Abbeyfield Society (The)

Abbeyfield Shandford

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We carried out an unannounced comprehensive inspection on 29 April and 1 May 2015.

The provider registered, Abbeyfield Shandford with the Care Quality Commission in June 2012.

Abbeyfield Shandford residential home offers accommodation with care and support for up to 25 older people. There were 19 people using the service at the time of the inspection and one person in hospital.

We last inspected the home in September 2013 at that inspection the service was meeting all the regulations inspected.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People said they were happy to approach the registered manager if they had a concern and were confident that actions would be taken if required. Staff gave us a mixed

Summary of findings

view on the openness, approachability and effectiveness of the registered manager. However they said the registered manager was fair and they would go to them if they had a concern.

People were not protected by an effective system to assess and monitor the health and safety risks at the home. The provider had not identified through their assessment process windows on the first floor which were not restricted and could be opened above the 100 millimetres maximum as recommended by the Health and Safety Executive (HSE). Following our feedback the provider has addressed our concerns and all windows which required a restricted opening have had restrictors put into place. Other health and safety risks which had been identified by the staff were not followed thorough and acted upon.

After consulting with staff, the registered manager had identified staffing levels did not meet people's needs. The area manager agreed staffing levels should be increased and this was being implemented; the registered manager planned to monitor the effectiveness of the newly allocated staff hours.

Staff had received training on the Mental Capacity Act 2005 and had a good understanding about giving people choice. However the documentation used by the provider did not facilitate a system to formally assess a person if the staff had reason to assume they lacked capacity. This could put people at risk of not having their rights upheld. The provider assured us they would look into implementing new capacity assessment documentation. People were protected by emergency evacuation assessments and plans to be used in the event of an emergency at the home.

People received their medicines in a safe way because they were administered appropriately by suitably qualified staff and there were effective monitoring systems in place. People's needs and risks were assessed before admission to the home and these were reviewed on a regular basis. Care plans were personalised to people's individual needs and regularly reviewed with the person to ensure they remained current and effective. Staff liaised with external healthcare professionals to get specialist advice and arrange the care and treatment they needed.

People could choose from a menu which was regularly reviewed and updated and took into account people's choices and preferences. People were very positive about the food provided at the home. Staff were polite and respectful when supporting people who used the service. Staff supported people to maintain their dignity and were respectful of their privacy. People's relatives and friends were able to visit without being unnecessarily restricted.

People had access to a range of activities and were supported by a committee of volunteers called the "Friends of Abbeyfield Shandford". They, along with an activity person, undertook fundraising and implemented a range of outings and activities, which included meeting with people and undertaking shopping trips. People gave us positive feedback about the activities at the home.

The recruitment process at the home was robust and required recruitment checks were carried out. New staff received a thorough induction that gave them the skills and confidence to carry out their role and responsibilities effectively. Staff received regular training and updates when required and several staff were undertaking higher level qualification in health and social care. The staff had a good knowledge of how to safeguard people from abuse.

We found two breaches of Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the back of this report.

Summary of findings

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

Some aspects of the service were not safe.

People were not always protected from unsafe and unsuitable premises. We found an environmental risk had not been identified. Health and safety issues identified by staff trained to assess health and safety risks had not been acted upon.

The registered manager had identified at times there were not sufficient numbers of suitably qualified, skilled and experienced staff on duty at all times. They had taken action to increase staffing numbers at the home. There was a robust recruitment procedure in place at the home.

People's medicines were managed so they received them safely and as prescribed.

Staff were aware of signs of abuse and knew how to report concerns and were confident these would be investigated.

Incidents and accidents were recorded and appropriate actions taken.

Is the service effective?

Requires improvement

Some aspects of the service were not effective.

The registered manager and staff had an understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. However mental capacity assessments were not undertaken to ensure the person lacked capacity before a best interest decision was made on their behalf.

Staff had the knowledge and skills they needed to support people's care and treatment needs.

Staff had received effective inductions, regular supervision and appraisals and some were undertaking higher health and social care qualifications.

People were supported to eat and drink and had adequate nutrition to meet their needs and were very complimentary about the food at the home.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion and their privacy and dignity were respected.

Staff were caring, friendly and spoke pleasantly to people. They knew people well, visitors were encouraged and welcomed.

