Abbeyfield Lancashire Extra Care Society Limited

Abbeyfield Care Home Clitheroe

Inspection report

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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

We carried out an inspection of Abbeyfield Care Home on 6 and 7 September 2017, the first day was unannounced.

Abbeyfield Care Home is a purpose built care home located in a residential area on the outskirts of Clitheroe. The service is owned and operated by Abbeyfield Lancashire Extra Care Society Limited. There is a committee which oversees the running of the service and comprises of trustees and volunteers. The service is affiliated to the National Abbeyfield Society and as such is a registered charity.

The service is registered to provide care and accommodation for up to 40 older people including people living with a dementia. Nursing care was not provided. The accommodation is provided over two floors. A passenger lift is available for access between the floors. The accommodation on the ground floor is divided into two separate areas. There are two lounges, two conservatories, a lounge/dining room with a kitchenette and a separate dining room. There is also lounge area and hairdressing room on the first floor. There are bedrooms located on both floors, all are single and have en-suite facilities. There are enclosed garden/patio areas to the front and rear of the premises, garden furniture is provided. There are several car parking spaces to the side of the building. When we visited there were 36 people accommodated at the service.

The service was managed by 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 our last inspection on 13, 14 and 18 July 2016 the overall rating of the service was Requires Improvement. We found the provider was in breach of three regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. The breaches related to the provider not having proper oversight of Abbeyfield Care Home, including monitoring and checking systems. A lack of appropriate staff recruitment checks and the unsafe management of medicines. We asked the provider to make improvements and received an action plan indicating how and when they would meet the relevant legal requirements. At this inspection we found sufficient improvements had been made on these matters.

During this inspection we found there were no breaches of the regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found progress to continue making improvements at the service was ongoing and planned for. However we have made a recommendation about processes for assessing and managing risks to individuals.

There was an open and friendly atmosphere at the service. We found there were management and leadership arrangements in place to support the day to day running of the service.

People made positive comments about the caring attitude of staff. During the inspection we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions.

People told us they felt safe at the service. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns about people's wellbeing and safety.

Arrangements were in place to ensure staff were properly checked before working at the service. There were enough staff available to provide care and support. There were systems in place to ensure all staff received regular training and supervision.

Processes were in place to assess and plan for people's needs before they moved into the service. Everyone had a care plan which included information on their needs, likes, dislikes and preferences.

People were supported with their healthcare needs and received appropriate medical attention. Changes in people's health and well-being were monitored and responded to.

The service was working within the principles of the Mental Capacity Act 2005. During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences.

People were happy with the variety and quality of the meals provided. We found various choices were available. Support was provided with specific diets. Drinks were readily accessible and regularly offered.

There were opportunities for people to engage in a range of group and individual activities.
People were keeping in contact with families and friends. We found visiting arrangements were flexible.

People spoken with had an awareness of the service's complaints procedure and processes. They said they would be confident in raising concerns.

People were happy with the accommodation at the service. We found some areas had been upgraded and redecorated to provide for people's comfort and wellbeing and further improvements had been planned for.

Arrangements were in place to promote the safety of the premises, this included maintenance, servicing and checking systems. We found the service to be clean in the areas we looked at and there were no unpleasant odours.

Arrangements were in place to encourage people to express their views and be consulted about Abbeyfield Care Home, they had opportunities to give feedback on their experience of the service. Processes were in place to check and monitor systems and practices.

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.

We found there were safe processes in place to support people with their medicines.

Staff recruitment included the relevant character checks and there were enough staff available to provide safe care and support.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Satisfactory risk assessments and risk management plans were in place to help protect people from unnecessary harm. Processes were in place to maintain a safe environment for people who used the service.

Is the service effective?

Good

People told us they enjoyed the food, their preferred meal choices and dietary needs were known and catered for. People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

People were supported to make their own decisions. The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Processes were in place to develop and support staff in carrying out their roles and responsibilities.

Is the service caring?

Good

The service was caring.

We found the service had a friendly and welcoming atmosphere. People were supported to maintain contact with families and friends.

People made positive comments about the kind, caring attitude and friendliness of staff. We observed respectful and sensitive

interactions between people using the service and staff.

