Abbotswood Lodge Ltd

Abbottswood Lodge

Inspection report

Church Lane
Swanton Abbott
Norwich
Norfolk
NR10 5DY

Tel: 01692538455

Date of inspection visit:
29 June 2016

Date of publication:
12 October 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 29 June 2016 and was unannounced.

Abbottswood Lodge provides residential care and support for up to 22 adults with a learning disability. At the time of our inspection, 20 people were living in the home.

The service had 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.

People were safe in the home. Staff understood the safeguarding processes and knew what constituted abuse. Staff knew how to keep people safe and reported any issues of concern appropriately. Risk assessments were clear and detailed and reviewed regularly. Staff followed guidance and protocols that were in place to help reduce the risks for people. People received their medication on time and in the manner the prescriber intended.

There were enough staff to meet people's needs properly and the staff on duty had the skills and knowledge to support people effectively and meet their needs in a timely manner. Appropriate and safe recruitment practices were followed, to help make sure staff were suitable to work with people in a care environment.

Staff received good support from each other as well as from the manager and deputy. Staff were regularly supervised and the management team was hands on and approachable.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The manager ensured the service operated in accordance with the MCA and DoLS procedures and staff demonstrated a clear understanding of the MCA, DoLS, capacity and consent. People were supported to make their own decisions and choices as much as possible.

People received enough food and drink to meet their individual needs and staff had a good understanding and knowledge of people's dietary needs. Referrals to healthcare professionals were made promptly as needed and any advice or guidance given was followed appropriately by staff. There was also consistent monitoring and appropriate communication by staff, regarding people's healthcare needs and any changes.

People were fully involved, where possible, in planning and reviewing their own care and staff appropriately supported people, when necessary, to make informed choices for themselves.

Staff were kind, caring and compassionate. People were treated with dignity and respect and their privacy was upheld. People were also supported and encouraged to do as much for themselves as possible, in order to enhance and maintain their independence. When people reached an 'end of life' phase, they received

personalised care that maintained their dignity and still included them in day to day life in the home.

People took part in activities of their choosing and followed their own hobbies and interests, inside and outside of the home. Visitors were always welcomed without unnecessary restrictions and people's personal relationships were valued and respected. People were listened to and comments or complaints were welcome. Any complaints were fully investigated and actions taken to improve the quality of care provided.

The service maintained strong links with the community. There were effective systems in place to monitor the quality of the service and these were used to develop the service further. Staff and people living in the home were regularly involved in making decisions on how the home was run. Record keeping and management systems were up to date, with effective auditing and follow up procedures in place. An open and inclusive culture was demonstrated in Abbottswood Lodge, with clear and positive leadership evident.

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

Staff knew how to keep people safe and reported any issues of concern properly.

Risk assessments were clear and detailed and reviewed regularly. Staff acted in accordance with the guidance and protocols that were in place to help reduce the risks for people.

Staffing levels were sufficient to meet people's needs appropriately and in a timely manner. Safe recruitment practices were followed, to help ensure staff were suitable to work with people in a care environment.

Medication was administered, stored and managed safely and people received their medication on time and in the manner the prescriber intended.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to support people effectively, had regular supervisions and completed training that was effective and relevant to their roles.

The service operated in accordance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) procedures.

People had enough to eat and drink and staff had a good knowledge and understanding of people's dietary needs.

Referrals to healthcare professionals were made promptly as needed and any advice or guidance given was followed appropriately by staff.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect and their

privacy was consistently upheld.

People were fully involved in making decisions around how they spent their day and what care and support they received.

Visitors were always welcomed, without unnecessary restrictions and people's relationships were valued and respected.

People received personalised end of life care that maintained their dignity and still included them in day to day life in the home.

Is the service responsive?

Good

The service was responsive.

Care records provided clear guidance for staff to understand how to meet each person's specific care and support needs.

Care was centred on each person as an individual and people took part in appropriate and meaningful activities.

