Abbeyfield York Society Limited(The)

Abbeyfield House - York

Inspection report

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Date of inspection visit:
31 March 2016
04 April 2016

Date of publication:
18 May 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected this service on 31 March and 4 April 2016. The inspection was announced. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited.

Abbeyfield House is a sheltered housing complex comprising of 21 en-suite studio flats. At the time of our inspection Abbeyfield House - York provided a domiciliary care service to 13 people who lived at Abbeyfield House. This care and support consisted of prearranged visits at agreed times throughout the day. Abbeyfield House – York is registered to provide personal care to people living as tenants in their own studio flats. Abbeyfield House – York was not responsible for the upkeep or the maintenance of the building or people's own flats and, as such, the accommodation provided was not within the Care Quality Commission's remit to inspect.

Abbeyfield House was last inspected in April 2014 at which time it was compliant with the regulations we inspected.

The registered provider is required to have a registered manager as a condition of registration. 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. On the day of our inspection, there was a registered manager in post and as such the registered provider was meeting this condition of their registration.

During this inspection we found that people using the service were consistently positive about the care and support provided. However, we identified that records were not well maintained. Risk assessments were not consistently implemented, contained limited information and were not always updated as people's needs changed. We were concerned that important information about people's needs was not immediately available to new staff. Alongside this we identified concerns around supervision records, recruitment records, medication administration records and accident and incident records.

This was a breach of Regulation 17 (1) (2) (a) (b) (c) (d) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Staff received on-going training to equip them with the skills they needed to carry out their roles effectively. We received positive feedback about the support provided to staff by the registered manager.

Staff sought consent before providing any care and support, however, we have made a recommendation about developing staff knowledge and confidence around completing mental capacity assessments and best interest decisions.

There were systems in place to support staff to identify and respond to signs of abuse. There were enough staff to meet people's needs and staff received on-going training.

People were supported to eat and drink enough and access healthcare services when necessary.

We received consistently positive feedback about the kind and caring nature of staff. People told us they were supported to be in control of the care and support provided and to make decisions. People told us staff respected their privacy and dignity.

People told us they were able to make complaints or raise concerns if needed and felt that the registered manager was approachable and open to feedback.

We received consistently positive feedback about the registered manager and the service 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?

Requires Improvement

The service was not always safe.

Staff understood the types of abuse they might see and what action to take to keep people using the service safe.

Risk assessments were brief, contained limited details and had not been completed in respect of all identified risks.

There were enough staff employed to meet people's needs.

People received support to take their prescribed medications. However, Medication Administration Records were not always completed properly.

Is the service effective?

Good

The service was effective.

People using the service told us staff were knowledgeable, experienced and provided effective care and support.

We received positive feedback about the care and support provided to ensure people ate and drink enough.

Staff sought consent before providing care and support.

Is the service caring?

Good

The service was caring.

We received consistently positive feedback about the kind and caring nature of staff.

People were supported to be make decisions and told us that that staff listened to and respected their choices.

People were supported to maintain their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

We received positive feedback about the responsive person centred care provided by staff.

There was a system in place to manage and respond to complaints; people using the service told us the registered manager was approachable and responsive to feedback.

Is the service well-led?

Requires Improvement

The service was not always well led.

We received consistently positive feedback about the service and the registered manager.

However, we found that records were not well maintained. Care plans and risk assessments did not consistently reflect the care and support being provided and contained limited person centred information.

The registered manager needed to develop a robust quality assurance process to identify and address areas of concern.

Abbeyfield House - York

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

The inspection took place 31 March and 4 April 2016. The inspection was announced. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited.

The inspection was carried out by one Adult Social Care Inspector.

Before our visit we looked at information we held about the service, which included notifications. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also asked the local authority's safeguarding and commissioning teams if they had any relevant information about the service. They told us they did not have any information or concerns about Abbeyfield House – York at the time of our inspection.