People were supported to be as independent as possible. Their dignity, individuality and personal privacy was respected.

Is the service responsive?

Good

The service was responsive.

Processes were in place to find out about people's individual needs, abilities and preferences. People were involved with planning and reviewing their care and support.

People were offered a range of individual and group activities. Residents meetings were held to involve people in making group choices and decisions.

There were processes in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

Is the service well-led?

Good

The service was well-led.

People made positive comments about the management and leadership arrangements at the service. The registered manager and staff were keen to provide a good service and make improvements.

Staff were enthusiastic and positive about their work. They indicated the managers were supportive and approachable.

There were processes in place to monitor the quality of people's experience at the service.

Abbeyfield Care Home Clitheroe

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 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 6 and 7 September 2017. The inspection was carried out by one adult social care inspector.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is an evaluation record that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make. We reviewed this this information and used it to help make our judgments.

Before the inspection we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We had contact with a community pharmacist and reviewed information from the local authority contract monitoring and safeguarding teams. We used all this information to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with ten people who used the service and one relative. We talked with six carers, the activities coordinator, assistant manager, deputy manager and the registered manager. We also spoke briefly with the nominated individual and a training provider.

We spent time with people, observing the care and support being delivered. We looked round the premises. We looked at a sample of records, including three care plans and other related documentation, two staff

recruitment records, complaints records, meeting record's, policies and procedures and quality assurance records.

Good

Is the service safe?

Our findings

At our last inspection we found the provider had not ensured robust recruitment procedures were followed prior to staff working at the service. At this inspection we noted improvements had been made. We checked if the staff recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of two recently recruited members of staff. The required character checks had been completed before staff commenced work at the service and these were recorded. The checks included an identification check, obtaining full employment histories, clarification about any gaps in employment and obtaining written character references. We found records had been kept of the applicant's response to interview questions.

Following the interview successful applicants were required to complete a health screening assessment. An appropriate Disclosure and Barring Service (DBS) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Two staff spoken with confirmed the recruitment process had included the appropriate checks being carried out. Arrangements were in place for new employees to undergo a probationary period to monitor their conduct and competence. People who used the service had been more constructively involved with staff recruitment. This meant they had a greater influence on selecting staff to provide their care and work in their home.

At our last inspection we found the provider had failed to ensure people's medicines were managed safely. At this inspection we noted sufficient improvements had been made. We looked at the way the service supported people with their medicines. We spoke with the community pharmacist who had no concerns around medicine management at the service. During the inspection we observed people being sensitively and safely supported with their medicines. People spoken with told us they received their medicines appropriately and on time. Information in the PIR told us the service was working towards providing a more persons centred approach to involving people with their medicine's and promoting their dignity and privacy.

Processes were in place to routinely assess people's preferences and ability to self-administer their own medicines when they moved into the service. This involvement was monitored and kept under review. One person said, "I have my own medicines they check them with me from time to time. They are very aware of everything." The person's consent had been sought in agreement with the outcome. This meant there was some information to demonstrate how decisions around people not being able self-administer their medicines had been made. We noted people had secure facilities in their bedrooms where medicines could be stored.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. The processes included staff having sight of repeat prescriptions for checking prior to them being sent to the pharmacist. This was to ensure all the required items were included on the prescriptions. There was a monitored dosage system (MDS) for medicines. This is a storage device provided and packed by the pharmacy, which places tablets in separate compartments according to the time of day. We found

medicines were being stored safely and securely. Room and fridge temperatures were monitored in order to maintain the appropriate storage conditions. Processes were in place to manage the appropriated disposal of medicines, including returns to the pharmacists. Arrangements were in place for the safe management and storage of controlled drugs; these are medicines which may be at risk of misuse. We checked two people's controlled drugs and found they corresponded accurately with the register.

The medicines administration records (MAR) included a medicines profile. This included any known allergies and a photograph of the person to assist with identification. The MAR provided clear information on the name and strength of the medicines and dosage instructions. The records we looked at were clear, up to dated and appropriately kept. We found there were individual protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. The protocols were important to ensure staff were aware of the individual circumstances when this type of medicine needed to be administered or offered, in response to the person's specific needs. Processes were in place for care staff to sign in confirmation of the application of people's external medicines, such as topical creams. There were recording charts with 'body map' diagrams for care staff to refer to and complete.