People could complain or raise issues if they had any and felt they were listened to properly.

Is the service well-led?

Good

The service was well led.

The service maintained strong links with the community.

There were effective systems in place to monitor the quality of the service. Staff and people living in the home could make suggestions for improvement and contribute to the planning and development of the service.

Record keeping and management systems were in good order, with effective auditing and follow up procedures in place.

An open and inclusive culture was demonstrated in Abbottswood Lodge, with clear and positive leadership evident.

Abbottswood 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 June 2016 and was unannounced. Our visit was carried out by one inspector.

Before our 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 also reviewed statutory notifications we had received from the service. Providers are required to notify us about events and incidents that occur in the home including deaths, serious injuries sustained and safeguarding matters.

During our visit we met and spoke with 11 people who used the service, the manager and the deputy manager. We also met and spoke with three members of care staff and the cook and carried out observations throughout the day.

We viewed the care records for four people and tracked the care and support of two people. We looked at a sample of the medicines records for three people who used the service. We also looked at records that related to the management of the home. These included staff recruitment files, staff training records, quality auditing systems, some health and safety records and minutes from meetings.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living in Abbottswood Lodge. One person said, "Definitely, the staff make sure we're alright and they don't let anything bad happen to us." Another person told us, "I love living here, I am safe and sound and very happy." Comments we noted from the home's most recent quality assurance survey included, "The home provides a safe, happy, family atmosphere."

Staff had a good understanding of safeguarding and knew what constituted abuse. Staff told us they knew how to recognise signs that indicated when a person could be being abused and confirmed they would report any issues of concern appropriately. There was information displayed around the home regarding whistleblowing and safeguarding, with details of who to contact if necessary. The staff we spoke with told us that they had received effective training in respect of safeguarding people. Staff also confirmed that they knew the whistleblowing policy and would follow it if necessary. The home had not had any safeguarding concerns in the last twelve months but we saw records that showed how concerns prior to this had been reported appropriately.

The premises were being well maintained and we saw that regular assessments were carried out. This helped ensure that risks were identified and minimised so that people were able to live in a safe environment. For example, we saw that cleaning schedules were in place and maintenance contracts for fixed and portable equipment were kept up to date. Regular audits identified areas in need of redecoration or maintenance. We noted that appropriate action was taken as needed, which included new flooring when required, or if people's needs changed.

Risk assessments were clear and detailed in respect of people's daily living, such as mobility, nutrition and hydration, medical conditions, personal care, household tasks, hobbies and social activities. For example, the manager explained how risk assessments were in place for people who chose to attend local clubs, with clear "what to do if" instructions for staff.

We noted that records of any falls that people had were audited regularly by the manager, with appropriate action taken where patterns or trends were noted. Our observations showed that staff acted in accordance with the guidance and protocols that were in place to help reduce the risks for people.

People's safety was also given full consideration for occasions when they travelled without support from staff. For example, some people had transport contracts with a local taxi firm, to attend external activities. The manager explained that the taxi drivers had been given relevant information to enhance their knowledge and understanding of the individuals they provided transport for.

We saw that staffing levels were sufficient to meet people's needs appropriately and all the staff on duty demonstrated good knowledge and understanding of people and their needs. For example, during the lunch period we saw that there were enough staff to provide appropriate support to people who needed assistance with eating and drinking. During other times of our inspection we saw there were enough staff to support people with personal care, as required, as well as one-to-one interactions and supporting people

with specific activities. The manager explained how they continually reviewed the staffing levels and adjusted them according to people's individual and changing needs. For example, we saw records which showed that the manager regularly reviewed people's dependency levels to ensure staffing levels remained sufficient.

The staff files we looked at and discussions with staff confirmed that appropriate and safe recruitment practices were followed. All staff were police checked for suitability with the DBS (Disclosure and Barring Service). Appropriate references were also obtained to make sure that new staff were safe to work with people who lived in the home.

