

Abbey Care Home Limited

Abbey Care Home

Inspection report

Collier Row Road
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Tel: 01708732658

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Abbey Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Abbey Care Home accommodates 20 people in one adapted building. The accommodation is arranged over two levels. All bedrooms had en-suite toilet facilities with a shared bathroom on each floor and a shower room on the ground floor. We inspected the service on 7 August 2017. This was an unannounced inspection. There were 14 people living at the service at the time of our inspection.

The service had 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.

At the last inspection on 24, 30 and 31 August 2016 we found two breaches of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We asked the provider to take action to make improvements relating to infection control practices, risk assessment, risk of harm when moving around the service and meeting people's individual needs by the design and decoration of the service. These actions had been completed.

People told us they felt safe using the service and their relatives agreed. Staff received training to protect people from the risk of abuse, had appropriate guidance and knew how to report safeguarding concerns. Recruitment checks were in place to ensure new staff were suitable to work at the service. There were enough staff available to meet the needs of people using the service.

Risk assessments were completed and management plans put in place to enable people to receive safe care and support. Staff had good understanding about infection control procedures and used personal protective clothing such as aprons and gloves to prevent the spread of infection. There were systems in place to manage people's medicines so they received them when needed.

There were effective systems in place to maintain the safety of the premises and equipment. Lessons were learnt when accidents and incidents occurred to minimise the risk of reoccurrence.

People's needs were assessed before they began using the service and they had access to healthcare professionals as required to meet their needs. Personalised care plans were in place and reflected people's needs and were updated regularly.

Staff knew people they were supporting including their preferences to ensure personalised care was delivered. People were offered a choice of nutritious food and drink to maintain good health.

Staff had a good understanding of how to promote people's privacy, dignity, independence and choice. Staff had a clear understanding of the application of the Mental Capacity Act 2005 and appropriate applications for Deprivation of Liberty Safeguards authorisations had been made.

Staff received regular supervision, annual appraisals and training in line with the provider's policies to ensure they had the qualifications, skills and experience to support people using the service.

People using the service and their relatives told us the service was caring and we observed staff supporting people with kindness, in a caring and respectful manner. Staff protected people's privacy and dignity and encouraged independence. People and their relatives knew how to make a complaint, however they told us they had not needed to.

People, their relatives and staff spoke positively about the registered manager. Staff had positive views about the leadership and staff culture of the service. The service had systems in place to seek the views of people and their relatives regarding the quality of the service. Quality monitoring systems were in place to identify areas of improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People and their relatives told us they felt the service was safe.

Risk assessments were completed for people using the service and management plans put in place to minimise the risk.

Medicines were managed and administered safely.

The service had processes in place to minimise the risk of infection.

There were enough staff available to meet people's needs and staff were recruited appropriately.

The provider carried out regular equipment and premises checks.

Is the service effective?

Good ●

The service was effective. Peoples health and support needs were assessed and reflected in care records.

People were supported to maintain good health and to access healthcare services.

Staff had a clear understanding of the application of the Mental Capacity Act 2005 to practice.

People had access to nutritious food and drink to maintain health.

Staff received training, appraisals and supervision to support them in their role.

Is the service caring?

Good ●

The service was caring. People told us the service was caring and staff treated them with respect and dignity.

People were involved in decisions about their care.

Care and support was centred on people's individual needs and wishes.

Staff knew about people's interests and preferences.

The service enabled people to maintain links with their beliefs and religious practices.

Is the service responsive?

Good ●

The service was responsive. People had care plans that were detailed and personalised.

People had the opportunity to participate in meaningful activities and told us they found them enjoyable.

There was a complaints process and people using the service and their relatives said they knew how to complain.

People were encouraged and supported to provide feedback about the service.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager.

People using the service and their relatives told us they found the manager approachable.

Staff had positive views about the leadership and culture of the service.

Effective systems were in place to monitor the quality of the service.

Abbey Care Home

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 7 August 2017 and was unannounced. The inspection was carried out by one inspector accompanied by 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.