The service had introduced a stock of 'homely remedies.' People's GP's had been contacted to agree their compatibility with any prescribed items. This meant people would benefit from access to 'over the counter medicines' in a timely way.

Staff had access to a range of medicines policies and procedures which reflected nationally recognised guidance. Information leaflets were available for each of the prescribed items. Records and discussion showed staff responsible for medicines management had received various levels of training. We looked at records which demonstrated staff had been appropriately competency assessed in undertaking this task. There were weekly checks, monthly and six monthly audits of medicine management practices; action plans were devised to appropriately rectify any discrepancies.

We looked at how the service protected people from abuse and the risk of abuse. The people we spoke with indicated they felt safe at the service. Their comments included, "Oh yes I feel safe living here" and "I feel very safe, if I didn't I wouldn't be here." They did not express any concerns about how they were cared for and treated by the staff team. They said, "All the staff are lovely" and "I would speak up if I was not happy. I am not frightened of doing that."

Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff confirmed they had received training and guidance on safeguarding and protecting adults. There were policies and procedures to support an appropriate approach to safeguarding and protecting people. Information on safeguarding adults at risk, including guidance from the local authority was available at the service. Staff told us they were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns. We discussed and reviewed some of the previous and ongoing safeguarding concerns with the registered manager. We were made aware of the action being taken in consultation with other agencies.

We looked at how risks to people's individual safety and well-being were assessed and managed. Individual risks were considered as part of the care planning process. The service's computerised care planning system included an assessment of each person's wellbeing and safety. The system also included a risk screening rating on all assessed care needs. There were more specific risk assessments in response to individual needs, which included, skin integrity, mobility use of equipment, malnutrition, behaviours, falls and moving and handling. Strategies had been drawn up to guide staff on how to manage and respond to identified

risks. There were both electronic and paper based risk assessments which we found resulted in an inconsistent response to managing risks. We noted some risk assessment's had not been reviewed in accordance with their planned due dates, however records showed they had been reviewed as part of an overall general process.

We recommend that the service seek advice on nationally recognised evidence-based guidance on assessing and managing risks to individuals and take action to review and update their practice accordingly.

Referrals were made to relevant health and social care agencies as appropriate. Records were kept of any accidents and incidents that had taken place. Processes were in place to monitor any accidents and incidents so the information could be analysed for any patterns or trends. Each person had a personal emergency evacuation plan in the event of emergency situations.

We reviewed how the service managed staffing levels and the deployment of staff. People spoken with felt that there were enough staff at the service. They told us, "Sometimes they seem over loaded, but there is always someone around," "I think there are enough staff" and "The staff are very good during the night." During the inspection we found there were sufficient numbers of staff on duty to meet people's needs. We observed staff responding to people's requests and providing support, in a safe and timely way. One person told, "The staff always come when I use the buzzer." All the staff spoken with considered there were enough staff on duty. One comment was, "They plan shifts to make sure there are enough staff to be flexible and spend time with people." We looked at the staff rotas, which showed arrangements were in place to maintain consistent staffing levels. We noted additional staff and 'bank staff' had been recruited and the use of agency staff had reduced. This had improved the continuity of care for people. One person told us, "It's much better now. The new staff are great." The registered manager said staffing reviews were carried out in response to people's changing needs and as part of the assessment and admission of new people to the service. However we noted there was no structured process in place to help determine appropriate and safe staffing levels in response to people's needs. We therefore discussed the value of introducing an appropriate 'staffing tool' with the registered manager.

We checked the processes in place to maintain a safe environment for people who used the service, visitors and staff. We found health and safety checks were carried out on the premises on a regular basis. There were individual risk assessments on each person's bedroom. Accident and fire safety procedures were available. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas and electrical safety, water temperatures, fire extinguishers, hoists and the passenger lift. We found fire safety risk assessments were in place. Fire drills and fire equipment tests were being carried out. Arrangements were in place to attend to general maintenance and repairs. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. We found the premises to be clean and free from unpleasant odours. One person spoken with told us, "All my visitors comment on how clean the home is kept and that it doesn't smell."

Good

Is the service effective?