People and their representatives were actively involved in making decisions about the care, treatment and support they received.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People received support that was responsive to their needs. Their care needs were regularly reviewed, assessed and recorded. People's care needs were recognised promptly and received care when they needed it.

Activities had been arranged at the home by an activity person and by a committee called friends of Abbeyfield Shandford, which people had enjoyed.

People were aware of the complaints procedure and complaints received were addressed.

Is the service well-led?

Good

Some aspects of the service were not well led.

Quality monitoring of health and safety at the service was not always effective and had not identified risks. Where risks had been identified, the provider had not taken action to address the risks. The provider had implemented plans to carry out more robust quality monitoring visits to the home.

The registered manager understood their responsibilities, and had support from the provider. Some staff did not feel the registered manager was always approachable and effective. However there was a clear management structure at the home and staff said they would raise concerns appropriately.

The provider actively sought the views of people and staff at the home. People were kept informed and asked for their views on the service.

Abbeyfield Shandford

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 was 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 visits took place on 29 April and 1 May 2015. The visits were unannounced. The inspection team consisted of one inspector.

We reviewed information we had about the service such as, 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. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern. We contacted commissioners of the service and external health professionals to obtain feedback about the care provided.

We met most of the people who lived at the home and received feedback from 13 people using the service and three relatives.

We spoke with 13 staff, which included care and support staff, an agency worker, the registered manager and the provider's operations manager. We also contacted the local GP practice, a local authority commissioner of the service and the chairperson of "The friends of Abbeyfield Shandford", for their views about the service. We looked in detail at the care provided to three people which included looking at their care and medicine records. We looked at four staff records and at staff training, supervision and appraisal records. We also looked at a range of records related to the running of the service and quality monitoring information.

Requires improvement

Is the service safe?

Our findings

The premises were not always safe because the system to assess the premises was not effective and had not highlighted the concerns we found during the inspection. The windows on the first floor were not restricted and could be opened above the 100 millimetres maximum as recommended by the Health and Safety Executive (HSE). This meant vulnerable people had access to window openings large enough to fall through, and at a height that could cause them harm. This had not been identified by the quarterly health and safety checklist assessments carried out by staff who had undertaken training in health and safety. They had recorded that windows were safe with window restraints in place. We raised the risk to people's safety with the registered manager on the first day of our visit. On the second day of our visit window restrictors were being fitted to all of the first floor windows which were not restricted. Following the inspection the registered manager confirmed that all windows on the first floor had restrictors in place to keep people safe.

When staff who were trained health and safety risk assessors, had identified shortfalls in the quarterly assessment regarding health and safety issues at the home, action had not been taken to act upon their findings. For example, the need for more hand rails in the corridors, soap and paper towel dispensers were required in the communal bathroom and needed to be replaced in the laundry, an outside light was needed and signage to identify the location of first aid boxes and who the first aider was on duty. However, the registered manager and records could not confirm why action had not been taken.

Staff had also recorded in the quarterly assessment the lounge was cluttered with moving aids which needed to be moved". However during our visits the lounge was cluttered and still had moving equipment stored in the lounge area. After each quarterly health and safety assessment was carried out a care home health and safety committee meeting was held. This included a representative from housekeeping, care staff and a senior staff member. The meetings were recorded, however there was no evidence any action had been taken as a result of these meetings. Staff said, they were aware of the areas highlighted but had not seen any action except what they had been able to undertake themselves at the home. The registered manager could not demonstrate actions which had been taken to address areas identified in the quarterly assessments and committee meetings.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

A designated person from the provider's central office was responsible for ensuring the servicing of equipment and fire checks were undertaken. These included, checks on lifting equipment, asbestos, legionella, water temperatures and shower cleaning. Staff had recorded on the December 2014 quarterly health and safety checklist assessment they were not sure if the specialist bath had been tested and the roll iron used in the laundry had not been PAT tested. The registered manager confirmed the equipment had been tested however said all certificates and records were held at the providers head office. This meant staff and the registered manager could not assure themselves equipment was safe to use before using it. The area manager said there had been discussion about having records of servicing on site and they would raise the issue with the provider. Certificates were not held at the home, so were sent by email when we requested them and were up to date.