We did not ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of this inspection we visited and spoke with five people using the service and three visitors who were their relatives or friends. We spoke with the registered manager, four care workers and a visiting health and social care professional. We looked at three people's care records, three care worker's recruitment and training files and a selection of records used to monitor the quality of the service.

Requires Improvement

Is the service safe?

Our findings

We saw that people's needs were assessed before they moved into Abbeyfield House and care plans and risk assessments were put in place. Risk assessments help identify risks and include the steps to be taken to minimise them. We saw that care files contained a manual handling risk assessment and an environmental risk assessment identifying potential hazards associated with providing care and support within people's studio flats. We found that these risk assessments were brief and provided only basic information. For example, one person's manual handling risk assessment provided details about the number of staff required to support with tasks such as walking, standing and getting in/out of bed. It also provided details about equipment staff could use to assist with these activities and general information about risk reduction steps that could be taken, such as removing rugs that could be a trip hazard or ensuring appropriate footwear. However, they did not assess the level of risk or provide more detailed information about factors that could impact on risks, such as people's confusion, history of falls, the impact of certain medications or other health needs.

We were concerned that risk assessments had not been completed in respect of other activities or tasks which staff provided support with, such as medication risk assessments, or nutritional risk assessments to identify people who may be at risk of malnutrition or dehydration and to manage identified risks with eating and drinking. For example, one member of staff told us a person using the service had swallowing difficulties and explained that they had recently arranged for medications to be prescribed in a liquid or dispersible form. Despite this identified risk, we saw that a risk assessment was not in place around swallowing difficulties to alert staff to this potential danger.

We found other examples where records around risk management were not robust or detailed. We reviewed records of accidents, incidents and injuries and saw that these recorded information about what had happened and what immediate action had been taken. The registered manager told us that they then reviewed these reports before they were filed. It is important to review accident and incident reports to identify any follow-up action that might be needed to reduce future risk of harm. However, the registered manager did not document this process. We found one example where a person using the service had slipped out of bed. Although they did not sustain any injuries, this was a near miss. Despite this there was no evidence to show that any steps had been considered or taken to reduce future risks such as exploring the option of bed rails. We identified that another person using the service had a history of reoccurring falls and had fallen seven times in the three month period before our visit. The registered manager explained that the person had been reviewed by their G.P, occupational therapist and physiotherapist regarding their history of falls. However, we were concerned that records did not evidence this and although records showed the person's 'Client Risk Assessment (Manual Handling)' was reviewed annually, it had not been changed since March 2014. It is important to update risk assessments, both to draw attention to a change in need or increased risk and to ensure that all staff are clear on the most effective way to support that person to reduce the risks.

We also spoke with the registered manager about the importance of signing off accident and incident reports, documenting any follow-up action needed and recording any proactive steps taken to reduce future

risk. We discussed maintaining a log of accident and incident reports so that patterns, trends or areas of concerns could be identified across the service.

Despite our concerns people using the service consistently told us they felt safe with the care and support provided by staff, with comments including "Yes I feel safe, I have no worries or concerns" and "I definitely feel safe, I have never felt unsafe." In addition to this, staff spoke knowledgeably about people's needs and the risks associated with meeting those needs.

People were supported by staff, where necessary, to take their prescribed medication. People using the service told us "They see that I have enough medications, it's a big help" and "They help with my medications by putting them in a little pot for me to take. I always get my medication on time, there have been no problems."

The registered provider had a medication administration policy and procedure in place and training records showed that staff received training on how to safely administer medication. Staff told us that the registered manager observed them administering medication to ensure that this was done correctly; however, the registered manager did not keep records of medication competency checks completed so we could not assess how robust this system was in ensuring staff were safe and competent when administering medication.

Where staff supported people with prescribed medication, we saw that this was recorded in people's care files with instructions as to where the medication was stored in the person's flat. People using the service had also been asked to sign to give their consent to staff supporting them with medication.