Our findings

The people we spoke with were very satisfied with the care and support they experienced at Abbeyfield Care Home. They told us, "I have stayed in a couple of homes previously. This is the best. They do very well for me," "I am very satisfied," "Things are fine, it's very comfortable," "I like it very much" and "I feel privileged to be here."

We looked at how the service supported people with their nutritional needs. Since our last inspection the catering arrangements had been reviewed. Changes had been introduced to more effectively respond to people's dietary needs and choices. People spoken with made positive comments about the meals provided. They told us, "The food has been up and down. But it's very good at the moment," "The new caterers have improved things. It's excellent now," "We can have virtually anything and "The quality of the food is very good and there's a good variety." A relative said, "I think the food is much better now."

A new four week menu system had been introduced. People had been consulted on the menus. They had been asked to complete a meals preferences questionnaire and make suggestions during residents meetings. They had also been given a copy of the new menus and asked for their opinions. People told us, "The home-made soup is very nice and I enjoyed the pasta bake" and "We had lamb last week; it's never been on the menu before." The menus we looked a showed variety of meals were offered. Consideration was given to providing a nutritionally balanced diet. Various options were offered at each mealtime and there were additional alternatives always on offer. The day's menu was displayed in both dining areas; this helped remind people of the choices on offer. We observed people being asked for their meal choices. One person told us, "They tell us each day what is on the menu and they ask us what we want."

Specific diets could be catered for. Pureed meals were blended in separate portions to make them more palatable and appealing. Information had been shared with kitchen staff on people's individual dietary needs, likes and dislikes. Plans were underway to more effectively respond to the nutritional needs and choices of people living with a dementia. For example a 'chill cabinet' was to be provided to enable people to have ongoing access to a selection of prepared foods.

We observed the meals service at lunch time in both dining areas. The dining tables were pleasantly set with place mats, drinks, napkins and condiments. People enjoyed the mealtime experience as a social occasion; the atmosphere was relaxed and friendly. Various individual choices were offered and catered for. We noted people could easily change their minds about their selection and staff readily provided alternatives. People's satisfaction with their meal was sought and further portions offered. The meals served looked plentiful, well presented and appetising.

We observed examples of people being sensitively supported and encouraged by staff with their meals. Consideration had been given to promoting people's independence and dignity. For example, some people had supportive equipment such as plate guards. Items including milk jugs, sugar bowls and jams were placed on tables to promote self-help. Mealtimes were flexible and offered over a period of time. We noted people could eat in their rooms if they preferred. We observed drinks were readily available and offered

throughout the day. Mineral water dispensers were provided and there was a drinks vending machine. One person commented, "We get plenty to drink."

Care records we reviewed included information about people's individual dietary requirements and food preferences. Records showed people's weight was checked at regular intervals and their dietary intake was observed as appropriate. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including GP's, speech and language therapists and dieticians were liaised with as necessary.

We looked at how people were supported with their healthcare needs. People spoken with said, "The staff often ask how I am," "There are no problems with health care arrangements," "I get the GP if needed" and "If I need a dentist it can be arranged."

People's medical histories and conditions were included in the care planning process. Their healthcare needs were monitored daily and considered as part of ongoing reviews. Records were kept of healthcare visits and appointments. This included GPs, district nurses, speech and language therapist and opticians. The service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. There were regular routine visits from GPs from local practices. One person commented, "The GP visits regularly and can be called for any problems in between." The service was also signed up to a system whereby they could access remote clinical consultations; this meant staff could access prompt professional healthcare advice at any time.

During the inspection we observed staff regularly consulting with people on their individual needs and preferences. There were instances where staff involved people in routine decisions and sought their consent to provide care and support. Some people spoken with were aware of their care plans and indicted they were asked about matters affecting them, including their care needs and choices. One person said, "I have filled in several agreement forms." We noted examples in the records we reviewed of people signing consent to care documents. There were specific consent agreements relating to matters such as, photographs, sharing information and medicines. Where people had some difficulty expressing their wishes they were supported as appropriate by family members. During the inspection we discussed with the registered manager best practice approaches around consent to night time monitoring.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider had a mental capacity assessment screening tool. This was to highlight people's capacity to make their own decisions, or if they lacked capacity to consent to care and a provided a process to follow to ensure people's care and support was provided in their best interests. We noted examples where mental capacity assessments had been appropriately completed and responded to. There was supporting information in people's care plans, to proactively guide staff on the least restrictive practice in order to protect people's rights and promote their choices. Staff spoken with described how they actively involved and encouraged people to make their own decisions and choices.

