

Abbeyfield The Dales Limited

Abbeyfield - Grove House Residential

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

We inspected Abbeyfield Grove House Residential on the 15 February and the 23 February 2018. The first day of inspection was unannounced. This was the first inspection of the service since it changed legal entity in March 2016.

Abbeyfield Grove House Residential provides accommodation to a maximum of sixteen people in single ensuite bedrooms. The home is located on the first floor of the Abbeyfield Grove House complex which also provides extra housing and a day centre. Thirteen people were living at the home at the time of inspection.

Abbeyfield Grove House Residential is a 'care home'. 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.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Staff told us they had regular safeguarding training, and they were confident they knew how to recognise and report potential abuse. Where concerns had been brought to the registered manager's attention, they had worked in partnership with the relevant authorities to make sure issues were fully investigated and appropriate action taken to make sure people were protected.

We found there were sufficient staff on duty to meet people's needs, staff had undertaken training relevant to their roles and there were clear lines of communication and accountability within the home.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act 2005 (MCA).

People who used the service and their relatives told us they were made welcome when they visited the home and encouraged to maintain close family contact. The relatives we spoke with told us the registered manager and other senior staff members were good at keeping them informed and involving them in decisions about their relatives care.

People told us they enjoyed the food and we saw a wide range of food and drinks were available and people's weight was monitored to ensure they had sufficient to eat and drink.

There was a range of activities for people to participate in, including both activities and events in the home

and in the local community.

We saw the complaints policy was available to everyone who used the service. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

The care plans in place were person centred and contained individual risk assessments which identified specific risks to people's health and general well-being, such as falls, mobility, nutrition and skin integrity. We saw care plans were updated on a regular basis and provided accurate and up to date information.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GPs, hospital consultants, community health nurses, opticians, chiropodists and dentists. We found medication policies and procedures were in place and staff responsible for administering medicines received appropriate training.

There was a quality assurance monitoring system in place that was designed to continually monitor and identified shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence that learning from incidents took place and appropriate changes were made to procedures or work practices if required.

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

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

We found there were sufficient numbers of staff on duty and safe staff recruitment procedures were followed.

People received their prescribed medicines and medicines were managed properly and safely.

Risks to individuals were identified and managed appropriately.

Is the service effective?

Good 

The service was effective.

People were supported by staff that received appropriate training and supervision.

People's rights were protected because the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were referred to relevant healthcare professionals if appropriate and staff followed their advice and guidance.

Is the service caring?

Good 

The service was caring.

People who were able, told us staff were kind and caring and the relatives we spoke with said they were happy with the care and support provided.

People's privacy and dignity was respected and the atmosphere

within the home was caring, warm and friendly.

People were supported to maintain relationships with their family and friends.

Is the service responsive?

Good ●

The service was responsive.

People received a service that was flexible and responsive to changes in their needs.

Care plans were in place to ensure staff provided care and support in line with people's preferences.

There was a range of activities for people to participate in, including activities and events in the home and in the local community.

People felt confident they could raise concerns and complaints with the registered manager and said these would be listened to and dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

People benefitted from a service that had a registered manager in post who provided staff with clear leadership and direction.

Staff enjoyed their work and told us the senior management team were always available for guidance and support.

Systems were effective in assessing and monitoring the quality of care provided to people.

The service encouraged feedback and used this to drive improvements.

Abbeyfield - Grove House Residential

Detailed findings

Background to this inspection

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

The first day of inspection took place on 15 February 2018 and was unannounced. The inspection team consisted of one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the areas of expertise included services for elderly people and people living with dementia. The second day of inspection took place on 23 February 2018 and was announced. On this occasion the inspection was carried out by one inspector.

Before the inspection we asked the provider to complete 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 also looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with the chief executive officer, the registered manager, the quality manager, nine people who used the service, four relatives, five care staff including senior care assistants and the activity co-ordinator. We also spoke with one healthcare professional who visited the service on a regular basis.

Throughout the inspection we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including three people's care and support plans, their health records, risk

assessments and daily notes. We also looked at four staff recruitment files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe living at Abbeyfield Grove House. One person said, "Before I came here I had an accident and I couldn't cope. I came here and felt secure and safe. There is always someone here twenty four hours a day." Another person said "I feel so safe here there is always someone around. I don't sleep very well at night so I go and talk to the night staff. This makes me feel safe."

We saw the provider had a policy in place for safeguarding people from abuse which provided guidance for staff on how to identify different types of abuse and the reporting procedures. The service also had a whistle blowing policy which provided guidance to staff on how to report matters of concern. In addition, the registered manager told us they operated an open door policy and people who used the service, their relatives and staff were aware they could contact them at any time if they had any concerns.