Medicines were managed and administered safely in the home and people received their medicines as prescribed. The deputy manager told us that staff received full training and were closely supervised before being able to administer people's medicines. With one person's permission, we observed the deputy manager administering eye drops and saw this was done in a competent but gentle and caring manner. The deputy manager engaged in direct conversation with the person throughout the procedure, to ensure they were comfortable and knew what was happening. This person commented to us afterwards, "I don't mind it being done – he is very good."

We saw that people's medicines were appropriately stored in cupboards that were kept locked when not in use. Effective recording systems were in place and people's records, including the medicine administration record (MAR) charts, were clear, up to date and completed appropriately.

The manager told us that all the medicines and procedures were regularly audited, both internally and by a local pharmacist. We looked at some of the audit records and saw that where any errors or issues had occurred, these had been identified and appropriate action had been taken.

Good

Is the service effective?

Our findings

People who were living in the home told us that their needs were met appropriately by well trained staff. One person said, "They [staff] know me very well and they know what to do to look after me properly."

Staff received good support from each other as well as from the management team. The manager explained that the supervision and appraisal process was shared between themselves and the deputy manager, to help ensure these were carried out on a regular basis. The manager also explained how all new staff worked an induction period, during which they were supernumerary to the required rota and shadowed senior staff. We noted that the provider's compliance manager also visited the home on a regular basis to provide additional support, including support for the manager.

The manager told us that group supervisions, as well as one to one sessions, were carried out with staff. It was explained that these enabled the whole staff team to share ideas, find solutions, and ensure various strategies were discussed. The manager also told us that an open and transparent atmosphere was promoted with regular meetings for people living in the home and staff, as well as daily 'chats'. The manager explained that the format for staff meetings had changed, with all staff being involved now in the topics discussed and jointly writing an action plan. In addition, we were told how the 'residents' meetings also overlapped with the staff meetings, to enable people living in the home to champion subjects for the staff meetings. One example we were given was changing the rolling menu format, so that people living in the home and staff could suggest various menu choices for each week.

Staff had completed essential training that was effective and relevant to their roles. This covered areas such as safeguarding, fire safety, first aid, epilepsy, moving and handling and health and safety. In addition, we noted that staff received training in areas such as equality, diversity and human rights. The manager told us that observation sessions were included as part of the staff's supervision process, to help ensure people living in the home were treated equally and that their human rights were maintained.

For example, we observed staff supporting a person to transfer from their armchair to a wheelchair using the correct equipment and procedures. We also saw staff following appropriate guidance when supporting people to eat and drink. During these occasions we heard staff speaking with people and explaining what was happening, in a clear but kindly manner. These observations helped confirm to us that the training staff received was effective.

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

Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

During this inspection the staff and management team demonstrated a clear understanding of the MCA, DoLS, capacity and consent. We saw consistent evidence of people being supported to make their own choices and decisions wherever possible. Staff also made sure that people knew what was happening around them and obtained their consent before any care was provided.

The manager explained that assessments were completed for people when they lacked capacity to make certain decisions for themselves. Where DoLS were required for some people, these were applied in the least restrictive way possible. Appropriate meetings and discussions were also held with people's family members and relevant healthcare professionals, to ensure that any decisions were made in people's best interests.

For example, we saw that one person liked to go out in the garden and also had a bicycle. This person had previously been able to go out unsupported but, in more recent months, they had begun experiencing confusion and were at risk of getting lost or disorientated if they left the premises alone. The manager and staff recognised that it was very important for the person's wellbeing to continue having unrestricted access to the garden. This person also liked to check their bicycle on a regular basis. As a best interests decision, an application for DoLS was made and a sensor alarm was fitted to the door, so that staff would know when the person left the house. This helped ensure the person maintained their freedom of movement but could be sensitively monitored and supported if needed, to ensure they remained safe.

