent events such as a trip to an animal petting farm and boat trip on the river Wey.

The registered manager valued concerns and complaints as an opportunity for driving improvement within the home. People had access to information about how to make a complaint, which was provided in an accessible format to meet their needs. The information on how to make a complaint also included details of external organisations, such as the Local Government Ombudsman and Care Quality Commission. The home had received two complaints since October 2016, which had been managed effectively in accordance with the provider's policy and procedures. We reviewed these complaints which had been resolved to the satisfaction of the complainants. Where complaints identified areas of required learning and improvement the registered manager had taken positive action, for example; management of activities in the garden during the evening to reduce noise.

Is the service well-led?

Our findings

The provider's vision was to provide services for people with learning disabilities, autism and complex mental health disorders by delivering care in line with five core values they identified together with people who use their services. Staff had a clear understanding of these values which were; to be committed and passionate, to act with integrity, to treat people with dignity and respect, to strive for excellence in the quality of their service and to be trustworthy and reliable. In conversations with staff they consistently spoke with passion about their commitment to providing people with the best quality care. Staff confirmed that the management team took every opportunity to reinforce these values, for example at monthly staff meetings, where staff were encouraged to think about how they met these values. Staff were able to describe what these values meant to them individually whilst supporting people. One staff member told us, "Every day I look forward to coming to work and do my very best because the people living here are so special and when you get to know them it's not like coming to work." Another staff member told us, "It is just like one big family and you always do your best for them." Staff consistently told us because of the close bonds they had developed with people and other staff at Abbeyfield Lodge, they could not imagine working anywhere else. Throughout the inspection we observed staff consistently demonstrating the provider's values in practice while supporting people in their day to day lives.

People and their relatives felt able to express their views freely. Relatives praised the registered manager and staff for their dedication and devotion to the people living at Abbeyfield Lodge. One relative told us, "The home went through a bit of a sticky patch about 18 months ago with a series of interim managers where standards slipped a bit, but (the registered manager) is brilliant. He's sorted it out and got it back on track."

Staff told us the registered manager and deputy manager were approachable and supportive. Staff told us they enjoyed working at Abbeyfield Lodge because the management team put people's needs and their care at the heart of everything they did. One staff member told us, "He (the registered manager) has very high standards but is always willing to listen to anyone and everyone. It really does make you want to get involved and to make a difference." Staff consistently told us they felt they were part of a team where their contribution was valued.

Health and social care professionals told us they experienced good communication with the registered manager and staff who were always open and honest. One healthcare professional told us the staff were "passionate and committed" to implementing their guidance to ensure people experienced care based on best practice.

Relatives told us that during visits to Abbeyfield Lodge there was always a welcoming atmosphere within the home. People, family members and health and social care professionals referred to a good team spirit amongst the staff, who were always "helpful". During the inspection we observed people who were happy and relaxed in the company of staff. Staff were mutually supportive of colleagues and willingly provided assistance without being asked. Relatives told us whenever they contacted the home staff always knew what was happening in relation to their family member.

People and staff told us they were fully supported by the registered manager whenever they raised concerns or sensitive issues with the registered manager. They told us they were well supported by the registered manager who dealt with the issues promptly, in an open and transparent manner. One staff member praised the assistant manager for the way they had dealt with a personal issue raised in their supervision, in a discreet and tactful manner, which we observed had been effectively recorded. The registered manager recently completed a comprehensive investigation which required them to speak with all staff members. Staff consistently praised the registered manager for their tact and diplomacy whilst dealing with sensitive issues, which were quickly resolved.

Staff told us that they were well supported by the registered manager who encouraged staff to speak with them immediately if they had concerns about anything, particularly in relation to people's needs. Experienced staff at the home consistently told us the support from the management team had suffered during a period of instability where there had been a series of interim managers. Staff told us this had improved due to the stability and management style of the registered manager, since their appointment in October 2016. One person's relative told us, "The new manager is very good. He has put the home back on track after two managers who were only here for a short time, changed things and moved on." People and relatives consistently told us how it was very important for a service like Abbeyfield Lodge to benefit from the continuity provided by a stable management team.

