The Abbeyfield Kent Society

Abbeyfield - Woodgate

Inspection report

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Ratings

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

Overall summary

This inspection was carried out on 3 July 2015 and was unannounced. We last inspected Abbeyfield Woodgate on 5 and 13 March 2015. We found that the service was meeting the requirements of the regulations, but we made recommendations that they further improve in the areas of medicines, staffing and activities. We carried out this focused inspection to follow up on these areas. We also had concerns about another service provided by the same organisation. Because we are taking enforcement action at that service we needed to gather evidence to ensure people at this service were not experiencing the same inadequate care. We found that although minor improvements were required people were safe and receiving effective care. You can read the report from our last comprehensive inspection (5 and 13 March 2015), by selecting the 'all reports' link for Abbeyfield – Woodgate on our website at www.cqc.org.uk

Abbeyfield Woodgate provides accommodation for up to 48 people who need personal care and support. The service provides care for older people and people living with dementia. Accommodation is provided on two floors

Summary of findings

arranged into separate units. The service has single bedrooms, but has the facility to provide accommodation to couples wishing to share a room. There were 43 people living at the service at the time of our inspection.

The registered manager of the service had been in post since February 2015 and had been registered with the commission since 25 June 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we found that improvements had been made to staffing, medicines and social activities.

There were enough staff to provide safe and effective care for people. Staff were skilled in meeting the needs of people living with dementia. People told us, "Staff know what they are doing" and "They are skilled in what they do." Staff understood the specific needs of people living with dementia and how to respond when people were distressed, agitated or confused. We saw that they provided compassionate support that met people's needs.

People's medicines were managed in a way that kept them safe. People received the medicines they needed when they needed them.

People were supported to take part in a range of activities to meet their social needs. People had been asked what was important to them and how they liked to spend their time. Staff used this information to plan the activities provided. This meant that people were able to spend their time in the way they preferred.

We found a breach of regulation in relation to consent. People were not always asked for their consent to care and treatment. Some decisions had been made on people's behalf; for example in relation to life saving treatments and the use of bed rails. Where this had happened an assessment of the person's capacity to make their own decision had not been completed. This meant that people may not have been given the opportunity to make their own decisions.

Staff followed good practice regarding hand washing to reduce the risk of infections and the service was kept clean. However the laundry room was not well organised to ensure that the risk of infection was reduced. We have made a recommendation about the management of the risk of infection.

The premises were not designed to meet the needs of people living with dementia. The registered provider had identified this and had started building a new home on the site that would provide more suitable accommodation. This was to be completed in 2016. The current premises were clean and comfortable, but there were areas where improvements could be made. Some people's bedrooms were sparse and not very personalised. The upper floor did not provide people living with dementia with an interesting space to move around in. We have made a recommendation about the suitability of the premises for people living with dementia.

Some care records were not up to date. This meant that staff may use out of date information to provide people's care. We have made a recommendation about record keeping.

The risks to people's safety and well-being had been assessed and minimised. Staff knew what action they needed to take to keep people safe. Staff followed risk assessments and promoted people's safety. This meant that people were protected from risks to their welfare whilst being supported to be as independent as possible.

Staff told us they felt supported in their roles and the registered manager provided staff with clear guidance and leadership. Staff had completed the training and qualifications they needed and we saw they used this knowledge to provide people with safe and effective care.

People had their health needs assessed and care plans were put in place to meet their needs. For example a person who was at risk of losing weight had a plan for a supplemented diet and increased snacks. Detailed plans were in place to guide staff in meeting people's specific needs to avoid unnecessary hospital admissions. This meant that people were supported to remain as healthy as possible.

Staff were caring, compassionate and attentive in their approach to meeting people's needs. Everyone we spoke with praised the approach of the care staff. Comments

Summary of findings

included, “Most everyone is very, very caring” and “They are simply wonderful.” Staff knew people well and took time to chat with them and provide assurance. Staff were friendly and helpful and showed warmth and affection towards people. Staff showed examples of excellent person centred care for people living with dementia.

Staff knew people well and used the information they had about people’s interests to tailor their support. This meant that people received personalised care that reflected their preferences and met their needs.