We reviewed Medication Administration Records (MARs) used by staff to record medication they had given to people using the service and found minor gaps where staff had not signed to record that they had given people their medication as prescribed. We also found that where codes were used on MARs, for example 'O=Other', further information was not always recorded to clarify what this meant. We noted that handwritten records on MARs had not been countersigned. It is considered to be good practice for a second member of staff to countersign handwritten records to reduce the risk of a transcribing error.

We concluded that the records kept with regards to managing and minimising risks were not robust enough. Risk assessments did not record sufficient detail or consistently record and reflect important aspects of risk associated with providing care and support; MARs did not evidence a safe and comprehensive approach to medication management.

This was a breach of Regulation 17 (2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a safeguarding vulnerable adult's policy, although the registered manager told us this was currently being updated to reflect changes introduced by the Care Act 2014. Staff completed safeguarding adults training and staff we spoke with showed a good understanding of their roles and responsibilities with regards to safeguarding vulnerable adults. One member of staff explained the signs and symptoms that may indicate that someone was experiencing abuse, "We look out for visual marks or bruising, unexplained changes in personality or people becoming withdrawn." Staff told us if they had concerns, they would speak with the registered manager. There had been no safeguarding concerns raised about the care and support provided by Abbeyfield House – York, but we could see that the training had equipped staff with the necessary knowledge and skills to make sure they could respond appropriately if safeguarding concerns did arise in the future.

The registered manager showed us a maintenance book which was used by staff to log issues or faults that needed fixing or highlight health and safety concerns. We saw that this record was used on a daily basis and issues were 'signed off' as fixed by a maintenance person. For example, we saw staff had identified that a person's emergency pull cord was not working; this was logged and recorded as fixed in a timely manner.

People's needs were assessed when they moved into Abbeyfield House or as their needs changed. These assessments were completed with people using the service and were used to determine the level of support required and the number of visits needed per day. A member of staff told us "People are allocated slot times; sometimes we ask if they mind it 15 minutes earlier or later, some people are more flexible with times." We were shown a copy of the daily sign sheet which recorded all the people using the service and the support they required. Staff explained that they used this to ensure that all tasks were completed and support provided as per people's care plans. Although information about the times of people's visits was recorded in their care plan, this information was not recorded in the daily sign sheet. One member of staff told us "We know the times so we do not have a round sheet" although acknowledged that this system could be difficult for new staff until they learnt the times of people's visits.

People using the service did not raise concerns about staffing levels and told us that staff never missed a visit, generally arrived at the right time and were available when needed to provide their care and support. Comments from staff included "At times we feel it is non-stop, if someone's needs change, but we work as a team."

The registered manager told us that they employed 10 care staff to meet the needs of people using the service. The registered manager told us that two staff were on duty in the morning, two staff in the afternoon and one member of staff for a 'sleeping' night service to respond to people's call bells in the event of an emergency. They explained that they did not need to use agency staff and that a list of shifts that needed to be covered was offered to staff. A member of staff told us "During the day we ring and see who is available to cover a shift or as a last resort we ring the manager. We have relief staff too, there's always someone to cover a shift." We reviewed rotas and saw that staffing levels were consistently maintained at the level the registered manager told us. This showed us that there was a system in place to ensure that there was enough staff to meet the needs of the people using the service.

We reviewed three staff recruitment files and saw that applicants completed an application form and had an interview before being offered a job. We saw that the service obtained references and completed Disclosure and Barring Service (DBS) checks. DBS checks return information about spent and unspent criminal convictions, cautions, reprimands and final warnings. DBS checks help employers make informed decisions about whether it is safe for a person to be working with vulnerable client groups. By completing interviews, references and DBS checks, we could see that the service was taking appropriate steps to ensure that only staff considered suitable to work with vulnerable people had been employed. However, we spoke with the registered manager about the importance of maintaining appropriately detailed records of verbal references obtained and recording the date that DBS checks were completed in recruitment files.