Before the inspection we looked at concerns raised and information we already held about this service. This included details of its registration, previous inspection reports, action plans submitted and notifications the provider had sent us. We contacted the host local authority with responsibility for commissioning care from the service to seek their views.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people using the service and four relatives. We spoke with six members of staff. This included the registered manager, deputy manager, two senior care assistants, one care assistant and a housekeeper. We also spoke with a social care professional visiting the service.

We examined various documents. These included four care records relating to people who used the service, eight medicine administration records, three staff files including staff recruitment, training and supervision records, minutes of staff meetings, audits and various policies and procedures including adult safeguarding procedures. We observed how people were supported and how staff interacted with people. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Is the service safe?

Our findings

At the last inspection on 24, 30 and 31 August 2016 we found people were at risk of harm when moving around the service. Staff did not always adhere to safe infection control practices and risk assessments for people using the service were not always up to date. At this inspection we found the service had made the required improvements in these areas.

At the last inspection we found staff did not follow safe infection control procedures when laundering soiled clothing and did not remove aprons when moving between different areas of the service. This meant people and staff may be at risk from cross infection. At this inspection we found a non-touch red bag system was used for laundering soiled items of bed linen and clothing which were laundered separately. Staff meeting records showed discussion about safe infection control practices was a regular agenda item. Staff had attended refresher training in infection control and records showed this was up to date. Monthly infection control audits were carried out by the registered manager and were up to date. This meant the service had processes in place to minimise the risk to people and staff of cross infection.

At the last inspection we noted the service did not always take appropriate action to ensure people were safe when moving around the service. Some people used the kitchen as a means of accessing the garden and to get snacks and drinks during preparation of meals which meant people may be at risk of accidents or injury. The kitchen area was open to people and all staff and we saw people accessing the kitchen. At this inspection we found the service had addressed this by moving snacks to the lounge area and ensuring people accessed the garden through doors in the lounge. We were satisfied the service had taken action to minimise the risk to people.

People told us there were enough staff available to meet their needs. One person when asked about staffing levels said, "Yes, sufficient." Another person said, "They [staff] have time enough to do everything." However, relatives had mixed views. One relative said, "Could do with a few more [staff]." Another relative said, "Staffing levels are always a concern, we sometimes need another person, staff work so hard. They still find time to talk with people but we need another person in the daytime I think."

Staff had mixed views about the staffing levels at the service. One staff member said, "The staffing is not enough because some residents have challenging behaviour we need another staff member. It's because people's dementia is becoming more advanced so we need another staff member." However, other staff told us there were enough staff available. One staff member said, "Staffing is good as it stands three per shift it's enough." Another staff member said, "It can be busy but we have enough staff and we get additional stress breaks separate from our usual breaks on busy days."

We spoke with the registered manager about this. They told us following the last inspection where concerns were highlighted regarding staffing levels, they had reviewed staffing levels and carried out recruitment. The service used a dependency tool to analyse the needs of people using the service which informed their decision about the levels of staffing needed. Due to the increasing needs of people living with dementia they had ensured additional staff were available to provide care and support. The staff included a deputy

manager or team leader on every shift and staff were rotated to night shifts to ensure continuity for people using the service. We saw records that the service was actively recruiting new staff.

The registered manager told us the staffing rota was done in consultation with staff which meant staff were less likely to cancel or change their shifts and therefore meant more consistent staffing levels. We looked at staffing rotas which reflected this. Staff sickness or absence at short notice was covered by bank staff employed by the service. Staff told us staff sickness absence was always identified and covered promptly by the management team.

We observed staff assisting and supporting people using the service with their needs. People did not have to wait long for staff members to assist them and staff explained if they couldn't provide immediate support. Following the inspection the registered manager informed us they had appointed an additional team leader. We were satisfied the service had identified the concerns and were working towards addressing them.

