

Abbeyfield London Polish Society Limited (The Abbeyfield London Polish Society)

Inspection report

46 Rosemont Road
London
W3 9LY

Tel: 02089932462
Website: www.abbeyfield.com

Date of inspection visit:
20 April 2017

Date of publication:
06 July 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We undertook an announced inspection of Abbeyfield London Polish Society on 20 April 2017.

Abbeyfield London Polish Society offers a supported living service and personal care for up to eight people. At the time of our inspection there were seven people living at the service who were all receiving the regulated activity of personal care. Each person living there had access to the communal facilities such as a lounge, dining room and a garden.

At the last inspection on 13 and 14 June 2016, we found the provider was not meeting the regulations relating to safe management of medication and good governance.

Following the inspection the provider sent us an action plan detailing how they would make improvements. At this inspection, we found that improvements had been made and that the provider had been working consistently towards meeting legal requirements fully.

There was a registered manager in post who had been managing the service for the past 28 years. 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.

The service had made improvements in relation to medicines administration and medicines were administered, stored and disposed of in a safe way. Staff had followed the medicines administration process, which was regularly monitored and audited by the registered manager.

The service had procedures in place for the safeguarding of vulnerable people and these were being followed. All staff working at the service received safeguarding of vulnerable adults training.

People had risks to their health, safety and welfare assessed and recorded in their care plans. Staff knew the identified risks, therefore, they were able to support people in a safe way.

There was a process in place for the reporting of incidents and accidents and there was a clear audit trail of all accidents and incidents that took place at the service.

There were enough staff on each shift to be able to care for people and respond to their changing needs effectively and without delay.

The service had robust recruitment procedures in place to ensure only suitable staff were employed at the service.

All staff working at the service had the experience and the knowledge of working with people who use the service. Additionally, to ensure that people had been cared for effectively, staff received regular external training and ongoing formal supervision and appraisal, and day-to-day support from the registered manager.

The service was working within the principles of the Mental Capacity Act 2005 (MCA). People's capacity had been assessed by the service. People had consented to their care and support where they were able to do so. Staff received MCA and Deprivation of Liberty (DoL) training and had good understanding of its principles.

People were supported to maintain a sufficient and nutritious diet and meals were provided in line with people's nutritional requirements as well as their individual dietary preferences.

People were supported to maintain good health and had access to healthcare services. The service had made suitable and prompt referrals to external health professionals to ensure people received appropriate medical assistance and they remained in good health.

People and all the family members we spoke with were very complementary about staff and they were happy with the care and support offered by the service. The interactions between people and staff were exceptionally kind, caring and compassionate and the atmosphere at the service was relaxed and homely.

Staff visited people who used the service in hospital to ensure the continuity of care and ongoing emotional support.

Staff was happy to go an extra mile to ensure people lived happy and comfortable life's and all their needs had been met.

The service promoted inclusion and independence for all the people living there. People were encouraged to participate in various daily tasks related to running the service.

People told us staff respected their dignity and privacy and they felt comfortable when receiving personal care.

Family members and friends could visit at any time and staff welcomed their presence and participation in the life of the service.

People's needs were assessed before their admission to the service. People and their relatives were welcomed to visit the service prior to their admission to understand how the service worked and what would be offered to them if they lived there.

Each person living at the service had an individual care plan that was person centred and consisted of information on people's lives prior to living at the service as well as on their current care needs and preferences. All care plans were reviewed regularly and people and their relatives participated in the planning and reviewing of their care.

People using the service had ongoing access to meaningful and stimulating activities throughout the week. People could participate in a range of group exercises and activities and one to one re- enablement sessions.

The service had a complaints policy and procedure in place that was available in the communal area of the service and people and their relatives knew about this procedure.

The service had introduced a survey that was designed to collect feedback about the service they provided. The registered manager was in the process of gathering all surveys in order to analyse the feedback received and use the data to inform the service's improvement plan.

The registered manager had made continuous improvements with regards to the leadership and governance of the service. They had implemented a new, computer based care planning and service management system to ensure the smooth running and monitoring of the service.

Staff knew what was expected of them and felt comfortable approaching the registered manager with any work queries and challenges.

People who used the service and their family members knew the manager well and they spoke fondly about their commitment to the service and people who used the service.

External professionals gave positive and complementary feedback about the care and support provided by the staff and the registered manager to people who lived there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The service had made improvements in relation to medicines administration and people received their medicines in a safe way.