There was information to demonstrate appropriate action had been taken to apply for DoLS authorisations

by local authorities in accordance with the MCA code of practice. Completed applications were appropriately kept in people's care records. Records had been kept to monitor and review the progress of pending applications. We discussed with the registered manager the possibility of future applications which may need to be assessed and submitted. Staff spoken with indicated an awareness of the MCA and DoLS, including their role to uphold people's rights and monitor their capacity to make their own decisions. The service had policies and procedures which aimed to underpin an appropriate response to the MCA 2005, DoLS and consent. Records and discussions showed that staff had received training on this topic.

We looked at how the service trained and supported their staff. People using the service told us, "Staff are always disappearing for training sessions and lectures," "They do seem to have a lot of training. Even the catering staff had training on dementia. Which I thought was very good" and "The staff appear to work well together. They know what they are doing."

Arrangements were in place for new staff to complete an initial 'in-house' induction training programme. This included an introduction to the service, familiarisation with policies, procedures and health and safety matters. Staff were allocated a mentor to oversee their training. Processes were in place to monitor their performance and development as part of their probationary reviews. We spoke with two staff who described their induction training which was ongoing. One told us, "I have had a senior carer as mentor and am reading up on things. It has been really good. "The induction training also included the completion of The Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. The registered manager explained that long-standing staff were also due to complete The Care Certificate training to update their knowledge and skills.

Staff spoken with told us about the training they had received. They confirmed that there was an ongoing programme of staff learning and development at the service. This included: moving and handling people, first aid, safeguarding adults, food hygiene, prevention and control of infection, fire safety, dementia care, malnutrition/assistance with eating and end of life care. We observed training taking place during our visit and discussed with a training provider the services' approach to developing their staff. We looked at records which showed processes were in place to identify and plan for the delivery of suitable training.

The service supported staff as appropriate, to attain recognised qualifications in health and social care. Carers had a Level 2 or above, NVQ (National Vocational Qualification) or were working towards a Diploma in Health and Social Care. Senior staff had attained NVQ level 3 or 4 in leadership and management.

Staff spoken with said they had received one to one supervision and ongoing support from the management team. This had provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. Arrangements had also been made for staff to receive an appraisal of their work performance and review their training and development needs.

People spoken with were satisfied with the accommodation and facilities available at Abbeyfield Care Home. They told us, "Things are fine. It's very comfortable. I like it very much," "I am happy with my room. I have my own things and it's how I want it" and "My room is very good for me I like it a lot." We looked around the premise and noted some developments had been made to the service, including new furnishings, carpets and decoration. We noted people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of 'home' and ownership. Each person had their own room with en-suite shower and toilet. There were various lounges and seating areas for people to use and there was access to the enclosed outside areas, where garden furniture was provided. Consideration had been given to providing a suitable living environment for people living with a dementia,

including signs and colour schemes to help with orientation. The registered manager described the action being taken to make further improvements, including replacing corridor carpets and redesigning the accommodation for people living with dementia.

Good

Is the service caring?

Our findings

We found Abbeyfield Care Home had a friendly and welcoming atmosphere. We observed staff and managers engaging and interacting with people in a warm and friendly manner. People spoken with said, "The carers are very good. Very obliging," "We are well cared for," "They are helpful and always smiling" and "The new staff are good. I can't say I don't like any. They are all okay." A relative commented, "Staff are really caring, always friendly and patient."

We observed examples of staff showing kindness and compassion when they supported people with their individual care and daily living needs. For example, we saw that people who needed support and guidance with their care received this in a dignified and respectful way. Two people spoken with said, "They are very polite respectful" and "They are definitely respectful."