As part of this inspection we observed staff administering medicines. Staff followed appropriate guidance for safe medicines administration and told us about training and assessments they had completed. People and their relatives told us they received medicines when they needed them. We observed one person asking for medicine to relieve pain and noted staff administered this promptly. We looked at medicine administration records (MAR) and checked the stock balances of medicines available. Appropriate arrangements were in place for recording the administration of medicines. We found that on one person's MAR chart some medicines were signed for as given on 5 August 2017 however, when checked with the balance available we found the medicines had not been given. We spoke to the registered manager about this. They explained that this would have been picked up in their monthly auditing due at the end of August 2017. The registered manager immediately investigated the events leading to the gap in medicines administration and sent the findings to us on 9 August 2017 with plans put in place to minimise the risk of recurrence.

Other MAR charts reviewed showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded. Records showed all care workers who administered medicines had the appropriate training.

Medicines taken as needed or as required are known as 'PRN' medicines. Individual when required protocols, (administration guidance to inform staff about when these medicines should and should not be given) were in place. This meant there was information to enable staff to make decisions as to when to give these medicines to ensure people were given their medicines when they need them and in way that was both safe and consistent. However, we noted some PRN medicine administration records were not completed to show the reason for administration and how effective these medicines were. We spoke to the registered manager about this and action was taken to ensure staff were trained in completing administration records in line with PRN protocols.

Medicines were stored securely. Medicines requiring cool storage were stored appropriately and records showed they were kept at the correct temperature in line with manufacturer's recommendations. We saw appropriate arrangements were in place for obtaining medicines. Following the inspection, on 4 September 2017 the service submitted a copy of the medicines audit carried out by the pharmacy that supplied medicines to the service. The outcome of the audit showed the service was managing and storing medicines appropriately.

People we spoke with told us they felt safe at the service. When asked if they felt safe at the service, one person replied, "Yeah, I am always safe, I never have any trouble here, no trouble at all." Another person said,

"Yes in here." When asked what made them feel safe they replied, "The building, the staff, I feel safer in here than out there [living in the community]." One relative when asked if they thought the service was safe said, "I feel my [relative] is really safe here and the staff are not defensive they are really good." Another relative said, "They have sensors so residents who need to be monitored can't wonder into danger, there's security activated doors at the front and staff are all good at keeping them (people using the service) safe."

Risk assessments were carried out for people using the service and were documented in people's care files. The service had a risk assessment procedure which stated risk assessments were reviewed every six months or sooner in response to any incidents that had occurred or if a new risk was identified. At the last inspection we noted that some risk assessments had not been reviewed for up to nine months. At this inspection we found risk assessments had been reviewed in line with the providers' policy and procedure and were up to date.

Staff were knowledgeable about people's individual risk management plans and knew the actions needed to minimise the risk. These assessments included risks associated with specific medical conditions, medicines, pressure areas, mobility and falls, behaviour that challenges the service and nutrition. Each person's risk assessment identified the risk and detailed actions needed to minimise and manage the risk for the person. For example, one person had a risk assessment in place relating to their risk of falls. An action plan in place guided staff on how to support the person when moving around the service, type of footwear and was updated following near misses or incidents.

The service had a safeguarding and whistleblowing policy and procedure in place to guide practice and records confirmed staff had completed the relevant training. Staff were confident about raising concerns of unsafe practice and were knowledgeable about the process for reporting abuse and knew who to notify. One staff member said, "I've had all the right training to help me recognise different types of abuse and I would report if I saw anything that wasn't right to the manager or even to your organisation [Care Quality Commission]." We looked at safeguarding concerns raised by the home and investigations carried out by the local safeguarding team. We saw records of actions taken by the service and management plans put in place to mitigate recurrence of such incidents.

The service followed safe recruitment practices. The provider had a staff recruitment procedure in place. Staff were employed subject to various checks including references, proof of identification, eligibility to work in the UK and criminal record checks. Staff told us about the various checks carried out and interview process prior to starting employment at the service. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people using the service.