The staff we spoke with told us they were confident people were safe in the service. They were able to describe how to identify and report any allegations of abuse and were aware of the organisations whistleblowing policy. We looked at the safeguarding file and found the Commission [CQC] had also been notified of all referrals made by the service to the Local Authority Safeguarding Unit as required.

The registered manager told us sufficient staff were employed for operational purposes and there was a good skill mix within the staff team. The registered manager told us staffing levels were based on people's needs, were kept under review and increased as and when required. In addition, they told us when they assessed people needs prior to admission they take in to account not only their dependency level but also the dependency levels of everyone else living at the home and would not admit anyone unless they were sure they had sufficient staff to meet their needs.

Most of the people we spoke with told us they did not have to wait long for staff to attend to their needs once they pressed their call bell. However, two people told us at times they had to wait what they considered a long period of time before their call bell was answered. This was discussed with the registered manager who told us the current system covered the entire Abbeyfield Grove House complex including the extra care housing schemes. This meant if staff on the residential unit were busy, staff from the extra care housing scheme occasionally came across to answer call bells which caused a slight delay in the response time. The registered manager also told us the current call bell system did not record the response times once the call bell had been activated. We were therefore unable to establish with any certainty how long people actually had to wait for assistance. The registered manager told us previous attempts had been made to enable the call bell system to record response times and to isolate it just to the residential unit but with no success. However, they confirmed that given the concerns raised they would look at this matter again.

There was a recruitment and selection policy in place. We checked four staff personnel files to check safe recruitment practices had been undertaken. The records showed all the required checks had been carried out before the new staff had started work. This included ensuring two written references and a Disclosure and Baring Service (DBS) check were obtained prior to employment. DBS checks identify whether staff have

any convictions or cautions which may prevent them from working with vulnerable people. We saw people had to complete an application form and attend a competency based face to face interview during which any gaps in an applicant's employment history were explored. This helped to make sure people were protected from the risk of being cared for by staff that were unsuitable to work in the caring profession.

We found medicines were safely and securely stored either in locked drug trolleys or in the treatment room and the temperature of the storage areas and fridges had been monitored daily. There were no staff signature omissions on the medicine administration records (MAR) charts we reviewed, indicating people had received their medication as prescribed.

Some medicines needed to be given at specific times such as before food. We saw arrangements were in place to ensure these were given correctly. We found the date of opening was recorded on all eye drops that were being used and the dates were within permitted timescales. We saw creams and ointments were prescribed and dispensed on an individual basis. However, we found the date they were opened was not always recorded. This was discussed with the senior care assistant on duty who addressed this matter immediately.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These are called controlled medicines. We found controlled drugs administered by staff were accurately recorded and accounted for.

People were positive when asked if they received their medicines on time and if they felt they were given pain relief if they needed it. One person said, "I never have to wait for medication or pain relief." Another person said, "I can't think of anytime they have missed."

Risk assessments were in place where areas of potential risk to people's general health, safety and welfare had been identified. For example, we saw where bed rails were in use, risk assessments had been completed to indicate why these were required to keep the person safe. We saw the care plans and risk assessments provided staff with clear guidance on how to meet people's needs and were reviewed on a regular basis. This ensured they provided accurate and up to date information and people received the appropriate care and support.

We saw each person who used the service had personal emergency evacuation plans (PEEPs) in place with their care records which provided staff with information about the support they would need in the event of an emergency. However, the registered manager told us they intended to put all the PEEPs into one file so they could be accessed quickly in the event of an emergency.

Incidents and accidents were recorded and action taken to reduce the likelihood of a re-occurrence. Following each incident a management report was completed detailing the suspected cause and any action needed. Incidents were analysed each month to look for any themes and trends and to check that appropriate action had been taken to prevent a re-occurrence. We saw following incidents such as falls people's risk assessments were updated to ensure they provided accurate and up to date information.

As part of the inspection process we looked at the environment and overall found the building was well maintained and provided people with a pleasant, comfortable and safe environment. The registered manager confirmed some areas of the building were due to be refurbished in the next financial year and we saw a copy of the refurbishment plan. We looked at a selection of maintenance records and they showed the provider had suitable arrangements in place to make sure installations and equipment were maintained in safe working order.