Staff had a good understanding and knowledge of people's dietary needs, including cultural choices and allergies. People we met gave positive feedback regarding the meals. One person told us, "The food here is amazing – [cook] knows I love my salad and garlic bread."

We sat with people during the lunch period and saw that this was a very sociable and enjoyable time. There was visible recognition and excitement from people when the cook brought the food trolley to the dining room. We saw that people had multiple choices of food and could mix and match food items as they wished. For example, one person chose to have pesto pasta, with salad and garlic bread, while another person chose toad in the hole, with potatoes and vegetables.

One person was not able to communicate verbally or with standard sign language. However, we saw that the cook communicated with this person and offered a choice of dinner by using spoken words, gestures and showing them the different food items. Observing the person's response, we heard the cook say, "I believe you'd like the sausage casserole with mash." Upon serving the person with their meal, they also asked with a smile, "Am I right?" This person was clearly delighted with their meal. After just one mouthful, they gave a huge smile, shouted a cheerful "Hey!", then laid their head on the table and kissed the side of their plate, before very happily eating the rest of their dinner. This demonstrated that staff knew people well and understood how to support people to make informed choices and decisions for themselves.

The manager explained how the service had robust systems in place to help ensure people's nutritional needs were met. This included listening to people's views with regards to meal planning and involving them as much as possible in the process. The manager also told us how certain strategies had resulted in the dietician discharging people more quickly than could often be the case. For example, when weight gain was needed, following a period of ill health or admission to hospital, homemade high calorie milkshakes were introduced for people. For some people who had swallowing difficulties (dysphagia), appropriately prepared food and drink was provided on a 'little and often' basis. We noted that these strategies were

clearly recorded and in accordance with people's care plans.

We saw that where any concerns were identified in respect of people's eating and drinking, prompt referrals were made to the dietician or the speech and language team. Our observations during the lunch period, assured us that staff fully understood people's dietary support needs and followed professional advice and guidance correctly.

People received effective support from staff and had good access to various healthcare services. Staff were vigilant in their observations, recordings and support to ensure people's healthcare needs were monitored, identified and met in a timely way.

For example, staff noticed that one person appeared to be experiencing sleep apnoea and so a referral was made to the sleep clinic. The condition was formally diagnosed and the person was provided with treatment and equipment to help improve their health and wellbeing. A neurology referral was also made for a person, when staff noted they were experiencing involuntary twitches and muscle contractions. These were confirmed as being epilepsy, for which the person was then able to receive the appropriate support and treatment.

From the care records we looked at, we noted that the service had built up a good working relationship with the local GP surgery, which included regular communication and home visits as needed. With each person's consent, everyone living in the home was accompanied by a member of staff on any medical or healthcare appointments.

The manager also told us that they had built up an excellent relationship with the local hospital's Learning Disability Liaison Nurses. They explained that, having direct phone numbers had resulted in a support worker and resident being met at accident and emergency directly from an ambulance by a liaison nurse. Emergency admission grab sheets were also completed for people, which provided hospital staff with an overview of people's needs, together with any communication difficulties and strategies to help understand and manage some complex needs or behaviours.

Good

Is the service caring?

Our findings

Everyone we met with, who was living in the home, gave us positive responses or made gestures, such as a smile, a nod and 'thumbs up' when we asked if the staff were good, kind and caring. People who were able to communicate verbally said they were listened to and told us their needs were met appropriately. All the staff demonstrated caring attitudes towards people and we saw this was consistent, regardless of the staff's roles.

One person told us, "It's my home and I love it here." We noted that another person had initially stayed in the home for a short term respite period but had liked it so much they had asked to move in full time. This had since happened and the person told us, "It's the best!" One person had commented in the home's quality assurance survey, "It's gorgeous here because of all the staff." Another person stated, "I'm happy living here – I do like it here. I like all the staff, I know all their names."