The service had procedures for fire safety including weekly fire alarm checks, bi-monthly fire drills and staff training in evacuation procedures. People using the service had a personal emergency evacuation plan based on their individual needs. The plans were available and accessible for staff to locate in an emergency. The service ensured fire safety equipment was fit for purpose by carrying out monthly equipment checks of fire doors and emergency lighting.

Accidents & incidents were recorded by the service. Staff we spoke with knew the procedure for reporting accidents and incidents. We saw records of incidents that had taken place involving people who used the service including records of the analysis and measures that had been put in place to mitigate the risk of accidents or incidents reoccurring. This meant the service ensured lessons were learnt from accidents and incidents.

Is the service effective?

Our findings

At the last inspection people told us they wanted more meal choices and we found the premises were in a poor decorative state. At this inspection we found improvements had been made.

People told us they enjoyed the meals at the service. When asked about meals at the service one person said, "Excellent. The staff ask us questions about what we like and dislike and give us what we want." Another person responded, "Lovely, lovely food." Relatives told us they were pleased with the quality of meals at the service.

People using the service had access to appropriate meals to ensure their nutrition and hydration needs were met. Information relating to people's dietary needs were displayed in the kitchen to guide staff. Meals were prepared especially for people who had a poor appetite with fortified drinks and nutritious snacks available throughout the day and were placed within people's reach.

People had a choice of sitting at dining tables with their friends or seated in armchairs to eat their meals. Staff supported people with their meals patiently ensuring their dignity was maintained and engaged positively with people during the meals. The meals were not rushed and people appeared to be enjoying their dining experience.

Care plans contained information about the nutritional and hydration needs of people using the service. People were reminded of menu choices prior to the meals being prepared and any requests for alternative meal choices were met.

Record showed relevant safety checks were carried out daily in the kitchen, for example expiry date checks, food labelling and temperatures of fridges.

The provider had begun a programme of redecoration to the premises. The communal areas and some bedrooms had been redecorated. Plans were in place to continue with the redecoration of bedrooms. The décor of the service was much improved however, the bathrooms remained in need of refurbishment and the upstairs bathroom had an unpleasant odour. Staff told us this had been investigated however the odour remained. They told us this would be further investigated.

The lounge and dining area were now two separate areas and a new television had been purchased. The registered manager explained the reason for separating the lounge and dining area meant people had a more enjoyable dining experience and group activities were more successful when hosted in the lounge area.

People told us they were happy with the improvements and staff said they were pleased with the redecoration of the service. One staff member said, "I like the way it [premises] is being updated and it's improving. I like the way the manager listens it makes it better for them [people using the service] when it's nice." Another staff member said, "It's an old building but we are trying to refurbish it and [registered

manager] is doing their best to get things done." One relative said, "It's improving. The home may look a bit shabby but people are well cared for."

We looked at care plans for people using the service and found that people had an initial assessment completed with their input where able before they were admitted to the service. Relatives, health and social care professionals were also involved. The initial assessment identified their care and support needs and ensured the service was appropriate to meet their needs. All care records reviewed had details of an initial assessment.

People told us they were supported to access healthcare services and received on-going health care support to maintain their health and to attend specialist health appointments. One person said, "My doctor from [GP practice] comes here." Another person said, "Optician and dentist can come here if they want to, if I want them." Relatives told us they were happy with access to healthcare. One relative told us, "The GP comes in every week and knows everyone including the relatives. The district nurse works well with the home as well." We saw records of visits to people using the service from various healthcare professionals including visits from the chiropodist, optician and weekly GP visits.

People using the service and their relatives told us they felt the staff were knowledgeable and knew how to carry out their roles. A relative told us, "The staff are all very good and competent. There are some really good staff, really good appointments by the manager." Another relative said, "Staff have a lot of experience in dementia care, so they're very caring."

The service used a handover system to ensure staff received an update of events that had taken place during the previous shift and the daily progress of each person using the service. During the inspection we observed staff sharing information and updates regarding peoples care, support and any changing needs. This information was also recorded in people's daily record files.