The registered manager had made improvements in the service to provide personalised care. Staff were clear about their roles and were confident they could raise concerns with the registered manager. The registered provider had shown how they had learned from incidents in the service and in their other registered services and had used the information to improve care. This showed that the service was well-led.

You can see what action we told the provider to take at the back of the full version of the 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?
The service was safe.

People were supported by sufficient numbers of staff.

People were supported to take their prescribed medicines safely.

The risks to people's safety and welfare were not assessed and managed effectively.

People were protected from the risk of the spread of infection in the service.

Good

Is the service effective?
The service was not consistently effective.

People were not always asked for their consent before care and treatment was provided.

People received effective care from staff who had the necessary skills and knowledge to meet their needs.

People were supported to maintain good health.

Requires improvement

Is the service caring?
The service was caring.

People were treated with dignity and respect and their right to privacy was upheld.

Staff had developed positive caring relationships with people.

Good

Is the service responsive?
The service was responsive.

People received personalised care that met their individual needs and preferences.

Good

Is the service well-led?
The service was well led.

The registered manager had promoted a culture that focused on people.

The registered manager had demonstrated good leadership.

The provider had ensured people received high quality care, however some records were not up to date.

Good

Abbeyfield - Woodgate

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 3 July 2015 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses, this type of care service.

We gathered and reviewed information about the service before the inspection, including information from the local authority and previous reports. We spoke with the safeguarding team and the commissioners of the service to gather their views of the care and service. We looked at notifications we had received from the provider. This is information the provider is required by law to tell us about.

During our inspection we spoke with nine people, five people's relatives and seven staff. We used the Short Observational Framework for Inspection (SOFI) because most people were living with dementia and many could not tell us about their experiences of using the service. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records and associated risk assessments for five people. We observed medicines being administered. We looked at various records the registered manager kept for the running of the service.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe in the service. One person said, "Safe? No problems I feel very safe." Another said, "I feel absolutely safe" and their relative confirmed they felt the person was safe. Another person said, "I feel as safe as I am ever likely to be." People told us that the staffing levels in the service had improved. One person said "There seems to be more staff around now." People told us that they did not usually have to wait for staff assistance and when they did it was not for an unreasonable amount of time.

Since our last inspection staffing levels for the service had been increased to provide an additional member of care staff throughout the day. The registered manager told us they had reviewed people's needs and found that further staffing was required to meet people's changing needs. As a result they had requested the registered provider increase the staffing numbers and this had been agreed and implemented. The registered manager showed us that they had also requested a further increase in staff numbers effective from October 2015. This was to provide further opportunities for social activities and to begin recruiting the staff that would be required to help people move to the new building once complete. The care coordinator completed a dependency assessment every eight weeks to ensure that staffing numbers were sufficient to meet people's needs. This meant that staffing levels were flexible to respond to people's changing needs.

Staff were busy, but they had time to speak with people and to check that people across all areas of the service were safe. There were staff present in corridors so that people who needed reassurance were helped to find where they wanted to go or were provided with assistance.

The atmosphere was calm and staff did not seem overly rushed. Staff told us they felt there were enough staff working in the service to meet people's needs. Staff were deployed across the service in a way that provided consistent support to people. Each member of care staff was allocated an area to work in each day. Allocated break times were staggered so that no care staff had a break at the same time as another. This meant that there were always enough staff around to meet people's needs.

Since our last inspection improvements had been made to the management of people's medicines. Medicines were dated when they were opened so that staff knew when they were to be used by or disposed of. The senior carer on shift was responsible for the administration of medicines. Medicines were given to people following safe practices and people received the medicines they were prescribed when they needed them. There were clear records of the medicines given and these had been completed accurately and consistently. Photographs were held on each record to ensure staff could correctly identify the person to receive the medicine. Information about people's allergies was recorded and staff knew important information about any allergies people had. This meant that people were supported to manage their medicines in a way that kept them safe.

People told us that they received their prescribed medicines when they needed them. All the people we spoke with told us they could request pain relief when they needed it, for example for a headache. A person's medicine had been reduced since moving to the service under the guidance of their doctor. This was because staff had identified upon admission that the person was very drowsy and struggling to manage day to day tasks. Staff told us that since the medicine reduction the person was, "Enjoying life more."