Good

Is the service effective?

Our findings

People using the service told us that the staff who supported them were skilled and experienced, with comments including "They know what they are doing, they have to be trained. They are very good."

We reviewed the registered provider's training and induction programme that was used to equip staff with the skills and knowledge needed to carry out their roles effectively. Induction training was provided on topics including first aid, people/manual handling, food safety, fire awareness, infection control, safeguarding, medication and child protection. The registered manager told us that new staff shadowed more experienced workers and this was confirmed with other staff we spoke with who told us "I did shadowing for as long as needed to learn the rota...I made sure I knew everyone before starting."

Alongside induction training, the registered provider required staff to complete refresher training to update their knowledge. The registered manager explained that training needed to be refreshed every 18 months, two years or every three years depending on the course.

The registered manager told us that they accessed training provided by the local authority and staff were individually responsible for ensuring their training was updated. Despite this, the registered manager showed us a training matrix they used to record training staff had completed and to identify when training needed to be updated. They showed us emails that had been sent to staff to advise them that they needed to book refresher training and explained how this system was used to ensure staff booked on to available courses when needed.

The registered provider also offered a range of additional training and e-learning courses on topics including end of life care, visual awareness and dementia awareness. We also saw that a number of staff had completed the National Vocational Qualification (NVQ) Level 2 or Level 3 in health and social care.

We reviewed staff files, which contained certificates of training completed. This in conjunction with the training matrix, showed us that staff were supported through on-going training. Staff we spoke with said "The training is extremely good, [the registered manager] keeps us on our toes with training" and "The training is very good, it's done by City of York Council on a regular basis."

Staff consistently told us that they felt supported in their roles. Staff told us that they had annual appraisals and that this provided an opportunity for them to share their views about the service and make suggestions about changes that could make the job better. They told us that they also received feedback on their practice including strengths and areas for development.

Staff told us and the registered manager confirmed that they held an annual staff meeting to discuss and share information about the service.

We spoke with the registered manager about staff supervisions. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. The registered provider's policy

indicated that staff should receive four supervisions per year, however, records of completed supervisions in 2015 showed this to be three in total. The registered manager informed us they regularly spoke with staff and discussed issues or concerns as they arose, but did not always record these meetings or discussions as supervision. Staff we spoke with did not raise concerns about the lack of supervision and told us they felt supported in their roles. We spoke with the registered manager about reviewing the supervision policy and maintaining complete and contemporaneous records of all supervisions completed.

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. We checked whether the service was working within the principles of the MCA.

At the time of our inspection we were told that no one who used the service was deprived of their liberty and we did not identify any situations that may amount to an unauthorised deprivation of liberty. However, we spoke with the registered manager about the importance of developing a policy and procedure to support staff in how to recognise and respond to a possible deprivation of liberty should the need arise.

We saw that people using the service had been asked to sign their care plan to show that they consented to the care and support provided and sign to record that they agreed for staff to assist with administering medication.

Training records showed that three staff had completed Introduction to the Mental Capacity Act courses in 2012/13 and four staff had completed training on Dementia between 2013 and 2015, which we were told covered the MCA. Staff we spoke with had a basic understanding of the MCA, but we found that there was a lack of confidence around the implications of the MCA on their caring role. Although people using the service had capacity to make their own decisions, we spoke with the registered manager about the importance of developing staff knowledge in this area.

We recommend that the registered manager considers staff training needs in relation to the Mental Capacity Act 2005 and reviews the systems and processes in place to support staff to complete mental capacity assessments and best interest decisions if needed.

People using the service lived in studio flats which did not have their own kitchen facilities. The registered manager explained that all meals were prepared on people's behalf and served in an on-site communal dining room or taken to people's flats if they preferred. We were also shown that people using the service had access to communal kitchens where they could prepare their own hot drinks and snacks.