We saw all areas of the home were kept clean, tidy and free from offensive odours and people who used the service told us this was always the case. One person said, "Every so often they do a deep clean and I have to leave my room for a while so they can clean." Another person said, "They have cleaned this morning. It is always clean and tidy." We saw the housekeeping staff were pleasant and polite as they went about their duties and always spoke with people as they cleaned their rooms. We saw cleaning schedules were in place and all products subject to the Control of Substances Hazard to Health Regulations [COSHH] were securely stored.

Is the service effective?

Our findings

The staff we spoke with told us they received a comprehensive induction to the service which had included shadowing more experienced colleagues, until they were deemed competent and felt confident to work unsupervised. One member of staff told us, "The training is generally good and the manager encourages you to take up training opportunities." Another staff member said, "We had a few problems with some courses being cancelled last year but overall I am pleased with the training I have received since taking up post."

We discussed training with the quality manager who was responsible for ensuring staff received appropriate training and supervision and they confirmed that some gaps in the training matrix had been identified through the internal audit system. However, a new internal training manager was due to take up post in early March 2018 and a training programme had been designed to ensure staff received the training required to carry out their roles effectively.

The quality manager told us that on employment all staff completed induction training and new employees without previous experience in the caring profession were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the DoLS which apply to care homes. 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 demonstrated they had a good understanding of the MCA and how it should be applied in the home. Where people lacked capacity a best interest process was followed. At the time of inspection there were no authorised DoLS in place. However, we saw one person had previously had a DoLS in place which had expired. The registered manager told us they had reapplied to the supervisory body for the DoLS to be reinstated and we saw evidence of this.

The registered manager explained how they assessed the restrictions placed on people who used the service and where they identified these amounted to a deprivation of the person's liberty and the person lacked capacity to consent to their care and treatment, applications were made. We found the service was working within the principles of the MCA and DoLS and therefore people's rights were protected.

We saw consent to care and treatment was recorded within people's care records. Our conversations with staff told us they understood and respected people's rights in relation to consent. During the inspection, we saw staff asked people for their consent before providing care and support.

We found the registered manager was also aware of which relatives or representatives had Lasting Power of Attorney (LPA) in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. We found the registered manager was aware and had recorded the nature of the LPA in place for individual people. This showed us they understood their responsibilities and acted within current legislation.

We saw on admission to the service people were asked about their nutritional and hydration needs. This included any special dietary requirements as well as people's preferences. Overall people were complimentary about the food they received. Comments included, "I always enjoy eating my meals, they are always on time and nicely presented." "I always manage to choose something." "Generally while the food is not gourmet quality it's acceptable." "I always enjoy the porridge and soup." "The food is excellent too much for me. A very good choice and alternatives are available."

We observed the lunch time period in the dining room. We saw everyone sat on one long rectangular table. The table was nicely set with table cloths, napkins, cutlery, glasses, condiments and a vase of flowers. Music was playing in the background. There were no menus on the tables but on the notice board outside the dining room there was a small A4 size menu with the week's choice. However, this was difficult for people living with dementia to see and understand as there were no pictures of the food for them to relate to. We observed staff talking to each person calling them by their preferred name explaining what was on their plate for their lunch.

However, we did not see staff showing or offering people who were living with dementia and who had difficulty in communicating a choice of meals to choose from. This was discussed with the registered manager who told us the service had just changed the way meals were served and would address this matter. We saw some people had their lunch in their rooms and we observed the plates were covered to keep the food warm. The food looked hot, appetising and colourful and was well presented on the plate. In the dining room there was a kitchenette and tea and coffee making facilities were available for relatives and people who used the service to use if they were able.

The care records we looked at clearly showed people had been seen by a range of health care professionals, including GPs, district nurses, dieticians, opticians and podiatrists. The staff we spoke with told us if they noticed any potential health related issues the senior care workers were quick to respond and would not hesitate to get the doctor or district nurse. We therefore concluded people's health care needs were being met.

During the course of the inspection we had the opportunity to speak with one healthcare professional who held a weekly surgery at the home. They told us staff always followed their advice and guidance and were complimentary about the standard of care and support people received.

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people who lived in the home. People were very complimentary of the staff. One person said that, "They are lovely just like family, a happy lot." Another person said, "When I moved in everyone made me feel welcome, everyone is really nice." A third person said, "They [Staff] are kind and polite, never sharp or rude."

The service had a strong person centred culture and staff had developed positive relationships with people. Throughout the inspection we saw people and staff were very relaxed in each other's company. There was free flowing conversations about people's wellbeing and how they planned to spend their day. We observed staff were not rushed in their interactions with people and that they took their time to listen closely to what people were saying to them.