Risks to individuals had been assessed as part of their care plan. This included the risk of falls, developing pressure wounds and the risk of social isolation and emotional ill being. Staff understood the measures that needed to be taken to reduce these risks. For example staff ensured that people had the equipment they needed to reduce the risk of falls, such as walking sticks and frames. Staff told us that they checked every 20 minutes on those that preferred to remain on their rooms to ensure their safety. The activities coordinator had a programme of times they used to visit people on a 1-1 basis in their rooms to reduce the risk of social isolation. This meant that people who wished to remain in their bedroom could be assured their needs would continue to be met.

Staff had a clear understanding of the triggers to people becoming upset or disorientated. They told us that a person was more likely to be confused if they developed a urine infection and therefore it was important to encourage them to drink. We saw staff offering people regular drinks throughout the day and helping them to drink these. A risk assessment was in place to eliminate the risks of dehydration during hot weather. We saw that this included

Good

Is the service safe?

offering people ice lollies to help them stay cool and hydrated. Staff followed the risk assessment during our inspection as the weather was very hot. Drinks jugs were situated around the service and were topped up regularly. This meant that people were protected from the risk of dehydration.

The premises had hand rails to help people with mobility difficulties move around and we saw that corridors were kept free from hazards that could cause people to trip. Staff ensured people were safe when moving around and provided the assistance they needed. One person required staff to assist them to move using a wheeled frame. This assistance was provided swiftly when they person needed it. The registered manager described the action that had been taken to reduce the risk of injury to people during the building works in the grounds of the service. A separate entrance had been established for construction vehicles and the area of work was fenced to ensure people could not be injured if walking around the grounds. The registered manager said that nearer the time of completion a viewing platform was to be erected to allow people to watch the new home developing, whilst remaining safe. This meant that people were kept safe when moving around the service and the grounds.

People had fire evacuation plans in place. The dependency assessment of people's needs took account of the support they needed to mobilise in an emergency. Staff understood the support individual people needed to evacuate the building in the event of an emergency. This meant that people could be evacuated quickly in the event of an emergency.

Staff had been trained in infection control and they understood the importance of effective handwashing in reducing the risk of infection. Care staff told us they used disposable gloves when providing personal care to people and we saw that staff obtained these before going into people's bedrooms to provide their care. Disposable gloves were worn whilst administering eye drops. Staff washed their hands regularly. There was hand gel on the medicines trolley and situated at points around the service. We saw staff using these after providing any care. This meant that people were protected from the risks of the spread of infection when being helped with their personal care.

The laundry room was not well organised to reduce the risk of soiled laundry coming into contact with clean laundry. Clean laundry was stored in piles for folding and ironing in areas where dirty clothing was waiting to be washed. This could increase the risk of the spread of infection in the service. **We recommend that the registered manager seeks and uses guidance related to best practice regarding minimising the risk of infection.**

Requires improvement

Is the service effective?

Our findings

All the people we spoke with said they were confident the staff were trained and competent to carry out their roles. One person said, "They are pretty well trained." Another said, "Staff know what they are doing". One other person told us, "They are skilled in what they do."

People were not always asked for their consent to care and treatment. People's care plans had not always been developed with their involvement. Staff said that people's relatives were involved, because some people living with dementia were not able to agree to their plans. However an assessment of the person's capacity to make decisions about their care plan had not been carried out. This meant that people, who may be able to, may not have been given the opportunity to agree to their care plans.

People had not been asked whether they preferred male or female staff to provide their personal care. Staff told us that some people were able to say if they had a preference, but for those who had difficulty communicating their preferences this had not been explored further. There were no records that this had been discussed with people in the care plans we viewed. This meant that people may not have consented to receiving care from a member of staff of the opposite sex.

Four people had a 'do not attempt cardiopulmonary resuscitation' (CPR) order in place. One person had been able to make this decision and they had signed the form. However, for three people it was recorded on the form that they did not have the capacity to make the decision. Therefore the decision had been made by the GP and their family on their behalf. Where this was the case there were no records to show that an assessment of the person's mental capacity had been carried out in respect of making this specific decision. This meant that the person may have been denied the right to make the decision for themselves.