We observed the management team providing one to one support for people regularly during the inspection. The assistant manager told us they often worked alongside staff which enabled them to build positive relationships with people and staff, which records confirmed. The assistant manager told us this gave them the opportunity to observe the support provided and seek direct feedback from people and staff. Staff told us the management team had created an open culture within the home, where people and staff felt safe and confident to express their views. Staff told us their ideas and views were discussed and taken seriously, which made them feel their contributions were valued. The registered manager promoted a positive, inclusive environment within the home which was centred on people's needs, independence and choices.

There was a clear management structure, which consisted of a registered manager, deputy manager, assistant manager and shift leaders. At the time of the inspection the deputy manager was seconded to another home for their career development so the assistant manager was covering their role. The management team were supported by an operations director who visited the service regularly.

We observed the registered manager and their management team engage with staff and positively manage them, for example providing clear guidance about how to support individuals. Staff told us that the management team were flexible and their level of their support was increased during challenging periods, for example; when a person was displaying extreme behaviours which may challenge others. Observations confirmed the registered manager and management team were highly visible within the home and provided clear and direct leadership to the staff.

People were encouraged to be involved in the development of the home. There were monthly meetings where people and staff were able to discuss any concerns or ideas to improve the service. People were informed of the progress in relation to actions generated by previous meetings, for example; There were updates in relation to proposed home improvements, and people's suggestions for activities and menu changes. Staff told us the registered manager was a good listener which made them feel their point of view was valued. For example, staff praised the registered manager's response to their concerns regarding the need to provide more night staff during a period of increased activity from a person who required one to one support.

Relatives and health and social care professionals told us that the registered manager sought feedback when they visited. Staff supervisions were completed every eight weeks and where required actions were raised in relation to new ideas or suggested improvements. Staff told us that the registered manager was continuously seeking their views and opinions to improve the quality of care people received.

Accidents and incidents were logged and reviewed by the provider as well as the registered manager. This ensured the provider's accountability to identify trends and manage actions appropriately to reduce the risk of repeated incidents, as well as addressing the initial cause of the accident or incident appropriately. Systems in place supported reviews and monitoring of actions, to ensure identified and required improvements to people's care were implemented effectively.

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. The registered manager carried out their own quality assurance process and provided documentary feedback of their findings to the operations director. The management team shared the responsibilities for specific areas of quality assurance and they carried out regular audits which included health and safety, infection control, the cleanliness of the home, medicine management, fire safety, people's weight loss, accidents and injuries.

There was a comprehensive system of audits in place to ensure full safety checks were made, for example; checks of water temperatures for all outlets. In addition to formally recorded audits the registered manager and assistant manager carried out an informal inspection of the home during a daily walk through in the morning. The registered manager told us this allowed them to meet people regularly and gave them an opportunity to raise issues.

The registered manager was supported by the provider's operations director who also assessed and monitored their performance. The registered manager demonstrated they were driving continuous improvements in the quality of service provided to people at Abbeyfield Lodge in their weekly reports to the operations director. The operations director conducted regular checks on staff performance and service quality through unannounced day and night visits. These visits confirmed at first hand that improvements had been made where necessary and that the provision of a quality service was sustained.

The registered manager understood their responsibilities in respect of their duty of candour and the need to notify Care Quality Commission of significant events, in accordance with the requirements of the provider's registration. The 'duty of candour' is the professional duty imposed on services to be open and honest when things go wrong. Senior staff were able to describe under what circumstances they would follow the procedures.

The registered manager worked effectively in partnership with other organisations. This ensured that staff were trained to follow best practice and, where possible, contribute to the development of best practice. For example, the registered manager and staff engaged in regular meetings with the care home community matron and specialist nurses to share and improve best practice.

Records accurately reflected people's needs and were up to date. Detailed care plans and risk assessments were fully completed and provided necessary guidance for staff to meet people's needs. People's and staff records were stored securely which protected their confidential information from unauthorised persons. Processes were in place to protect staff and people's confidential information.