We saw that staff supported people to access the dining facilities and, where necessary, this was recorded in people's care plans. People we spoke with were complimentary about the meals provided, with comments including "They tell me what they are giving me and take it away if I don't like it and bring me something else" and "The food is very good, I don't like mushrooms and they know that so they give me something else." One person we spoke with had a visual impairment; they explained that staff told them where the food was on the plate to make it easier for them to eat independently.

Care plans contained contact information for people's G.P and a separate file was kept with information about people's allergies, medications, medical history and on-going health needs, People using the service told us "I get support for medical appointments. They help me get the number for the Doctors or they phone for me." A healthcare professional told us "They are all quite experienced...they always follow advice and if they have a problem they ring."

Good

Is the service caring?

Our findings

People using the service gave consistently positive feedback about the caring approach of staff working for Abbeyfield House - York. Comments included "They are kind and caring" and "They couldn't be beaten, they are trustworthy and do all they can for us." Whilst a relative told us "[Name] is always praising the carers, I hear nothing, but praise. There's no doubt about it, they're very good."

Continuity of care was important to people using the service. We noted that Abbeyfield House – York had a small established team of experienced staff who knew and were interested in the lives of the people they were supporting. People using the service told us they knew staff who visited them and that new workers were introduced. Comments from people using the service included "You know more or less who is coming and you get to trust them. We have conversations - they're all very interested" and "I know them all and they know me." One person using the service said "Some people [Staff] have been here for 13 years; it's nice as you get to know them and new staff get gradually introduced." We could see that continuity of care was an important factor in enabling people using the service to develop positive caring relationships and staff we spoke with showed that they understood people's needs and what was important to them.

These and other comments showed us that people using the service had developed positive caring relationships with staff supporting them and that they valued these meaningful interactions. However, we were concerned that care plans and risk assessments contained limited person centred information about people's life history, hobbies and interests and because of this would not support new staff to get to know people using the service. Staff we spoke with told us that they got to know people using the service by visiting them regularly and speaking with their families. New staff told us they shadowed more experienced workers and got to know people through this process. A person using the service told us "They have got notes and they introduced a new person when they started."

People using the service told us that they were involved in decisions about their care and support and encouraged to express their wishes and views. One person using the service told us "They listen to me" whilst another person said "They listen and do what is asked."

Staff we spoke with told us that they encouraged people to be as independent as possible and explained that by encouraging people to make decisions about what support they wanted, they could promote people's independence. Staff told us "We try and give people as much independence as possible. We find out what they can do and what we can help with...if people are struggling we ask if we can help in any way" and "We go by what they [people using the service] want not by routines." People we spoke with gave examples of where they had asked for more support and this had been accommodated in line with their wishes. This showed us that people were supported to be in control and make decisions about the support provided.

The registered manager told that no one using the service had or needed the support of an advocate at the time of our inspection. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them. The registered

manager was able to explain how they would seek the support of an advocate if this was necessary.

People using the service consistently told us that staff treated them with dignity and respect. Comments included "Of course they treat me with respect", "They do treat me with respect, they are very kind and do listen to me" and "They grant us as much privacy as they can."

We observed that staff knocked on people's doors before entering; this showed us that staff respected people's privacy and personal space. Staff spoke with people using their preferred names and in a caring and respectful manner. We asked staff how they maintained people's privacy and dignity; one member of staff said "The first thing you learn is to keep people clothed and covered up with towels. You let them do as much as they can for themselves and let them take the lead."

We did not identify anyone using the service that had any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation and we saw no evidence to suggest that anyone that used the service was discriminated against.

Good

Is the service responsive?

Our findings

The registered manager told us that people's needs were assessed before they moved to Abbeyfield House – York and care plans put in place to guide staff on how to meet identified needs.