Two people had a mental capacity assessment document included in their care plan. This was in relation to daily living, but did not relate to any specific decision to be made. A mental capacity assessment had not been carried out to assess if they were able to make a decision about moving from the service to the new premises being built. There was also no assessment of the individuals' capacity to make a decision about the use of bed rails and the use of a pressure mat alerting system. This meant that people may not have had their right to make these decisions for themselves upheld.

People had not always been asked for their consent before care and treatment was provided. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff helping people to take their medicines explained to them what they were prescribed and sought their consent before giving it. Staff adapted their communication methods to help people make decisions. For example they used covered prepared meals to show some people the options for meals. This helped people who found it easier to make a choice from material objects than from words or pictures.

Staff understood that people had a right to refuse personal care. They told us that if a person refused care they respected their decision, and would offer the care again under different circumstances. This may be at a later time or by a different care staff. We saw records that showed that staff had respected people's right to refuse personal care.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The registered manager and staff understood what was meant by a deprivation of a person's liberty and staff had completed training in this. DoLS applications were being made for people who used the service to ensure that they were not deprived of their liberty unnecessarily. This was in relation to people who required 24 hour supervision and people who were restricted by a locked door for their safety.

Staff caring for people had the necessary skills to meet their needs. They understood the specific needs of people living with dementia and how to respond when people were distressed, agitated or confused. All staff had completed training in dementia. This included staff working in housekeeping, admin and catering roles. The care coordinator told us that it was important that all staff understood how to communicate with people living with dementia as, "They may be the one who happens to be in the corridor when a person needs support". The registered manager and the care coordinator had completed a comprehensive 12 week learning programme in caring for

Requires improvement

Is the service effective?

people living with dementia. Sixteen care staff were signed up to start this programme in August 2015. This showed that the registered manager was committed to ensuring staff had the specific skills needed to care for people living with dementia.

The registered provider had employed a dementia lead for the organisation who was starting later that week. Their role was to identify areas of improvement in the services to meet the needs of people living with dementia. The dementia lead contacted us shortly after the inspection to share their initial plans. This included undertaking Dementia Care Mapping, which is a form of observation used to help staff understand where they can improve to provide care that is centred on the person.

Staff were able to show that they were putting the learning from their training in dementia into practice. A staff member told us that, following their dementia awareness training, "It made me realise I had been doing some things wrong and how I could improve, such as how best to communicate with people." They gave an example of how they now recognised that a person used their own sound to indicate they would like a cup of tea. During the inspection a person became upset and was calling out for their mother and father. A staff member immediately went to them and sat with them, talking and providing comfort and reassurance. The person quietened down and was reassured by the staff member's actions. The care staff told us afterwards that they their training had enabled them to recognise that the person was calling out for their parents as they were anxious and seeking comfort. The care staff said that it was their role to provide that comfort.

Staff had completed the training they needed to provide safe and effective care. Where there were gaps in staff training this had been identified and courses booked. New staff working in the service told us they were working under supervision and were completing their induction. The staff induction records were comprehensive with booklets for different aspects of care which the care coordinator had signed off once completed. Staff said their experiences of their induction into the home were positive. One said "I shadowed senior staff before going onto the floor, I felt confident." We saw that a staff member on induction was confident in caring for people and was able to describe people's needs. This meant that people were supported by competent staff.

Staff confirmed there was plenty of training and if they were interested in a specialist topic they were encouraged to attend a related course. Staff in all roles completed training sessions in health and safety, safeguarding adults, fire safety and infection control. Additional training was provided for staff in care roles which included palliative care, safe moving and handling, pressure area prevention and diabetes. Staff told us they felt supported in their roles. They told us they had supervision approximately every six weeks and an annual appraisal. One staff said "I have the support I need", another said, "If I need any training I only have to ask." Staff were expected to enrol on the care certificate or other relevant health and social care qualification. There were staff working on level 2 and 3 qualifications. Some senior staff had completed the National Vocational Qualification in care and leadership at level 5. An organisational training academy had been established and offered a number of training opportunities for experienced staff for career development. Two care staff were working on an academy programme to develop the skills required to be senior care staff. This meant that staff were encouraged and supported to develop their knowledge and skills to effectively support people and to develop their careers.