People using the service had the risks to their health and well-being assessed and relevant risk management plans were in place.

The provider ensured that there were sufficient staff deployed to support people during each shift.

Staff received safeguarding training and people were protected from harm and abuse.

There were robust recruitment procedures in place to ensure suitable staff were appointed to work with people who used the service.

Good 

Is the service effective?

The service was effective.

The service worked within the principles of the Mental Capacity Act 2005 (MCA). Staff received training in and had a good understanding of the Act.

People were asked for consent to their care and treatment.

Staff received regular training, supervision and yearly appraisal of their work from the registered manager.

People were supported to have a balanced and nutritious diet and their personal preferences were taken into consideration.

People were supported to maintain good health and have access to external health professionals if needed.

Good 

Is the service caring?

Outstanding 

The service was exceptionally caring.

People who used the service and their families were very complimentary and happy about staff and the care provided by the service.

Staff knew people well and had developed positive relationships with them that were based on respect and treating each person as an individual. We observed staff to be kind and considerate and the atmosphere at the service to be relaxed and homely.

Staff consistently delivered a caring and compassionate service that promoted inclusion and independence for all people living there. Staff frequently went beyond the requirements of the agreed care plan to ensure people felt valued and led comfortable lives.

People and their family members told us people were involved in making decisions about their care, treatment and support provided by the service. The care provided was sensitive and tailored to people's individual requirements.

Staff spoke to people about end-of-life care to ensure people's wishes were respected.

Is the service responsive?

Good ●

The service was responsive.

People had their care planned in a person centred way, people's care needs and personal preferences were taken into consideration and the staff knew people's needs well.

People and their relatives were involved in the planning and reviewing of their care.

People who used the service had continuing access to a range of activities in the home.

The service had a complaints procedure and people and their relatives knew how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

The service had made improvements in relation to monitoring and audit of medicine administration.

There were good monitoring and auditing systems in place to ensure smooth and effective running of the service.

The registered manager had made continuous improvements with regards to the leadership and governance of the service.

There was open and transparent communication between the registered manager and the staff team and staff knew what was expected of them.

The registered manager received positive feedback about their leadership from people who used the service, their relatives and external professionals.

Abbeyfield London Polish Society

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 April 2017 and was announced. The provider was given 24 hours' notice because the location was registered as providing sheltered accommodation for people who were independent and the manager and staff might not be available to assist with the inspection.

The inspection was carried out by a single inspector.

Before the inspection, we gathered our information from a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed other information about the service such as notifications they are required to submit to the Care Quality Commission and an action plan submitted following our previous inspection on 13 and 14 June 2016.

During the inspection, we observed care and support during meal times. We also observed interactions between people using the service and staff throughout the inspection.

We spoke with the registered manager, two staff members, five people using the service, one visiting health professional and a family member.

We looked at the care records for three people who used the service and a variety of records relating to the management of the service including medicines management, staff records and the service audits.

Following our visit we contacted three family members and one health professionals all of whom gave us their feedback on their experiences of the service.

Is the service safe?

Our findings

At our last inspection on 13 and 14 June 2016, we found that people were at risk of receiving unsafe and inappropriate care because the service had not always followed the policy and procedure to ensure safe medicines administration. Following our visit, the registered manager submitted an action plan in which they stated they would complete all actions related to medicines administration by 22 July 2016. At this inspection, we found that improvements had been made.

We looked at the service's medicines administration folder and we saw that all the people using the service had individual Medicines Administration Records (MAR) charts. These were issued by a local pharmacy and included the name, date of birth, allergy status, and details about each medicine prescribed, such as dosage and time of administration. We looked in detail at MAR charts for three people using the service. We saw that staff had recorded and signed each medicines administration. We saw that on one of the MAR charts a staff member had made an error in recording when the medicine(s) should be administered which they amended by using a correction fluid. We discussed this issue with the registered manager, who informed us they had spotted this mistake and they had already addressed the matter with the staff member. The staff member confirmed that the discussion had taken place.

The majority of medicines administered to people were pre-packed in blister packs. We checked the stock levels of medicines that were not dispensed in blister packs, such as paracetamol and buprenorphine patches, and we found that the amount corresponded to the administration records for all medicines we looked at. This indicated that people had been receiving all their medicines as prescribed.

At the time of our inspection, all the people using the service were supported to take their medicines. We observed staff administering medicines and we saw that this was done safely and according to the service's procedure.