There was a 'keyworker' system in place. This linked people using the service to named staff members to help provide a more personalised service. People were encouraged to choose their keyworker and this was kept under review. One person told us, "My keyworker goes through things with me monthly and checks that I am happy with things." Care records included information on people's individual needs and preferences. There were 'my life story' and 'this is me' profiles providing details on background histories, lifestyles, interests, significant events and relationships. Some people had provided this information themselves or with the support of families. Staff spoken with described how they treated people with dignity and as individuals. They were aware of people's individual needs, routines, backgrounds and personalities. One carer said, "I have done the dementia care training which was good. But it's more important to get to know people as individuals." A person who used the service said, "The staff here know what everybody needs. The staff know the residents and the residents know the staff."

We saw people being as independent as possible, in accordance with their individual needs, abilities and preferences. We asked people their views on independence and autonomy. They said, "They encourage me to do things for myself. But they will do it if I need them to," "I try to do as much as I can for myself and they have supported me with this," "We can do whatever we want, there are no restrictions" and "We are free to do as we want." Staff explained how they promoted independence, by enabling and encouraging people to do things for themselves. We observed that people were encouraged to express their views and opinions during daily conversations. Some people had also been actively involved with the recruitment and selection of new staff. Residents meetings were held on a regular basis. This provided the opportunity for people to make suggestions, be consulted and make shared decisions. We noted in the records of the meetings various matters had been raised and discussed. On person explained how they had suggested and introduced a fortnightly Christian service with the support of managers and staff.

People's privacy was respected. All bedrooms were single occupancy and had en-suite facilities. Some people preferred to spend time alone in their rooms and this choice was respected by staff. People's doors were fitted with suitable locks to help promote privacy of personal space. We observed staff knocking and waiting for a reply before entering people's rooms. Staff described how they upheld people's privacy, by sensitively supporting people with their personal care needs and maintaining confidentiality of information.

The service had established links with the local hospice. Some staff had received training in end of life care to help ensure they were able to provide the best care possible at this important time. Records we reviewed included an 'advanced decisions' section; this contained information about the care and support people wished to receive at the end of their life.

There were no restrictions placed on visiting, relatives and friends were made welcome at the service. We observed relatives visiting throughout the days of our inspection and noted they were treated in a friendly and respectful way. One person also told us, "They have upgraded the Wi-Fi so I am in better contact with my family abroad." The service had policies and procedures to underpin a caring ethos, including around the promotion of privacy, dignity, choice and equality and diversity. We looked at a selection of 'thankyou cards' and records of compliments received at the service and noted there were numerous positive comments about the care and attention people had experienced at Abbeyfield Care Home.

There were notice boards and displays at the service which provided information about forthcoming events, activities, meetings, the complaints policy and other useful information. Details of local advocacy services were available. Advocates are independent from the service and provide people with support to enable them to make informed decisions. We noted the service's CQC rating was on display in the entrance hallway. A copy of the previous inspection report was also on display at the service. This was to inform people of the outcome of the last inspection.

There was a guide to the home which was presented in a 'user friendly' way and included pictures and photographs. This provided useful information about the services and facilities available. The guide made reference to the philosophy of care, complaints procedures, confidentiality, activities, consultation processes and the terms and conditions of residence. The provider had an internet website which provided further information about the service.

Good

Is the service responsive?

Our findings

People spoken with indicated the service was responsive to their needs and preferences and they appreciated the support provided by staff. Some of their comments were, "If I want anything done, they do it," "Staff here put themselves out for us," "They go out of their way to help," and "Any slight changes needed are dealt with right away."

We looked at the way the service assessed and planned for people's needs, choices and abilities. The deputy manager described the processes in place to assess people's needs and abilities before they used the service. People were requested to complete an application from outlining their basic details, needs and preferences. This was followed by an assessment meeting conducted by two experienced staff from the service. The assessment involved gathering information from the person and other sources, such as families, social workers and health care professionals.

We found the assessments covered a range of needs and preferences including: the persons current circumstances, capacity, health and well–being, psychological needs, personal safety and social needs. Where possible people were encouraged to visit, to view the facilities available and meet with other people and staff. This was to help people to become familiar with the service before making a decision to move in. It also ensured appropriate decisions were made about whether the service would be able to meet and respond to the persons' needs. Some people had experienced the service by staying on a short term basis.