People had their health needs assessed and care plans put in place to meet their needs. For example, a person who was at risk of losing weight had a plan for a supplemented diet and increased snacks. Records showed that this had been provided and as a result the person had put on weight. People with diabetes had additional visits from a chiropodist or podiatrist to reduce the risks to their feet that were associated with the condition. People told us that the staff were quick to respond if they were unwell. One person said "The carers keep a check on my health and if there are any worries a doctor would be called." Staff had worked with the GP to develop care plans to avoid unnecessary hospital admissions. For example people with long term conditions, such as diabetes, had a care plan that provided guidance for staff about how to manage any changes in their blood sugar levels. This meant that staff understood how to support people to remain as healthy as possible.

The premises were not designed to meet the needs of people living with dementia. Therefore the registered provider had begun building a new home on the site that would provide more suitable accommodation. This was to be completed in 2016. The current premises were clean

Requires improvement

Is the service effective?

and comfortable, but there were areas where improvements could be made. Some people's bedrooms were sparse and not very personalised. In one person's bedroom their suitcase was still out on the floor despite moving to the service some time ago. The upper floor did not provide people living with dementia with an interesting space to move around in. There was nothing in the corridors for people who liked to walk around to look at, such as pictures, or objects to pick up and touch. There was a lack of contrast in the colour of the paintwork and walls and we saw two people stepping over a flat threshold in a door way which suggested they thought there was a step. **We recommend that the registered manager review the premises to meet the needs of people living with dementia in the best way possible whilst waiting for the development of the new building.**

There was a safe garden for people to use. This had raised flower beds with herbs and scented plants for people to enjoy. There was seating and shaded and sunny areas. We saw people using the area with their relatives. People told us they enjoyed accessing the garden.

Good

Is the service caring?

Our findings

Everyone we spoke with praised the approach of the care staff. Comments included "Most everyone is very, very caring" and "They are simply wonderful."

People told us that their privacy was respected and that staff always knocked on their doors before entering. They told us staff made sure that doors were closed and, where necessary, curtains drawn before personal care was carried out. People said they felt the care staff treated them with respect. Three people told us that they were encouraged to be as independent as possible, for example managing their personal care as far as they were able. We saw that people had positive experiences which were created by staff that understood their personalities and took time to chat with them and provide assurance. Staff were friendly and helpful and showed warmth and affection towards people. Staff reassured a person about a doctor's visit they were concerned about. This showed that staff understood the importance of meeting people's emotional needs.

Staff described to us how they responded to people that were confused. They told us they respected that the person's reality may be different to their own and that they put themselves in the person's reality and responded to their emotional need. This is an example of excellent person centred care for people living with dementia. We saw that staff followed this in practice. A person was distressed and saying they wanted to go home. Staff took the time to comfort them and chat about where home was and what that meant to them. Through chatting and providing comfort the person calmed and started smiling. Staff recognised the person's emotional need and responded appropriately.

A person appeared distressed in a corridor. Staff took time to ask what the matter was and check they had eaten breakfast. They calmed the person and suggested a drink and a chat, which was accepted. Throughout the day when staff noticed people who appeared distressed or lost they gave them individual attention. They sat or knelt next to them, offered to take them where they wanted to go, or offered an activity, snack or drink. This was all done in an unhurried way which respected the person and met their needs.

Staff knew people well and used the information they had about people's interests to tailor their conversations with people. For example a staff member said to one person "I know you're not a fan of tennis so would you like a movie on?" Another said to a person, "Where are you going today? How are the dogs?" The person looked pleased to be asked and chatted with the staff. After lunch a care staff offered to take a person out into the garden and had their sun hat ready. The person declined so the staff stayed and chatted for a while instead. Staff complimented people making comments such as, "You look lovely today" and "Thank you for your help with that, I couldn't have done it without you." This showed that staff had positive relationships with people that recognised their individuality.