The provider employs a maintenance person for four hours each week. Any maintenance issues were recorded in a diary which was signed when tasks were completed. The registered manager said they could authorise additional hours if they were needed. During our visit a person's drawer front had fallen off their bed, staff quickly responded and removed the drawer front to make it safe. They recorded the need for repair in the diary along with a visitors request to have a picture hung on the wall. However one person said they would like to have their clock hung up in their room and the toilet seat in their en suite bathroom was loose. They said, "I have told them and it doesn't get done". The registered manager said they would address this concern, staff said the maintenance was completed if the tasks had been recorded in the maintenance book. The area manager said they had a redecoration program scheduled, to have the lounge and dining room re modelled, with new furniture, mood boards and had a rolling program of redecoration within the home.

We asked people and visitors if they felt there were enough staff to meet their needs. Comments included, "They come quickly most of the time" and "They do a fantastic job in

Requires improvement

Is the service safe?

difficult circumstances and sometimes the bells ring a lot". A visitor said, "The care varies because of the quantity of staff and sometimes the quality. The main bunch of staff are fantastic but there have been days with one of the girls working with only two agency staff which isn't good."

Staff said they had raised their concerns about the staffing levels at a staff meeting held on 30 April 2015. Their comments included, "We need better staffing in the morning, the consequence is that staff morale is low" and "In the morning's it is so busy a lot of doubles (people who require two staff to support them." "Not enough staff- the residents get upset there is no time to talk to them". The registered manager confirmed they had spoken to staff at the staff meeting about areas to improve and staff had highlighted they did not have time to complete all of the tasks assigned. She confirmed the area manager had agreed to implement an additional four hour care shift each morning. This would take effect as soon as it could be arranged and she would monitor whether it made a difference.

The registered manager was able to monitor the call bells at the home to assess whether staff promptly responded to them. They regularly undertook a periodic review of the call bells and showed us a letter she had sent to all staff as a result of a bell audit, telling them the importance of responding to bells promptly, which all staff had signed.

The registered manager said they had five care staff vacancies and had been actively trying to recruit new staff with very little response and were looking to expand their area of advertising. They felt the provider offered a reasonable wage but they were only getting a few applicants. They were using agency staff from a single agency to fill the staffing shortfall in order to provide consistency and continuity for people at the home. She explained that the Abbeyfield society had bought the service in 2012 and there had been a lot of restructuring when several staff had chosen to leave because of the transition, but things were settling down.

Staff were knowledgeable about how to recognise signs of potential abuse and said they were confident any concerns raised with the registered manager and senior staff would be dealt with. When asked about how abuse would be responded to, a staff member said, "I can't imagine it happening here, I would report it straight away to (the registered manager) immediately or her manager, I have her details and I know they would sort it out". The registered manager keeps the Care Quality Commission informed of any safeguarding concerns at the home by sending required notifications.

Emergency systems were in place to protect people. There were personal emergency evacuation plans (PEEPs) in place to identify people's needs in the event of an emergency. People had individual risk fire safety assessments in their care folder which were reviewed monthly. The information identified had been used to produce and then continually review the PEEP's. There was also a colour coded list to identify people's level of independence beside the evacuation panel to guide emergency services personnel in the event of an evacuation.

The home was clean and odour free. Staff said there were always plenty of personal protective equipment (PPE's), soaps and cleaning chemicals at the home. Staff were knowledgeable about dangerous chemicals and were aware of the location of the Control of Substances Hazardous to Health (COSHH) folder to guide them in the event of a spillage.

People received their prescribed medicines on time and in a safe way. One person said "Medicines are on time as far as they can manage it, they are very conscientious over that". All medicines were administered by staff who had received appropriate training. Designated staff were seen administering medicines in a safe way and had a good understanding of the medicines they were administering. There was a safe system in place to monitor receipt, stock and disposal of people's medicines. Medicines at the home were locked away in accordance with the relevant legislation. Medicines which required refrigeration were stored at the recommended temperature. Medicine administration records were accurately completed and any signature gaps had been identified by the registered manager and action had been taken to ensure people had received their medicines. Monthly audits of medicines were completed by senior staff and records showed actions were taken to address issues identified.