Care plans contained details of the 'tasks required' and guidance on 'how to do them'. For example, one care plan recorded that the person required assistance to administer their medication in the 'tasks required' and contained details about where the medication was stored and how the medication was separated into boxes relating to the time of administration, in the 'how to do them' section. We saw other care plans providing details about the 'task required' - preparing breakfast and 'how to do them' - details about what the person liked to have for breakfast, specifically how it should be prepared and information about how the person liked their tea. These care plans were person centred and provided an effective overview of the person's support needs and personal preferences with regards to how those needs should be met.

We saw that additional person centred plans were in place where staff supported people to have a shower or bath. These care plans contained a step by step guide to staff about the level of support required and provided further evidence of person centred planning.

However, we found that people's care files contained limited information about their social history, hobbies or interests. Person centred information such as this can be helpful in supporting new staff to get to know people using the service. We saw that care plans did not contain person centred information regarding other areas of people needs, for example, in relation to a person's memory, cognition or nutritional needs, and did not consistently contain information about people's medical history or on-going health needs.

We saw evidence that care plans were reviewed and updated, however, we were concerned that care plans did not consistently reflect people's current needs or the level of support staff told us they were providing.

We asked staff about how they provided person centred care to people using the service; comments included "The care plans give a basic introduction to the residents; I find them useful...everyone is different, we try and do it how they want it done." Other staff we spoke with told us how they provided regular care and support to be people and through this understood people's needs and preferences about how care and support should be provided. Whilst we were concerned about the lack of person centred information recorded in people's care plans, feedback from people using the service was consistently positive with people commenting that staff were attentive and responsive to their needs. Additionally, staff we spoke with were knowledgeable about people's needs and gave examples of how care and support had been designed and planned to meet the specific needs of that individual. As such, we concluded that people using the service were receiving responsive person care; however, this was not being consistently and appropriately recorded. We have addressed this issue with poor recording in the well-led domain.

We saw that a copy of people's care files was stored securely in the registered manager's office and a copy was kept in the person's home for staff to reference and record details of care and support provided at each visit. A person using the service told us "They write it down every time they come."

People using the service told us that there was a communal sitting room at Abbeyfield House which they could use. They told us about the activities on offer, including a weekly coffee morning. One person said "There's never an afternoon without something going on - music, films entertainment or outings." Relatives we spoke with confirmed that staff encouraged people using the service to join in activities on offer. The registered manager also showed us that there was a guest room available at Abbeyfield House which families or friends could use when visiting people using the service.

The registered provider had a complaints policy and procedure in place. The registered manager told us there had been no formal complaints received since our last inspection of the service and only one concern. The registered manager showed us a complaints book which they kept to record these and this showed that one concern had been received and this had been dealt with in a timely manner. The registered manager explained that minor issues were resolved immediately and not always recorded. People we spoke with told us they had not had to make a formal complaint, but felt able to raise comments or concerns if necessary.

The registered manager also showed us three cards staff had received complimenting the staff with comments including "We would like to thank all the staff at Abbeyfields for the excellent care, dignity and compassion shown to [Name]."

We saw that some people living at Abbeyfield House attended 'Residents committee' meetings. We saw minutes for meetings held in October and November 2015 and January 2016. These meetings provided an opportunity for people using the service to discuss issues or concerns, make suggestions and share information. We saw that Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders had been discussed at one meeting, what they were used for and whether people would like to consider having these in place.

The registered manager showed us a copy of a 'Client's views questionnaire' document they used to gather feedback from people using the service. The registered manager told us questionnaires were last completed in 2014, but told us they gained feedback from people using the service on an on-going basis through informal visits and in conversation with people using the service.

Requires Improvement

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of registration. At the time of our inspection there was a registered manager in post and they had been registered with the Care Quality Commission since October 2010.

We asked people what they thought of the care and support provided by Abbeyfield House – York and whether they felt the service was well-led. Comments included "The service is excellent", "I certainly would recommend it" and "I think it is excellent, everyone is very kind, nothing is too much trouble and the staff are very good."