Staff were aware of the importance of providing the right level of support. A staff member said "Some people need more help than others, everyone is different, and some people need more help one day and less the next." Staff offered assistance at an appropriate pace. For example a staff helping a person to drink checked they were doing it at the right pace for them. Staff asked a person doing a crossword, "Do you need any help?" and respected their response when they said they were managing okay. Staff were kind and polite when they spoke with people and did not rush them to give responses or make decisions. People were happy to approach them and interactions with staff were positive.

Staff were discreet when offering to provide personal care to people. Staff gave examples of how they promoted privacy and dignity, such as knocking on doors, making sure curtains were shut when giving personal care and covering up parts of people's bodies when they were attending to other areas. Staff spoke in a respectful way to people and addressed them in the way their care plan said they preferred. Staff explained to people what they were doing. When supporting people to move around the building they reminded them where they were going. A cleaner sweeping a floor said to a person sitting on a chair near the dining room, "I am just going to sweep behind your chair, is that all right, there is no need to move". The person said it was fine. This showed that staff respected the people they were supporting.

Good

Is the service responsive?

Our findings

People told us they were encouraged to make decisions about how they spent their time and who they spent it with. They said that there was a busy programme of activities that they could choose to take part in or they could spend time in one of the lounges, their own room or the garden. A person visiting found their relative engaged in activities and said it is, "So lovely to see X enjoying themselves."

People had an assessment of their needs when they moved to the service. People and their relatives were also asked to complete a "This is me" document upon admission. The information from the assessment and the "This is me" document had been used to develop the care plan. An example was for a person who had a pet that was important to them. This was included in their care plan so that staff could talk with them about it. Most people's care plans contained up to date information about their needs. Care plans had been updated to reflect changes in needs, for example, a person's night care plan stated they may wake and start shouting and that staff were to offer a drink and reassurance. The records of care provided showed this had been provided. Staff were aware of the care people required, for example staff had made sure that people who needed to wear their glasses had these with them. Staff knew that a person was allergic to a particular food substance and this reflected the information in the person's care plan. Where people's care plans had not yet been updated to reflect a change in need staff were knowledgeable about their needs and records showed they were providing the care they needed. Staff told us they had read people's care plans and that senior staff were always helpful if anything needed explaining or advice was needed. This meant that people received care that was personalised and met their needs.

People's care plans included information about their preferences, for example what time they liked to get up and whether they preferred a bath or shower and when. Records showed that their wishes had been taken into account in the care provided. Staff knew what people liked, for example staff offered a person a choice of their favourite beers to drink. Staff were able to tell us about people's routines and preferences and this matched what we saw in their care records. This meant that people were able to control their care to ensure it reflected their wishes.

We saw that staff used creative and innovative ways to respond to people's individual needs. A person living with dementia often struggled to sit for a meal. They were provided with finger foods that enabled them to eat whilst walking around. They had also been provided with a cup that was safe and easy to use whilst walking. This meant that people received responsive and personalised care.

At our last inspection we made a recommendation for improvements to the range of activities available to people living with dementia. The service had been fundraising for a 'wish appeal'. Staff told us this was an appeal to make people's wishes come true. The wishes that had been granted so far included enabling a person to go to the opera, a safari park trip and helping a person visit the coast with their family. Another person had begun visiting their local pub again. This meant that people had access to activities that were important to them and were protected from social isolation.

We saw people were offered a choice of activities during the day. This included word games, making a fruit salad, using the garden and crafts. Many people were engaged in activities and they told us they enjoyed what they were doing. A programme of social activities was displayed in picture format to help people understand it. The programme included flower arranging, church services, reminiscence sessions, pampering and hairdressing, musical entertainers and dancing. One person's care notes said they enjoyed walking, but there was not a plan in place to make this happen on a regular basis. This was shared with the registered manager who undertook to review this.

Shared areas were well used during the day with people socialising over a cup of tea and others reading newspapers. There were a few people that preferred to stay in their bedrooms and staff made regular checks to see if they needed anything or just wanted some company.

Good

Is the service well-led?