We saw staff had a compassionate approach and spoke with kindness when speaking with and about people. One staff member said, "I love working with older people. It's very rewarding. I've built some lovely relationships. They've had such interesting lives." Another staff member said, "I enjoy working at Abbeyfield. I get a great deal of pleasure assisting the people who live here."

Staff understood how to reassure and comfort people when they became distressed or anxious. For example, we saw one person was feeling very anxious and needed reassuring. Staff talked to them and reassured them by telling them everything would be alright and asking them if they would like some tea or if they were feeling tired and would like a nap. The person responded by saying they would like a nap as they were tired.

People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. One person said, "My key worker is called [staff name]." We then saw them laughing and sharing a joke with their key worker, showing there was obvious fondness between them.

Staff told us that their role as a key worker meant that they made sure people had all the support that they needed and ensured their care plans up to date. People told us they could make their own choices about their routine and how they spent their time. We saw some people chose to spend time in their own rooms which staff respected while other people chose to socialise with others in the communal areas and dining room.

We saw people were supported to be as independent as they were able to be and the care plans we looked at guided staff in encouraging this, clearly indicating areas in which people remained independent.

We saw people were treated with dignity and respect. For example, we observed two staff supporting a person who required a hoist to transfer. The staff explained what they were doing in a calm and discreet manner. They made sure the person was comfortable and reassured them at every stage of the transfer, ensuring the person's dignity was protected throughout the move. People also told us staff always knocked at their bedroom doors before entering and always addressed them by their preferred names. One person

said, "All the staff treat you with respect, we never have any problems." Another person said, "The staff always knock before they come in my room, they never just barge in."

People who used the service and their relatives also told us they had been involved in the development of care plans and felt included in decisions being made. One person said, "Yes, I was involved in writing my care plan, I did it when I first moved in." Another person said, "My older sister takes control over the care plan. I do know about it."

People were supported to maintain contact with their family and friends. One relative told us they had visited with other relatives recently and staff had brought tea and cakes for everyone and made them feel very welcome.

The service supported people at the end of their life if they wished to remain at the service. Care plans identified people's wishes for their end of life care and whether they wished to be admitted to hospital or remain at the home. We saw the service was in the process of applying for accreditation to the Gold Standard Framework (GSF). The Gold Standards Framework is a practical, evidence based approach to providing the best care for people as they approach the end of their lives. Accredited services must be able to demonstrate they have effective systems in place to ensure good end of life care.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the management team, staff, people and visitors demonstrated that discrimination was not a feature of the service. Equal opportunity policies were in place and values instilled in relation to fairness, diversity and discrimination. The registered manager told us staff were informed of these during induction training and received training in equality and diversity.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records were stored securely to maintain people's confidentiality.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. All the people we spoke with expressed their general satisfaction with the care provided. One person said, "The staff are really very good and always polite and helpful." Another person said "It's remarkable how quickly staff get to know people and respond to their individual needs."

The registered manager told us either they or a senior staff member visited people prior to their admission to Abbeyfield Grove House, to complete an initial assessment of their support needs, and gain an understanding of their background, likes and dislikes. They also told us if appropriate they actively encouraged people who were considering using the service and their relatives to have a look around the home and speak with staff and people already living there.

The care plans and supporting documentation we looked at was person centred and provided support workers with the information required to provide people with appropriate care, support and treatment. We found the care plans contained information about people's past and current lives, their family and friends and their interests and hobbies. We saw specific information about people's dietary needs and the social and leisure activities they enjoyed participating in. This showed that people who used the service and/or their relatives were able to express their views and were involved in making decisions about their care and treatment.

We asked people if they knew about their or their relatives care plan and if they were involved in making decisions about their care. One person said, "Yes I am involved they listen to me and my son has a copy of it." Another person said, "The senior carer came around yesterday and we talked about it we amended it slightly."

We saw staff responded appropriately if people requested assistance or support. We saw wherever possible people were involved in their care and staff always explained what they wanted to do and asked for people's consent before carrying out care tasks or giving support. We also saw each person living at the home had a named staff member who took a special interest in their care and support.

We looked at what the service was doing to meet the Accessible Information Standard. We saw people's communication needs were assessed and plans of care put in place to help staff meet these. During the inspection we saw staff used different communication techniques to ensure information was appropriately communicated to people and to help ensure they understood what was being asked of them. For example, we saw one person used a Lightwriter. A Lightwriter is an easy to use portable text-to-speech communication device which allows people who are unable to communicate effectively through speech to type a message on a keyboard which is then displayed on a screen or spoken using a speech synthesizer.