Comments we noted from people's relatives in the home's quality assurance survey included, "All the staff are very caring and helpful. Last year many of them provided us and [Relative] a great deal to support him during his time in hospital and following his return to Abbottswood." And, "It gives my [Relative] the closest thing to home life that [Relative] could hope for." Another person's relative commented that they were impressed with the level of privacy given to people and the respect for their private spaces, such as people's bedrooms.

We saw that staff encouraged people to live their lives as they wished. For example, three people had their own cats and were supported to care for them properly. We noted that some care records and medicine charts had been put together to ensure people's pets were always well looked after. One person told us with sign language how much they loved their cat and how happy they were with their flat. They also showed us how they liked to keep an eye on the home's new cat.

People living in the home showed us photographs of events they had taken part in and enjoyed, including pictures of the manager's recent wedding. The wedding had included a reception at the home, so that everyone who wanted to could share in the celebrations. One person living in the home said they had always wanted to be a bridesmaid, which the manager asked her to be. This person said that it was a, "dream come true" and the photographs we saw expressed everyone's delight on the occasion.

The manager explained how staff had received training and supervision to ensure people's privacy, dignity, independence and well-being were continually promoted, as well as their personal development, goals and ambitions. For example, one person living in the home wanted to attend adult education classes that were held some distance away. Recognising that this person only had limited funds for taxi fares, transport was provided from the home to ensure the person could achieve their ambition.

We noted a number of occasions where staff went the extra mile to help ensure people had a high quality of life and often gave up their free time to support people and the home. For example, in 2015 some staff took part in a sponsored event called 'Camping for Care'. This was done to raise money for the 'residents amenity

fund', which is used to pay for special events for people or to buy equipment such as a karaoke machine. This also became a team building exercise, where staff needed to work together finding materials to build a camp and make a fire to last the night. The event was very successful and people living in the home benefitted from the money raised.

People were fully involved in planning their own care and making choices about their lives. We saw how people were also involved in choosing décor and soft furnishings for their own rooms as well as the communal areas. The manager told us how five people recently accompanied staff on a shopping trip to choose wallpaper for the home. The manager also explained that if a person was unable to be actively involved in personalising their rooms, their family would be consulted to help establish the person's favourite colours or topics, such as a particular football team.

We saw that each person had a detailed communication profile, which explained how each person expressed themselves and how staff could help people make decisions and choices. People used many different forms of communication and we observed staff using the methods that were appropriate for each individual. For example, one person was deaf and used sign language, another person used pictures, whilst other people needed to use real objects, such as a mug for a hot drink or car keys for going out. How to interpret people's responses was also clearly explained, such as facial expressions, together with vocalisation and physical gestures.

We saw that care plans contained information regarding people's likes, dislikes, interests and hobbies. These were reviewed on a regular basis and updated as and when necessary. People's choices were consistently respected by the whole staff team and some of these choices included whether a person wished to be supported by male or female care staff. As the home had a balanced mix of male and female staff, this helped ensure people's choices could be accommodated. Everyone we met either told us or expressed that they were consistently treated with dignity and respect. We also saw that people were supported to enhance and maintain their independence.

We noted that visitors were welcome in the home and people also had access to independent advocacy services if and when needed. People were supported to maintain relationships that were important to them and we noted how one person had frequently been supported to visit their parent, who was living in another care home. In addition, the manager told us how staff also collected the person's parent from their care home on occasions, so they could attend social functions Abbottswood Lodge.

During this inspection we noted that the ethos of the service was to provide people with a genuine 'home for life'. Many people had lived in the home for a number of years and some strong friendships had developed during this time. We saw how the service adapted, in order to continue meeting people's increasing health care needs, which also included caring for people when they reached the end of their life.

We noted that staff were trained in end of life care, in accordance with the Gold Standards Framework. The manager told us that they were also keenly involved with the Crossing Boundaries group in Norfolk. This team is led by Norfolk Community Health and Care NHS Trust and their aim is to improve end of life care for people with learning disabilities. The manager explained how they and the staff took part in training programmes and educational workshops, to help ensure that when a person reached an end of life care phase, they were still fully included in day to day life in the home. The manager also told us how they had developed good relationships with the professionals who could ensure that, when their time came, people were able to die peacefully, pain free and with dignity.