Learning from incidents and accidents took place and appropriate changes were implemented. Staff had accurately recorded all incidents and accidents at the time of the incident. These were seen by the registered manager and recorded by senior staff onto the provider's computer

Requires improvement

Is the service safe?

database each month. The registered manager had an in house system to look for trends and patterns in accidents which they had re introduced to ensure appropriate action was taken to reduce risks.

Recruitment checks had been completed to make sure staff were only employed if they were suitable and safe to work in a care environment. Recruitment records showed all the checks and information required by law had been obtained before new staff were employed in the home.

Requires improvement

Is the service effective?

Our findings

People who lacked mental capacity to take particular decisions were not always protected by systems used at the home. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. Where people lacked the mental capacity to make decisions the provider had not followed the principles of the MCA. There was no assessment documentation for staff to complete to provide proof that an individual lacked capacity before a decision was made regarding them consenting to receiving care and treatment at the home.

The registered manager was aware of the Supreme Court judgement in March 2014 and had made applications to the local authority Deprivation of Liberties (DoLS) team to lawfully deprive a person of their liberties where it was deemed to be in their best interests or for their own safety. However because of the lack of understanding regarding assessing a person's capacity in line with the MCA, an application had been made for a person who had fluctuating capacity and could have been consulted about the decision made.

The area manager said they would raise this omission with the provider and ensure action was taken to implement a capacity assessment system for staff to complete for people they believed lacked capacity to make a specific decision.

Staff demonstrated an understanding of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice and had received training but this was not always put into practice with regards to actions taken.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

Staff were skilled and were able to tell us how they cared for each individual to ensure they received effective care and support. They demonstrated through their conversations with people and their discussions with us that they knew the people they cared for well.

Staff managed risks to individuals, for example, one person had an identified swallowing risk. Staff had put in place a swallowing management plan. This included, staff monitoring the person each day and avoiding high risk foods on days when the person was fatigued. On the high risk days, staff said the person would be given a softer option meal and required their drinks to be thickened to make it safer for them to drink.

Staff gained people's consent before they assisted people to move and they explained what they were doing and involved the person. They listened to people's opinions and acted upon them. For example, where people wanted to spend their time, if they wanted to go on an outing and if they required further refreshments. People said staff listened to them.

There was a keyworker system in place at the home. Named staff worked with individuals and took responsibility to meet with the person each week to ensure they had what they needed and if they had any concerns. Staff completed a checklist to demonstrate they had met with their designated people and completed the assigned tasks. The checklist included, to check people had enough toiletries, their wardrobes were tidy, shoes and slippers were safe and accessible and that clothes were labelled.

When people's needs changed, referrals to health professionals were made promptly. Staff were kept informed about people's changing needs. For example, at a shift handover staff were made aware of a person who required regular monitoring and could possibly need a referral to the GP. One person said they had been unwell and the staff had called the GP, their comments included, "I am feeling much better now, just a little weak, so I am staying in my room and the girls are looking after me". Health professionals said people were referred appropriately to them and they were informed when people's needs changed.

Staff had undergone a thorough induction. There was evidence the registered manager had prepared for the new care certificate which replaced the common induction standards which came into effect on the 1 April 2015. New staff worked alongside a more experienced member of staff for a week if they had previous experience of care and up to two weeks for staff new to care work.

Staff had completed training which ensured they had the right competencies, knowledge and skills to support people at the home. The registered manager used a training plan which recorded training staff had undertaken and highlighted when staff required training updates. Staff

Requires improvement

Is the service effective?

qualified in delivering moving and handling training provided in- house training for other staff. This meant staff could respond quickly to people's changing moving and handling needs. Staff were encouraged to undertake qualifications in care; the registered manager and staff confirmed that several staff were undertaking qualifications in health and social care.

Staff received regular supervision with their line manager, they said they were listened to and could discuss training needs. The registered manager said the provider were introducing a new appraisal system which was recorded on the provider's computer database. They said they had scheduled to undertake all staff appraisals at the home but were having technical difficulties with the new system but were sure these would be addressed quickly.