People using the service knew the registered manager by name and consistently told us that they were approachable. Comments included "If anything is puzzling me I can ask [registered manager] to come and talk to me and she listens. She's the one that I talk to if I'm concerned about anything", "[Name] comes in occasionally and I can always go into the office and ask for anything", "The manager asks from time to time if I am happy with everything or I can ask to talk to them", and "[The registered manager] comes and speaks to you if they know you are not well." It was clear from these and other comments that people using the service maintained contact with the registered manager and that they were a visible presence within the service.

A relative told us "We can't speak highly enough of the service." Whilst a healthcare professional we spoke with said "[Name] the manager is very good, the care is excellent...it's the sort of place you would want your mum to come."

Staff we spoke with said "It is well-led. It is such a nice place to work. [Name] is very supportive of staff, it runs well. If we are dealing with a new situation the manager will check we are doing it right until we are confident and [Name] is happy we are doing it right" and "[The registered manager] is always approachable and takes on board whatever you have to say."

We observed that there was a positive atmosphere within the service and identified from our conversations that staff and the registered manager were passionate about providing a caring service for the benefit of the people they supported. One member of staff told us "We make a good team, we support each other." Other staff told us they felt listened to and their suggestions were noted.

Although we received consistently positive feedback about the registered manager and the service provided, we were concerned that records were not well maintained and did not reflect the positive care and support people told us they received. Care plans and risk assessments did not contain important details about the person and their support needs and there was insufficient information to support new staff to provide safe and effective care or to minimise the risks associated with supporting new people using the service. These concerns were reflected in feedback recorded during a staff appraisal meeting, where one member of staff reported "We could do with more information on new people coming into the guest room before they arrive and also on every new resident coming in."

We found other examples where records were not well maintained. We reviewed hospital admission forms for people using the service, which we were told were used to ensure important information was handed over in the event of an emergency hospital admission. One member of staff explained that a person using the service had issues with high blood pressure, difficulties swallowing and dementia. This information was not recorded in the person's care plan and was not recorded in the hospital admission form. We reviewed daily records of the care and support provided and found that these varied in quality and detail. We identified numerous examples where daily records did not contain any person centred information or real insight into the care and support provided at each visit, with typical records documenting "[Name] is fine - no problems."

The registered manager had an informal quality assurance system and told us that they monitored the quality of the care and support provided by speaking with people and their families to gather feedback. The registered manager told us that they endeavoured to be open and responsive to people's comments about the service. Feedback we received from people using the service reflected this and we were consistently told that the registered manager was open, approachable and responsive to issues or concerns.

Whilst we could see that this was, in part, an effective system, it was not a comprehensive approach to quality assurance. We found that issues around recruitment records, supervision records and accident and incident records had not been addressed. We concluded that the registered manager needed to develop a more comprehensive approach to record keeping and a more robust system of quality assurance to identify areas of concerns with the records kept and to drive improvements.

The registered manager showed us a record that identified gaps on MARs where staff had not signed to say that they had administered that person's medication and this had been ticked when the issue had been addressed with the relevant member of staff. However, there were no details regarding the outcome of this, such as whether further training had been completed. We spoke with the registered manager about the importance of developing a more formal and robust process for auditing completed MARs, collating information from these and implementing an action plan to address what was an on-going issue. We also spoke with the registered manager about evidencing that staff administering medication had the required competency and discussed the importance of documenting medication competency checks as a means of ensuring and evidencing that staff had the necessary skills.

This was a breach of Regulation 17 (1) (2) (a) (b) (c) (d) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We asked the manager how they kept up-to-date with changes in legislation and guidance on best practice. They told us they received information and updates through their national affiliation with Abbeyfields and were also a member of the Independent Care Group and receive updates and guidance from them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager did not establish and operate systems or processes to effectively assess, monitor and improve the quality and safety of the service and mitigate risks. Neither did the registered manager maintain an accurate, complete and contemporaneous record in respect of the care and treatment provided to each service user.