Records showed up to date staff training courses. Staff told us they found training useful and informative. One staff member told us, "I'm always doing training it's wonderful. I enjoy learning all the time and [registered manager] supports me." Another staff member said, "It doesn't matter how long you work here you still get training it's always offered. We can work towards qualifications. I've done extra dementia training, it's something I'm so interested in."

New staff completed an induction programme over a period of six weeks covering all aspects of working at the service. This included working alongside an experienced colleague, training activities and assessments. Staff were positive about the process and told us they found it useful. We saw records of induction completed by staff who were supported to complete the Care Certificate. The Care Certificate requires staff to complete a program of training, including observation by a senior colleague followed by an assessment of their competency.

Staff received support to carry out their roles through supervision meetings, and were positive about these. Supervision meetings were held so staff and their manager could discuss the staff member's on-going performance, development and support needs, and any concerns. Records showed supervision sessions had taken place and future dates planned. One staff member said, "The meetings (supervision) are really helpful [registered manager] makes you feel so comfortable that you can discuss anything that's bothering you. Even if you need to improve they tell you in such a way that makes it positive not a negative."

Staff appraisals took place annually. Appraisals were detailed, containing information about development goals and training needs were identified. Systems were in place to ensure appraisals were up to date and

indicated when the next meeting was due.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA DoLS require providers to submit applications to a 'supervisory body' for authority to do so. Applications under the DoLS had been authorised and the provider was complying with any conditions applied to the authorisation. The provider had followed the requirements of the DoLS.

The provider had properly trained and prepared their staff in understanding the requirements of The Mental Capacity Act 2005 in general and the specific requirements of the DoLS.

Staff sought consent from people using the service before supporting them. When asked if staff sought consent before carrying out care or support one person replied, "Always." We observed staff asking people for consent before attempting to meet their care or support needs. People's care records showed they had signed consent to care and support. Where people were unable to do so, their representative or relative signed on their behalf.

Is the service caring?

Our findings

People and their relatives told us the service was caring. When asked if they thought the service was caring one person said, "Oh yes, very. If I need another pillow they get me one right away and they put a blanket over my legs." Another person said, "They ask what you want. Enquire about it and they go and get it." A relative told us, "They understand, it's not just a job caring for people, they all seem to get on which is helpful." Another relative said, "We really like the staff they are attentive. They look after [person] and all the residents here."

People using the service and their relatives told us the service communicated with them and they were kept up to date and given information in a timely manner. One relative said, "They (staff) keep you informed of every little change. I'm really pleased with the rapport we have with them."

Staff told us they felt it was a caring service. One staff member said, "I think the care here is good and staff really do try. We can spend time with the residents and I enjoy when I am able to sit with them." Another staff member said, "I think we are caring because we are all here for the same reason, to make our residents have a nice life." Observations showed staff interacting with people using the service in a personalised way with kindness and respect. There was laughter and good natured exchanges between staff and people using the service.

People developed good relationships with staff. One person told us, "They know all of us, what we like." Staff described how they developed relationships with people including speaking with the person and their family members to gather information about their life history and their likes and dislikes. One staff member told us, "You get to know the residents so well. I've worked really hard with [person using the service] because they didn't want to spend time with anyone. We have bonded, I spent time just chatting and getting to know her." One relative told us, "They (staff) have tried so hard to get to know [person] always asking if she likes certain things. They check with me a lot." We observed staff speaking with one person who had become tearful. Staff explained the person was living with dementia and became tearful at certain times during the day and they had various ways of managing this. Staff spoke with the person, held their hand and asked if they wanted to go for a walk. We observed that this approach meant the person became relaxed, dried their tears and began participating in a conversation with another person using the service.

People told us staff respected their privacy and dignity. When asked about this aspect of their care one person said, "They keep us private." A relative said, "They always lock my [relatives] door." Staff told us and we observed how they promoted peoples dignity and privacy. We saw staff discretely supporting people to return to their bedrooms or the bathroom for personal care throughout the day.

Staff provided information and explanations when supporting people with daily living activities. We observed a staff member explaining to one person the reason they needed to drink more fluids to keep them "hydrated and healthy". The person agreed and staff supported them to do this.