People were supported to eat and drink enough and maintain a balanced diet. Everyone was very complimentary about the meals at the home. Their comments included, "The food is very good, I can't fault them, I get enough and the quality is very good. I get a choice, they come around each day and say what is on the menu, or if there is anything I would like". "The food is good and full of flavour" and "The meals are fabulous" and "I like the food, it is brilliant, I get enough a bit too much" and "The food I can't fault it". One visitor said "I rang this morning to arrange to have my lunch with mum, the food is always nice". All of the people we visited had jugs of drink accessible in their rooms.

There was a four week menu with a choice of two main meal options. People were asked the previous day their meal choices. But some people found it difficult to then remember what they had chosen. The meal options on the first day of our visit was roast beef or ham egg and chips, and it was evident that people had made choices by the different meals provided. However people waiting for their meal were unable to tell us what meals they had selected. One person commented when asked what they were having for lunch, "You tell me". People were guided by a white notice board outside of the dining room. This recorded the options but there was nothing in the dining room to help remind people of the options available. The registered manager said they would look into putting a menu board in the dining room to help make the dining experience more enjoyable.

During the lunchtime period there was a happy atmosphere in the dining room with people chatting sociably. Staff went around offering a choice of sauces and drinks which included wine, fruit juice, water or squash. People who required a special diet were catered for and the cook had clear guidance about people's needs and who required a special diet. They could differentiate between Speech and language (SALT) recommended consistencies of puree and fork mashable consistencies. This meant people who required a specialist diet recommended by SALT had the appropriate meal consistency to meet their needs safely.

Good

Is the service caring?

Our findings

People said they were well cared for at the home and praised the staff. Comments included, “The care I think, is excellent, a bit disorganised at times but this isn’t a fault” and “Good atmosphere here”, and “There is nothing you could do to make it better, everyone is happy, good to you and one another and they are all very nice”.

Visitors were also complimentary about the home. Comments included “We are very pleased with everything, Mum likes hugs and kisses which the girls give her she is very happy” and “It is a welcoming place, a happy place”.

Staff had a pleasant approach with people and were respectful and friendly. There was a good atmosphere in the home with banter and chat between people and staff. People were treated with dignity; people were addressed by their name and personal care was delivered in private in people’s rooms. People were well presented and dressed in well laundered clothes. Staff respected people’s privacy and dignity. For example; staff knocked on bedroom doors before entering, addressed people by their name, spoke clearly and listened to what was said.

People were supported to be as independent as possible and were encouraged to do as much for themselves as they were able. Some people used items of equipment to maintain their independence, for example, used wheeled walkers or zimmer frames. Staff were patient with people who needed support to walk to the dining room; they helped them to settle before assisting another person. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it.

People were consulted throughout our visit about what they wanted to do and where they wanted to sit. However one person said they were not given the option at mealtimes where they sat. This was because each place at the dining table had a serviette ring which was personalised with people’s names to guide them to the space allocated. The person said “I have a different seat at lunchtime and another at tea time”. The registered manager said this was because less people used the dining room in the evening so they didn’t use all of the tables. However if someone expressed a wish to sit somewhere else that would be arranged.

People were able to spend time in private in their rooms if they wished to. However the majority of people at the home had chosen to use the dining room at lunch time. One person said, “I generally have my breakfast in my room, I go to the dining room for lunch as I like the company of others to chat too while enjoying my meal”. Bedrooms had been personalised with people’s belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedrooms, bathrooms and toilet doors were kept closed when people were being supported with personal care to maintain people’s privacy.

Visitors were welcomed and there were not time restrictions on visits. Visitors said, “We visit Mum every day and can come in at any time.”

Good

Is the service responsive?

Our findings

People said they made choices about their lives and about the support they received. Comments included, "It is quite a nice place, they ask me what I want and that's what I get. I don't like it here, but wouldn't anywhere, they look after me well, provide what I need, but I would rather be at home" another person said "I just take it easy here, they are very good".

People could choose the times they went to bed or get up. One person said they liked to go to bed late because they enjoyed watching TV in the evening and this was never a problem. Throughout our inspection, staff gave people the time they needed to communicate their wishes.

People's care plans were person centred and written from the view of what the person wanted. There were care plans for personal care needs, mobility, continence and pain management. Each care plan answered two questions, "What I can do for myself" and "What staff need to do to support me". For example, "I sleep well and will ask for help if I need it" and "I generally have my breakfast in my room, staff will need to help to the dining room at lunchtime as I like the company of others while enjoying my meal".