We found each person had an individual care plan. Four people we spoke with were aware of their care plans and confirmed they had been involved with a review of their care. One person told us, "Oh yes they go through things. My keyworker puts her notes in every month and shares the information. I sign in agreement with it," another person said, "They usually involve me. We have a laugh about things. I completed my life history with them."

There was a computerised care planning system in place; which linked with hand held computers for staff to work with. The system was designed to record people's identified needs and preferences, with action plans drawn up to respond to people's needs. Care staff had constant access to people's electronic care plans. They were also able to input up to date information people's care and well-being. We looked at three people's electronic care plan records and found there were improvements in the quality and detail of the information recorded. The care plans were made up of electronic 'pages' for areas of identified need, including: Personal safety, nutritional health, personal care social contact, sleeping and night care, communication, continence and social care. Each care plan need was underpinned by a risk screening assessment. The information was written in a person centred way and described how best to support the person in response to their needs and preferences. There were additional paper care plans records and risk assessments providing supplementary information in response to people's needs.

We found some people's care plans were lacking in detail and spiritual/religious needs could be more effectively included. However we recognised the development of person centred care plans was ongoing. There was evidence to demonstrate staff training on person centred care and the care planning systems was

continuing. We also noted an audit of care plans had been carried out and actions for improvement identified. Arrangements were in place for care plans to be regularly reviewed, we noted some had not been reviewed in accordance with their scheduled due dates, the registered manager was pursing this matter.

Daily records were kept of people's general well-being, daily living and the care and support provided to them. There were also additional monitoring records as appropriate, for example, relating to specific behaviours and specific health care needs. There were ongoing discussions on people needs and well-being, including regular staff 'handover' meetings.

People indicated they were satisfied with the range of activities provided at Abbeyfield Care Home. Since our last inspection an activities coordinator had been employed to organise and arrange suitable activities in response to peoples individual and group needs. One person explained, "We have a new activity person now. There is a list of the things available. I think there will be enough things in the future, including one to ones." Another said, "The activities person has been to see me. I am okay with things and happy as I am." A relative told us, "The activities have improved. There seems to be more going on. I think it's good for people to do something."

There were notice boards at the service displayed information about the programme of daily activities, also details of forthcoming invents, such as residents meetings, games, outings, arm chair exercises, crafts and visiting entertainers. This information was also publicised in the service's newsletter. During our visit we observed various activities taking place, including games, a visiting singer and a 'PAT dog.' On person told us, "We went out shopping recently and we have students visiting from the local college who join in with things." There were reminiscence displays, wall activities and memory boxes, containing various tactile items for people to engage with and take interest in.

We spoke with an activities organiser who told us of the range of individual and group activities currently on offer. We noted an activity audit had recently been carried out; this was to identify and plan for future opportunities to stimulate people's individual and group interests. We found records had been kept of people's participation and engagement in activities. This included an evaluation of their experience of the activity. This meant people's wellbeing and enrichment could be monitored and effectively responded to.

We looked at how the service received and managed complaints. People we spoke with expressed an awareness of the service's complaints processes. They indicated they would feel confident if they had concerns or wished to make a complaint. Their comments included: "If I had a complaint I would pass it on to a senior or the manager," "I have no complaints things are fine. But I would feel confident in raising a concern" and "If there is ever a problem they get it sorted out."

There was a summary of the complaints procedure in the guide to the service. The procedure was also on display for people to see. The procedure provided directions on the various ways people could make a complaint and how the process would be managed. Included were timescales for responses. The contact details of the provider and other agencies that may provide support with raising concerns were included. We noted the procedure did not include the contact details for the social care ombudsman; however the registered manager agreed to add this information. Forms were available for people to complete should they wish to put their concerns in writing.

The service had policies and procedures for dealing with any complaints or concerns. This meant the management of complaints would be consistently responded to and would ensure appropriate action is taken. Staff spoken with expressed an understanding of their role in supporting people to make complaints and described how they would respond should anyone raise concerns or dissatisfaction with the service.

We reviewed the complaints procedures with the registered manager. There had been six complaints logged in the last year. Most related to food and catering and these matters had now been resolved. There were processes in place to record, investigate and respond to complaints and concerns. The complaints records we viewed included the nature of the complaint and the action taken to investigate and resolve matters. There were copies of correspondence to the complainant of the outcome and action taken. The complaints system was monitored, analysed and kept under review. This meant reoccurring concerns would be identified and responded to proactively.