People were encouraged to be independent and staff involved them in small tasks such as folding their

laundry or drying dishes where able. People told us they had choice. When asked about choices at bedtime one person responded, "I can just get up and go to bed when I'm ready." Another person commenting on choices said, "Yes we do. They ask us what meals we want." A relative said, "My [relative] finds it hard to make choices but they (staff) still get her to make the choices she can make."

People using the service were supported to take part in their cultural or spiritual practices and were able to attend places of worship. Peoples care files had details of their beliefs and preferences.

Care files included plans and information for end of life care. The plans were reviewed annually with the involvement of people and their relatives and included people's wishes for their preferred place of care and funeral plans. Staff we spoke with knew peoples wishes and told us about training they had received in end of life care. Records of relatives meetings showed end of life plans had been discussed.

Is the service responsive?

Our findings

At the last inspection we found people's care plans were not always detailed. People told us there were not enough activities at the service they enjoyed taking part in. At this inspection we found the service had updated care plans and these were detailed and personalised. The service had a program of activities and records of each event people had participated in.

People and their relatives were involved in discussions and decisions about their care and support. One person said, "They go through it with me." A relative told us, "The care plans are more detailed now and I'm able to make comments and seen things improve. The nutrition care plan needed updating and I was involved in that. It's a partnership." Relatives were advised of care planning review dates and invited to participate.

Care records demonstrated that people had effective plans in relation to their care and support. Care plans were personalised, detailed and included information about their needs as well as their preferences such favourite meals and morning and evening routine. All care plans were audited monthly and updated as necessary if people's needs changed and we saw records of this

People using the service had begun completing family story books with their relatives and staff. These books contained their work and life history, significant life events, family history, their preferences and future goals they wanted to fulfil. Relatives told us this was something they were pleased about participating in. We saw one person engaging with staff while working on their book. The registered manager told us the service planned to use these books to engage people in the activity of producing them and for reminiscence. These books would also give staff a greater understanding of each person as they continued to build relationships.

Staff were knowledgeable about peoples care and support needs and had good understanding of personal histories and preferences. One staff member said, "We've been trained in care plans now and we all know what needs to be in them. There's a lot of detail in it and we use it to make sure we know what people need." Another staff member said, "We know everyone really well and the care plans. But we always check them (care plans) for changes and the [registered manager] checks them regularly too.

The service gave people choice and encouraged individuality. Bedrooms were personalised with their accessories and photographs. People we spoke with told us they liked their rooms.

People participated in meaningful activity and told us they were happy with the choice of activities at the service. When asked about activities one person said, "Not bored, we are all happy. We have lots of games and activities." Another person said, "Oh yes quite a bit, I'm occupied all right." A third person said, "We played bingo today and yesterday which is very interesting, every fortnight a man comes in with music and we clap and dance." When asked if they enjoyed these activities they replied, "Yes, very nice."

Relatives told us they were involved in planning activities at the service. One relative said, "We are focusing on this and organising things more. An entertainer comes in every two weeks and we're planning to go to the

farm and we also do modelling with playdough and arts and crafts. There's a timetable and the new noticeboard is up so everyone can see what's going on." Another relative told us there had been improvements but they felt this needed to continue.

The service had an activity co-ordinator. We looked at the activity timetable displayed at the service and records of activities completed by each person. During our visit people were taking part in a movie afternoon.

The service had a complaints policy and procedure. People using the service and their relatives said they knew how to complain if they needed to. One person said, "I have a private word in their ear, talk to the manager she would do something about it." Another person said, "[Registered manager] takes your concern seriously." A relative told us, "There is a complaints process but it is just as easy to talk to the manager she deals with things straightaway." The registered manager and staff were able to explain how they would deal with a complaint. We looked at the complaints logged by the service and found that since our last inspection there had been no new complaints. We saw previous complaints had been dealt with in line with the provider's policy and procedure.

Is the service well-led?