The service employed a part time activity co-ordinator who was responsible for organising a range of social and leisure activities both within the home and local community. We spoke to the activities co-ordinator and they were very enthusiastic about their role and described how they encouraged people to participate

in activities either in small groups or on an individual basis. On the first day of inspection we observed a chair exercise class which involved people stretching their arms legs, feet and shoulders. We were told a volunteer had come to take the class, there was gentle music playing and care was taken to make sure people didn't over exert themselves.

The majority of people who used the service told us they were happy with the activities arranged for them. One person said, "(Name of activities co-ordinator) is very good. They are very enterprising. For example, most mornings we start with a crossword puzzle, we do it in a group. We help each other we all get stimulated. If I want to go into town they will take me in my wheel chair and we also go to the garden centre in the mini bus. They also do one to one (Activities) with certain people." Another person said, "There is plenty for me to do. I am independent I go out when I want." However, some people told us they did not want to join in and preferred to spend time in their room following their own daily routines. For example, one person said, "They give me the opportunity if I want to join in. Like this morning I didn't want to join in the activities." Another person said, "There is a list here in my room, I don't like to get involved."

We saw the service had a complaints procedure which was available to people who used the service and their relatives. We looked at the complaints register and saw seven formal complaints had been received since August 2016 which had been dealt with appropriately by the registered manager and senior management team. In addition we saw the service had recently reviewed the complaints and a 'lesson learnt' exercise was now undertaken following each complaints.

The staff we spoke with told us they were aware of the complaints procedures and were able to describe how they would deal with and address any issues people raised with them. People who used the service and the relatives we spoke with told us that they did not have any concerns or complaints at the time of inspection but three people said they had complained about minor matter in the past and their complaints had been resolved to their satisfaction. One person said, "I have made one and it was dealt with very well." Another person said, "First I would have a word with the manager. If I was not happy I would ask for the complaints procedure, it is in the office" and a third person said, "I would speak to staff they would listen to me."

The registered manager told us they were pro-active in making sure low level complaints and concerns were dealt with before they escalated to a formal complaint. They also told us complaints were welcomed as they were used as a learning tool to improve service delivery.

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home and their relatives told us they had confidence in the registered manager and staff team and were pleased with the standard of care and support people received. One person said; "I know the manager they come to see me." Another person said, "(Name of manager) is the manager; they listen and are supportive" and a third person said, "I came to stay for respite care, I liked it so much I asked to stay."

The staff we spoke with told us staff morale and team work was good and they would recommend Abbeyfield Grove House as a place to work. One staff member said, "The manager and senior management team are approachable and will listen to any concerns you might have." Another staff member said, "I enjoy working at the home and feel as a staff team we work very well together" and a third staff member said, "I saw the manager because I wanted to make sure there was another staff with when I take people out in the mini bus. This has been arranged for me no problem. The manager also said she would organise a risk assessment for me and this has also been done."

Throughout our inspection we observed the manager interacted with staff, relatives and people who lived at the home in a professional manner and had a visible presence around the home. We found the registered manager and the senior management we spoke with were open, honest and positive in their approach to the inspection process and where possible areas for improvements were identified they took the appropriate action.

We saw the service worked closely with health and social care professionals to achieve the best care for the people they supported. The registered manager and staff had developed strong links and worked in close partnership with the specialist community based healthcare professionals.

We reviewed the systems to assess and monitor the quality of the service. Regular audits in areas such as nutrition, medication, clinical risk and care plans were undertaken by the registered manager. We looked at these and saw they were effective in identifying issues and making sure action had been taken to rectify any problems. The registered manager told us audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

The registered manager told us the care provider Abbeyfield The Dales Limited had an organisational structure which ensured front line managers were supported in their role by senior management and there were clear lines of accountability. They also told us they could draw on the skill and expertise of other key people within the organisation including the quality manager, business support manager and human

resource staff. In addition, a board of trustees ensured the service was managed effectively and in people's best interest.

The registered manager told us as part of the quality assurance monitoring process they held regular meetings with people who lived at the home and their relatives and sent out annual survey questionnaires. They confirmed the information provided was collated and an action plan formulated to address any concerns raised. In addition, an annual staff survey is carried out to seek their views and opinions of the service and to establish the level of engagement they have with the organisation.

Adult social care providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation.

We saw that staff meetings were held on a regular basis so that people were kept informed of any changes to work practices or anything which might affect the day to day management of the service. We also saw an annual staff survey was carried out to seek their views and opinions of the service and to establish the level of engagement they had with the organisation. In addition, we were told the organisation held an annual staff and volunteer recognition award ceremony that recognised the contributions made by individual staff members working in all the services managed by the organisation.