We noted that the manager and staff also provided support to people's families and friends during their

grieving process and offered practical help in areas such as arranging and planning funerals and completing essential paperwork.

We saw how people living in the home were supported to spend time with their friends throughout the end of life phase if they wished. The manager told us that death and dying were spoken about with openness and explained at a level each person would understand.

The manager told us how one person had wanted to, "hold her friend in her arms when she died" and had been supported to do this. This person was also provided with the care and support they needed after their friend's death. We met this person during our inspection and they told us how they had been friends for years and said, "I didn't want her to be on her own when she died, so I stayed with her and held her hand. I know she liked that. I used to read to her sometimes and sometimes I would just talk to her so she knew I was there." This person also told us how they had been involved in arranging their friend's funeral and had read a poem for them during the service.

Good

Is the service responsive?

Our findings

We saw that care was centred around each person as an individual and all staff showed good knowledge of people's wants, needs and preferences. Comments we noted from the home's quality assurance survey included, how caring staff were and how each person was seen as an individual.

Care plans and assessments gave clear guidance on providing person centred care and it was easy to see how to support people in accordance with what they wanted. These were regularly monitored and reviewed, with any required changes implemented promptly.

We saw that people were fully involved in planning their own care, reviewing these plans and day-to-day decision making. The care plans we saw were detailed and informative and included information and guidance for areas such as nutrition, mobility, communication, personal care, capacity and behaviours. In addition, where relevant, we saw more specific guidance regarding areas such as skin condition, sleep apnoea, epilepsy, dysphagia, dementia and diabetes. We saw that people's wishes, feelings and needs were also included in their care plans and each person had a front section called, "Overview of me and my life". We saw in one person's care plan that they had written a short statement that read, "I don't need help with personal care at the moment but if this changes I only want a female to assist me."

Pre-admission assessments were completed for people, which the manager told us included discussions on how a new person would like their bedroom decorated. The manager said, "We believe arriving to a bedroom they have designed will help them feel at home and give them ownership over their room." The manager also explained how everyone worked hard to maintain good relationships with external professionals such as the dietician, speech and language team and physiotherapists. They told us that advice was sought from these professionals, as part of the pre-admission process, to ensure the service could meet the individual needs of prospective new people.

The manager told us that, with people's consent, relevant parts of people's care plans were shared with day services to ensure consistency of care. One example they gave us was implementing a food diary for a person who had a poor appetite due to their medication. This person's nutritional care plan was also copied for the day service and confirmation was requested from the staff there, to ensure they understood the person's action plan.

We observed staff making sure that people's individual choices were listened to properly. People who did not communicate verbally had specific communication care plans in place. These helped ensure everyone could be supported appropriately to make informed decisions. For example, one person's communication plan included a recent review that explained how their ability to communicate had decreased, due to their dementia. We noted that this person required people to speak clearly, use short sentences, basic sign-along, pictures and physical objects to relate to. We saw that staff interacted well with this person and understood their communication, which included facial expressions and physical gestures.

Each person was able to live their lives as they chose and it was clear from our observations and discussions

that staff knew about the needs of everyone living in the home. For example, we noted that staff continually monitored one particular person in respect of their multiple and complex health care needs and adjusted the levels of support accordingly.

We saw that people living in the home were encouraged to help with the day to day cleaning and tidying of the home as well as their own bedrooms. Some people enjoyed helping in the kitchen by washing up and assisting the cook and we noted that some people living in the home had created a 'washing up' rota.

We looked at minutes from the regular meetings that were held with people living in the home. We saw that discussions were held about things such as menu choices, outings, things to do at home and day to day life. We also saw that people were asked during these meetings whether they were happy with all the staff or whether anyone had any issues. The manager told us how these discussions helped to promote the open and transparent atmosphere the home strived to maintain.