Our findings

At the last inspection we found systems in place were not used effectively to monitor the quality of the service. At this inspection we found the registered manager and provider had put additional systems in place to monitor the quality of the service. They had increased the frequency of some checks such as for infection control. We looked at records of quality monitoring audits completed and noted these were effective and identified and addressed any shortcomings in quality of the service. Records of audits included care planning, risk assessments, medicines, staff training and safety of the premises. Action plans were in place to address any issues identified.

Staff were positive about the audits and checks. They told us they had seen improvements at the service. One staff member said, "I used to be so worried about health and safety. Now with all the checks its better and now we all keep our eyes open. Another staff member told us about their involvement in checking infection control standards were maintained.

The registered manager told us they had introduced additional audits. For example a monthly audit was completed of all risk assessments relating to catering, kitchen equipment and housekeeping. They told us they were "constantly thinking of ways to improve and these audits help track where we are." The provider had oversight of the quality of the service. They carried out a bi-monthly audit which included speaking with staff and people using the service, maintenance of the premises, fire safety, staffing levels, care planning, activities and progress against action plans from previous audits. We looked at records of audits and found all were up-to-date. This showed that systems were in place to effectively monitor the quality of the service.

People using the service and their relatives told us they felt the service was well led. One person said, "She [registered manager] is very good." When asked if they thought the service was well led one relative said, "Yes it is. You can tell because staff stay and that's reassuring because they are good and it's the strength of the way the manager does thing why staff stay."

People and their relatives told us they found the registered manager and staff approachable. When asked for their thoughts about the registered manager and team one person said, "Ah, she [registered manager] is lovely." Another person said, "All very nice here and she [registered manager] answers queries. I find her very helpful." One relative told us, "The manager here is very good. You just know she's always working on things to make it better."

Staff told us they enjoyed working at the service and found the manager supportive. One staff member said, "Staff all work together and get any issues sorted. [Registered manager] is very approachable. The owner as well you can ask him anything it's not just a business." Another staff member said, "The manager is very good. I've learnt a lot from her. She's got a lot of knowledge." A third staff member said, "Because of her the team works really well I can go to her with anything."

The service had a clear management structure and staff knew who to report to. Since the last inspection the team had expanded to include a team leader and deputy manager. Staff told us this was welcomed as there

was, "lots of support." The registered manager told us they were well supported by the provider who worked closely with them.

The registered manager told us they were proud of the staff team and the improvements they had made together at the service. This included more training to ensure staff were knowledgeable about dementia and had opportunities to progress in their career. The staff team were taking part in research led by a London university to improve the lives of people living with dementia, engaging people activities that would decrease social isolation and improve well-being. Relatives told us they were aware of these changes and were complimentary about the staff team and improvements implemented.

Staff meetings took place monthly and the registered manager and staff were positive about these meetings. Records showed discussions included updates of people's needs, care planning, best practice and activities. One staff member said, "Staff meetings are good, gives an opportunity for us all to talk about things and get updates." The registered manager told us meetings were positive and a, "Good opportunity for staff to share information and talk things through."

People and their relatives were encouraged to give their views about the service and we saw records of this in monthly meeting notes and annual surveys which were positive. When asked about these meetings one person using the service said, "Yes we do. The main areas used to be carpeted and the carpet got old. I suggested it be changed and now we have the lounge and dining room with wooden floors. Our rooms also have wooden floors so they are very easy to keep clean."

Relatives told us they found the meetings, "Important" and, "Useful." One relative said, "Yes and we give an honest answer. We have regular meetings upstairs they are voluntary if you want to attend. We go its important." Another relative said, "We have a relatives group and [registered manager] comes to every other meeting and really listens when we raise things. We've seen changes and people are also happy to raise things individually. She's not defensive and listens and acts on suggestions." We saw suggestions made by relatives regarding the layout of the lounge, afternoon activities and the purchase of blackout blinds had been acted on.

The service worked in partnership with other agencies and health and social care professionals. We saw records of events and meetings attended by the registered manager.