People and their families were included in the admission process to the home and were asked their views and how they wanted to be supported. After six weeks they had a review with a senior member of staff to see if they were having their needs met and whether they wanted to make any changes. Full annual reviews were then undertaken or more frequently if there were significant changes or one was requested. One review recorded, "(the person) sleeps well and says she doesn't worry about anything because if she needs help she asks for it from care staff" and "(the person) asked to read the review and then signed."

Senior staff members were delegated to undertake monthly reviews of designated individual people's needs. They completed monthly reviews of people's risk assessments and updated care plans with changes as required. These risk assessments included a personal risk screening tool, which included an assessment of nutritional needs, skin integrity, social contact, health and physical wellbeing, mental capacity and personal hygiene. One person had risk assessments undertaken because they had requested to administer their own medicines. The GP had been consulted and the decision had been made for the person to self-administer their medicines. This decision had been regularly monitored and reviewed and had recently been changed with the agreement of the person to allow staff to administer their medicines. This meant people were involved with decision making around their own care requirements.

People who had been identified as being at risk of unexpected weight loss were being closely monitored. Staff demonstrated a good knowledge about the actions they needed to take when they identified a person at risk, this included contacting the GP and monitoring diet and fluid intake. People had been referred promptly to health professionals when required; this included the GP, district nurse team and the speech and language team (SALT). The GPs who visited the service fed back to us they were confident in the ability of staff at Abbeyfield Shandford and that they recognised the needs of people and made referrals promptly. They confirmed their guidance was followed and they were happy with the presentation of the people they visited. People had regular visits from the opticians and chiropodists.

Each person had a hospital passport document in their file. This contained important information about the person and their wishes and needs which would be sent with the person, in the event of an emergency admission to hospital to guide hospital staff. The purpose of the passport was to make people's care needs known to hospital staff so they could be cared for in a consistent manner.

Staff were well informed about people's changing needs. We observed a handover where all staff were asked when they had last worked. The senior care worker then informed them about changes to people's needs and presentation which had been noted from that time. This included information about a district nurse and a physiotherapist visit. Staff had also recognised a person had appeared low in mood and needed to be monitored and the GP contacted as they had their medication changed recently.

Visitors said they were kept informed of their relative's needs. One visitor said, "They are very sensible and will do anything to improve Mum's condition, they will ring us if mum is having a bad day or regarding medical changes or just to reassure us". Another visitor said, "Really pleased everyone is so friendly and helpful it can't always be easy, we feel happy mum is here, we can sleep at night no need to worry now".

Good

Is the service responsive?

People were positive about the activities at the home and said they had the opportunity to join in if they wanted to. An activity person was employed by the home for 15 hours a week and a committee of volunteers called "The friends of Abbeyfield Shandford", fund raised for outings, entertainment, yoga, hand massage and undertake weekly shopping, sing a longs, arrange fetes and coffee mornings. One person said, "They do a sing song once a month, I do enjoy that". Another person said they were looking forward to the outing the following week arranged by the committee to, Sidmouth garden centre. In the lounge an area had been designated to undertake craft activities and the project being undertaken at the time of our visit was, 'April thoughts and memories'.

People knew how to share their experiences and raise a concern or complaint. The home's complaints procedure was clearly displayed on the notice board in the ground floor corridor. One person said they had raised a concern with the registered manager about the manner of a care worker, and were satisfied action had been taken as a result of raising the concern. The person said, "If I have a concern I tell (the registered manager), I did have a concern and she dealt with it. Another person said "You can always find faults where ever you go but they are reasonable faults and they sort them out quickly here". The complaints folder contained one complaint regarding some missing biscuits which had been resolved to the complainant's satisfaction and in line with the provider's complaints policy.

Good

Is the service well-led?

Our findings

People who live in the home and visitors said they would be confident speaking with the registered manager if they had any concerns about the service provided. Comments included, “She is very good, and does sort things out, I don’t require a lot, I can sort myself out” and “I have not had any problems but would be happy to speak with the manager” and “I would speak with the manger if she was here or one of the girls if I had a problem”.