Our findings

People said that things had been improving since the new registered manager had been in post. They said the registered manager came to see them each day and they were not afraid to talk with her. One person said, "I don't doubt that this home is run well since the new manager was here." Another person said, "There seems to be a lighter atmosphere and the manager is quite approachable." Everyone we spoke with mentioned how helpful they found the care co-ordinator. One person said, "He is one of the best." Other comments included "I am happy here now", "It is managed quite well" and "They've been good, they're excellent."

The registered manager provided clear and confident leadership for the service. In the short time they had been working in the service they had improved the culture to reflect the values of the organisation. Staff told us that the registered manager had made many changes that had improved the service including increasing the staffing numbers and providing more guidance for staff. One staff said, "The manager is lovely, the best manager we have had. She and the care co-ordinator are there helping you; they are always on the floor." Another staff member commented, "The whole culture had shifted here, it is a different home now; we are never kept out of anything." Another staff told us, "The manager was singing and dancing with people when we had a musician." Another said, "The new manager is good, hands on and approachable."

We saw that the registered manager was available to speak with staff, people using the service and relatives throughout the day. Both the registered manager and the care coordinator had a visible presence in the service and we saw people and staff approaching them comfortably. Staff meetings were held monthly and the registered manager had used these recently to discuss the fundamental standards that were expected and required. Relatives meeting were held two to three times a year and relatives we spoke with said they found these useful. This meant that people were able to share their views of the service and influence how it was run.

We saw that the registered manager had dealt with complaints in an honest and transparent way. Where a complaint was upheld the registered manager had apologised to the complainant and described the action taken to put things right and improve the service for the future. A person told us that a complaint they made was dealt with the same day to their satisfaction. This showed that the registered manager was open to complaints and took people's concerns seriously.

The registered manager and care co-ordinator had demonstrated their commitment to improving care for people living with dementia by signing up to the dementia friends scheme and becoming part of a local dementia action alliance group. The registered manager had encouraged staff to watch a recent documentary showing examples of good practice in dementia care. There were good links with the local community churches and older people's social groups. The local supermarket visited weekly with flowers for people to arrange and display around the service. This meant that people benefited from a service that had forged positive links with the community.

The registered manager said they felt supported by the Abbeyfield Kent Society. They said the registered provider was open to discussions about the resources needed to run the service. The care co-ordinator said that the newly appointed director of care, "Knows what needs to happen and will get it done." Monthly meetings for managers across the organisation were held. The registered manager said this was an opportunity for managers to share ideas and support each other.

The registered manager understood the key risks and challenges facing the service. They had developed an action plan to mitigate the risks and respond to the challenges. The action plan had taken account of learning from failings in another of the registered provider's services. This included daily walkabout checks of staff practice and supervision sessions taking the form of an observation of practice. The registered manager told us about the improvements they had made in delivering person centred care, including the introduction of the wish appeal, the use of "this is me" information and a review of how people's social needs were met. They recognised the need to embed the changes in culture in the service to ensure they were consistent.

Senior care staff held a handover from each shift and also provided the registered manager with regular written updates on the well-being of people using the service.

Good

Is the service well-led?

Checks were made by the registered manager and care co-ordinator of areas of health and safety in the service. They were devising a more in-depth audit of infection control and had begun to review two care plans per week.

Records about the care people needed were not always up to date. We found that two people's care plans did not reflect their current needs. One person's plan did not reflect changes to their needs in relation to their continence. Another person's plan gave staff out of date information about the support they needed to eat their meals. However, staff demonstrated that they understood people's current needs and knew how to meet these. Records showed that, despite the care plans not being up to date, the care delivered met people's current needs. **We recommend that the registered manager review the care plans to ensure they reflect individual's current needs to reduce the risk of staff accessing out of date information.**

Accidents were reported properly and the action taken was recorded. The care co-ordinator was responsible for reviewing accidents and incidents on a daily basis and the registered manager made three monthly checks to summarise these to identify trends. This meant that action was taken to respond to patterns of risk to reduce the risk of accidents or incidents happening again.

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 11 HSCA (RA) Regulations 2014 Need for consent People had not always been asked for their consent before care and treatment was provided.