Good

Is the service well-led?

Our findings

At our last inspection we found the provider had failed to have suitable systems or processes in place, to ensure the service was operated effectively. At this inspection we found sufficient improvements had been made.

People spoken with were aware of the overall management arrangements at the service. They knew who the registered manager was and expressed an appreciation of how the service was run. Their comments included, "I think it's very well run. It's a lovely place to live," "It's probably organised better now" and "Everyone who visits rates this home very highly."

Processes were in place for the ongoing quality monitoring of the service in meeting the health and social care regulations. There were audits and reviews of various processes including, staff training and supervision, complaints, care plans, safeguarding, infection prevention and control, accidents and incidents. We found several improvements had been made these included staff recruitment procedures, medicine management, catering arrangements and a reduction in the use of agency staff.

There were Abbeyfield Society committee 'sub groups' with designated responsibilities for monitoring and oversight of the service. They included the 'quality group,' 'premises group' and 'finances group.' The registered manager explained that members of the committees continued to visit the service and completed reports on their findings. Records were available to demonstrate these processes were in place. Arrangements were in place for the registered manager to receive timely feed-back following the monitoring and governance audits. Reports following the visits were available at the service. Action plans had been developed to address any shortfalls; progress on these matters was reviewed and monitored. The nominated individual also visited the service on a regular basis to monitor and discuss ongoing developments. The committee had an annual 'away day' to evaluate and strategic vision of the service and monitor progress of defined action plans. A business plan was available to provide direction and focus on future developments at the service.

The service encouraged ongoing feedback from people. There were resident's meetings and a 'suggestion box 'for comments and ideas for improvement. The registered manager had an 'open door' policy that aimed to support ongoing communication and openness. Throughout the inspection we observed people who used the service, visitors and staff frequently approached the managers who responded to them in a professional and courteous manner. People said, "We are kept involved and consulted" and "The manager is very helpful I have been to her a few times to discuss things." At the time of our visit the annual satisfaction surveys for people who used the serve were being given out. The registered manager said the feedback was to be used to steer and provide a focus for the planned quality assurance audit. This meant people's experience of the service would preserve the quality of service and influence improvements.

An anonymous staff survey had been carried out in May 2017 we found the results had been collated and action plans devised in response the findings. A staff incentive scheme had been introduced and more frequent staff meetings arranged. One person using the service commented, "The staff seem a lot happier."

Since our last inspection the management team had been restructured to provide more effective leadership arrangements. The management team in place included the registered manager, deputy manager, assistant manager and senior carers. There were office based administration staff and providing additional management support. The staff rota had been devised to ensure there was always a senior member of staff on duty to provide leadership and direction. The management team had designated 'office time' to complete administrative tasks. Staff had ongoing access to the Abbeyfield Society committee members for further support if needed. Staff spoke with said, "The management team set up is really good," "I love it here," "Things are okay and getting better," "The register manager is approachable" and "We have good working relationships and team work now."

We noted various staff meetings had been held; they included one to one discussions, senior care, care staff, night staff and full staff meetings. Staff confirmed discussion meetings were held and they were encouraged to voice their opinions and make suggestions. We looked at the minutes of the last staff meetings and noted various work practice topics had been raised, discussed and acted upon. Staff had been provided with job descriptions and contracts of employment which outlined their roles and responsibilities. They had access to the service's policies and procedures. At the time of the inspection the services policies and procedures were in the process of being reviewed and updated by the national Abbeyfield Society. This would mean managers and staff would have access to up to date guidance to support their practice.

Procedures were in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as, commissioners of service and the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services

The registered manager made positive comments about the arrangements for support from the provider and explained how she kept up to date with current good practice by attending training courses, workshops and linking with appropriate professionals. Information within the Provider Information Return (PIR) also showed us the registered manager had identified matters for further development within the next 12 months. This included supporting people who used the service to be involved in the committee 'sub groups,' further training for the senior management team and an annual quality assurance service audit specifically entered upon the framework is the service, safe, effective, caring responsive and well- led.