Staff gave us a mixed response about whether the registered manager was approachable and responsive to concerns. Two staff members said, “I am quite happy with the manager, I have been here for many years (the registered manager) can be strict, but she is the boss” and “(the registered manager) deals with things but not always quickly, can be approachable depends on the day”. Other staff said they felt the registered manager spent too much time in their office and was not very visible in the home. Comments included, “She listens but does not always understand where we are coming from” and “The manager doesn’t interact with residents, she doesn’t go around, very office based, but fair.” We discussed this with the registered manager who said they were aware of some staff views and did all they could to go and meet with people within the home. We observed during our visit the registered manager interacted with people and visitors to the home.

The leadership structure at the home was very evident. The registered manager was supported by a deputy manager, senior care staff and care staff, ancillary and administration staff. The registered manager said staff were encouraged to direct concerns to their line manager in the first instance. However if staff felt they needed to speak with them they were always available and would be happy to discuss their concerns.

The registered manager receives support from the provider’s area manager who undertakes regular visits to the home. The area manager met with us on the second day of our visit. They said their visits ensured they had a good overview of the people staying at the home, staff training, recruitment, meetings, safeguarding and activities. They confirmed they led the last ‘resident’s’ meeting and also attended staff meetings. They did not have a formal system to document their visits. However emails from the area manager to the registered manager confirmed concerns were highlighted and actions were given and completed. The staff said they were confident to raise concerns with the area manager and senior staff at the home and said they would go to them if they had a problem.

The provider’s representative arranged for regular servicing and maintenance of equipment, electrical testing, and servicing of the fire system. However the provider’s monitoring of health and safety at the service was not always effective. Staff at the home trained in health and safety completed quarterly health and safety environmental assessments. The assessments had not identified windows on the first floor which had openings that exceeded the required opening recommended by the Health and Safety Executive (HSE). The completed assessments were not reviewed by senior management and therefore where risks had been identified, no reviews or actions had been taken.

Other quality monitoring systems within the home were effective and were used to drive continuous improvement. Senior care staff undertook monthly medicines audits, care record audits and quarterly infection control audits and actions were taken when necessary. The provider’s area manager said, the provider had commissioned a full review of policies and documents by an external company.

The last formal quality monitoring visit was undertaken by a registered manager from one of the provider’s other homes in June 2014. Actions required from that visit had been taken and checked to ensure they were completed by the area manager. The provider was in the process of implementing a new quality monitoring system at the service. They had scheduled an independent quality monitoring visit in February 2015 which had needed to be rescheduled. The rescheduled visit was due imminently.

People at the home were invited to resident’s meetings. Records confirmed people were able to give their views at the meetings and topics discussed included, food, staffing, activities and agency staff. A committee called “The friends of Abbeyfield Shandford”, also held regular meetings at the home and people had the opportunity to discuss the activities at the home and any concerns. The committee members visited people in the home each week to request any shopping which they required. The registered manager and the chairperson said the committee members had a good chat with people and would feed back any concerns highlighted.

Good

Is the service well-led?

A response sent to the home in response to a survey sent by the provider included, “This is a magical place. The love care and attention which was lavished by all staff, regardless of their position was outstanding. I always felt I was going into mum’s own home. It’s spotlessly clean, the food is copious and excellent, there’s entertainment and much more”

Staff had a staff handover meeting at the changeover of each shift where key information about each person's care was shared. This meant staff were kept up to date about people's changing needs and risks.

Staff meetings were held regularly. Records showed these were well attended. The registered manager said they came in at night to undertake meetings with the night staff as they felt it was difficult for them to attend during the day. They wanted to ensure night staff were given the opportunity to make their views known. This meant staff were consulted and involved in the running of the home and in making improvements.

People’s care records were stored in a locked office in order to keep them confidential and secure but they were available for staff reference when required. Other records for the safe running of the service which included staff files were kept securely and were only accessible to designated staff.

The registered manager and provider were meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment This is a breach of Regulation 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not protected people by ensuring the safety of their premises and the equipment within it.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent This is a breach of Regulation 11(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not acting in accordance with, The Mental Capacity Act 2005 (MCA). The provider had not ensured staff were able to apply the MCA 2005 appropriately for people they supported.