We saw that people regularly accessed the local community, maintained personal relationships and pursued various activities, hobbies and pastimes, as they wished. One person had commented in the quality assurance survey, "I like the staff, I like playing bingo and I like going out to places." Two people living in the home attended a weekly village meeting, where they felt valued and part of the group. One person told us they were going to the local church that afternoon for tea and biscuits.

Another person living in the home told us that they particularly enjoyed going to their day service during the week. They also told us how they had been bitterly disappointed, when they couldn't attend one day, due to being unwell, and missed a visit from their local MP. As a result, this person wrote a letter to the MP inviting them to visit their home. This person was delighted to receive a personal reply accepting their invitation. The manager arranged the day with the MP and discussions and photographs evidenced that an interesting and enjoyable time was had by all. Particularly the 'Big Ben' cake made by the deputy manager.

Other people told us or indicated to us that they enjoyed many varied activities at home such as gardening, looking after the animals, puzzles, sewing, reading, writing, going for walks, cooking, watching films, art and craft. People were also able to take part in other activities and entertainment such as pub visits, discos, keep fit, music nights, bingo and adult education. We noted from the minutes of staff and 'residents' meetings, that people were involved in the discussions and organising of the holidays they wished to go on. We saw that some people had chosen to go to a holiday camp in 2016, whilst enquiries were being made for two people who wanted to go on a cruise.

During our time with people in the communal lounge and dining room, people excitedly told us about the weekly themed dinner evenings and said how much they looked forward to and enjoyed them. We noted that these had included "posh" and candle-lit dinners, a 'Swedish Night', a 'Greek Night' and a 'Carvery Night'. We saw that people living in the home were involved in making suggestions for these evenings, as well as helping with the preparations.

The manager told us how everybody living and working in the home continually worked together, thinking of new projects to undertake. The main focus of these projects was to involve the people living in the home and enhance their lives and overall wellbeing.

For example, the home had developed an active relationship with The Prince's Trust, whose young adults had completed two projects. One of these was developing vegetable gardens and the other was creating a farm shop. From discussions, observations and newspaper articles, we saw that people living in the home had enjoyed interacting with The Prince's Trust members and were benefitting from being able to grow and

pick their own vegetables. The manager said they were hoping to open the farm shop if the crops were successful enough. People living in the home could then work in the shop if they wanted and one person told us that they were very excited about this idea.

The manager explained how some people living in the home had enjoyed attending adult education for certain subjects. However, a shortage of external resources had resulted in some of these no longer being available. The manager identified a suitable out building in the grounds of the home and we saw that Norfolk Adult Education had agreed to start using this as a base for cookery and gardening classes. This would provide a resource for adult education for people living in Abbottswood Lodge, as well as day visitors.

The people we spoke with all told us they knew how to make a complaint if they needed to, although no one had any current cause for concern. One person said, "I've got nothing to complain about. I can talk to the staff if I need to because they listen to me." Another person told us, "There's only good things here."

We saw there was a complaints procedure for people living in the home as well as their friends and relatives. This was easily accessible for people and was also printed in an 'easy read' format. The manager told us that all complaints were recorded, with the date received and the outcome, plus details of whether the complaint needed to be elevated to the next level. They also highlighted that complaints relating to staff would be referred to the provider's legal team for advice and guidance.

We noted that no formal complaints had been made since 2012 but a number of compliments had been received. These were mostly regarding the end of life care provided, with praise for the staff team and thanks for the additional support given to people's family. We also noted the home had received recognition from medical professionals and positive feedback had been received regarding the improvements to the gardens and the farm shop.

The manager told us that they were trying to encourage people's relatives to attend the some of the home's quarterly entertainment evenings. They explained that, although regular telephone contact was maintained, they felt that a designated evening would help enable any concerns or issues to be raised and discussed in a relaxed atmosphere.

Good

Is the service well-led?

Our findings

We received very positive comments and responses from people living in the home, regarding the staff and management team. One person told us, "We're all family and friends here." Another person said, "[Staff] is the greatest cook in the world and we've got the best staff in the world too. I'm very happy here – it's the best place to live."

Relatives' comments we noted from the home's most recent quality assurance survey included, "The support and care overall at Abbottswood Lodge has improved such a lot in the past couple of years. A friendly atmosphere and understanding of residents is excellent." And, "The home has dedicated, hard-working staff who go the extra mile to meet the individual needs of every resident." A third person had commented, "Great staff who are very approachable. Nothing is ever too much trouble." A member of staff stated, "I haven't worked here long but I love coming here to work."

From our observations and discussions we saw that everybody living and working in the home was actively involved in the development of the service. We saw that regular meetings and daily discussions helped ensure that people's views were listened to and acted upon. People were involved in the design and décor of the home as a whole as well as their own rooms. People were also regularly consulted on ideas that could make the home even better.

Examples of strong community links with the service included a close working relationship with the local Prince's Trust branch. The manager explained how these links had resulted in them employing two younger people, having observed their work and interactions during the completion of the garden project. The manager told us that they also had a good working relationship with Skills for Care and Norwich City College and often supported people with apprenticeships and work experience.

The manager told us how the service had been supporting two part time members of staff who were studying non health and social care subjects at college and university. They explained that they were encouraging the students to incorporate their subjects of art and photography with their care role, by providing lessons to people living in the home. The manager also told us how they wanted to support another member of staff with their ambition to become an art therapist.

Further community links were evident with the provision of free facilities from the grounds of the home to Norfolk Adult Education. The manager explained that having classes there helped people living in the home to access meaningful activities from their rural location and helped fill a shortfall in external resources.

The manager also attended regular meetings in various locations around Norfolk, with the Crossing Boundaries team. The aim of this team is to improve end of life care for people with learning disabilities, by providing training, workshops, advice and support.

Communications with staff were frequent and effective. Regular team meetings took place and detailed minutes were taken each time. These meetings covered all aspects of the service. For example, health and

safety issues, staffing levels, staff training, areas of responsibility and the individual support requirements for people living in the home. We noted that staff all helped to draw up and agree an action plan at the end of these meetings. We saw that handovers between staff were clear and detailed and helped ensure continuity of care and support for people.

The manager told us that the ethos in the home was that all staff were equal. They said, "We just have different roles within the home and different responsibilities. Everybody's views and ideas are important and listened to." The manager also explained how mistakes were discussed in an open and transparent way. They told us, "We focus on ensuring the same mistake does not happen again instead of proportioning blame on individuals."

We saw that the manager led by example by regularly working support shifts and was very visible at all times they were in the home. This meant the manager could provide active support to staff as well as being able to make sure that people living in the home continued to be safe and happy. The manager told us, "We believe that management who manage from behind a door can never truly know practices within a home or residents' experiences."

We saw that record keeping and management systems were in good order, with effective auditing and follow up procedures in place. We saw that regular audits were completed in respect of areas such as medication, infection control, safety of the environment, falls, incidents and accidents. In addition to the management team reviewing the quality of the service on a daily basis, we noted that the provider's compliance manager also completed regular comprehensive audits. The annual quality assurance audit included surveys to find out the views of people living in the home, their friends and relatives, staff and relevant external professionals.

Any issues or areas for improvement that were identified had appropriate responses provided and action taken as quickly as possible. For example, some of the action points we noted from the last quality audit included the manager to make monthly 'update' calls to people's relatives and a monthly newsletter to be compiled. We saw that action had been taken as required.

Overall, we found that the service was being very well run and that people's needs were being met appropriately. An open and inclusive culture was demonstrated in Abbottswood Lodge, with clear and positive leadership evident.