All medicines were stored correctly in a separate medicines cabinet. Records showed that the temperature of the cabinet was checked and recorded daily. Controlled drugs (CDs) were stored in a separate locked cabinet and were recorded on respective MAR charts. However, the registered manager had not recorded these medicines in a separate CDs record book, which they should have done. We spoke about this with the registered manager on the day of our inspection. They explained these medicines were delivered to the service three days prior to our visit and this was the first time the service had been storing and administering this type of medicines. The registered manager said they were in the process of implementing the procedure for safe and correct management of CDs. Following our discussion, the registered manager purchased a CDs record book and they told us it was implemented a day after our visit.

The service had systems and procedures in place to ensure safe receipt and disposal of medicines. Staff ordered all regular medicines on a monthly basis or immediately if additional medicine(s) were required. This meant that all prescribed medicines were available at the service and people were not at risk of missing their medicines doses. The registered manager informed us that any medicines not used during a monthly medicines cycle and that were no longer needed were recorded and returned to the pharmacy. We saw

three examples of medicines' return forms that were completed and signed by a staff member and a pharmacist. This meant there was a clear audit trail of all medicines that were not used and disposed of.

None of the people who used the service was in receipt of PRN (as required) medicines. However, the registered manager provided us with a copy of the service's PRN administration protocol that would be used in case a person was prescribed PRN medicines. This meant the registered manager was aware of current policies and procedures related to safe PRN medicines administration.

Senior staff working at the service had received training in the administration of medicines and this was refreshed annually. Records we viewed confirmed this.

Since our last inspection in June 2016 there were two safeguarding concerns raised with the relevant local authority related to people who used the service. Both concerns were immediately closed by the local authority who assessed that people were not at risk of any harm or abuse. Both situations were recorded and the documents showed that the service worked alongside the local authority to investigate the cause for both concerns. However, we saw that these documents were not placed in the service's central safeguarding file. The registered manager explained they did not include the documents in the safeguarding file because the local authority did not uphold the concerns. Following our discussion, the registered manager updated the central safeguarding file with the relevant information.

All staff working at the service received safeguarding of vulnerable adults training. We spoke with two staff members who were able to describe potential signs of abuse and were aware of the provider's safeguarding policies and procedures. The safeguarding of vulnerable adults information was available on the information board in the communal area.

People had risks to their health, safety and welfare assessed and recorded in their care plans. Risks identified were rated as low, moderate or high, and there were detailed and person-specific risk management plans and guidance available, therefore staff knew how to support people who were at risk. Risk assessment and management plans we saw included a Waterlow score (a pressure sore risk assessment), a mobility and falls and a challenging behaviour risk assessment. We observed that staff followed guidelines given in people's risk management plans. One person's plan stated that they were at risk of falls and needed staff to assist them when mobilising. We saw a staff member accompanying this person every time they wanted to move between different areas of the service.

We looked at how accidents and incidents were managed in the service. We saw there was a process in place for the reporting of incidents and accidents. The registered manager told us all incidents and accidents were recorded in an incidents and accidents reporting book immediately after they occurred. We looked at seven records of incidents and accidents reported since June 2016. Each record included information about the incident or accident, who was involved and what actions had been taken. This meant there was a clear trail of all accidents and incidents that took place at the service. Consequently, the registered manager was able to review and analyse completed records to identify any trends in the types of incidents and accidents recorded.

People using the service and their relatives said there were enough staff on each shift. One family member told us, "There are usually two staff members who are actively engaging with people who live at the service." The registered manager provided us with a copy of a weekly staff rota. We saw that each staff member had a weekly shift pattern that only changed in case of staff planned absence or an emergency. Because of the continuity in the shift schedule people knew who they would be supported by each day of the week. The registered manager told us and staff confirmed the team discussed all emergency absences in the morning

handover meetings and any sudden absences were covered by a different staff member.

The service had not employed any new staff members since our inspection in June 2016. We looked at personnel files for three staff members and we saw that all relevant documents were in place as required by the Regulations. The registered manager had informed us that they had planned to update Disclosure and Barring Service (DBS) - criminal record checks for all staff employed by the service. This had not been required by the service's recruitment policy, however, the registered manager had intended to carry out new checks to ensure that only suitable staff were employed at the service.

Is the service effective?

Our findings

People and their relatives thought staff had the experience and the knowledge to care for people who used the service effectively. One person told us, "Staff know how to handle me when moving from chair to bed or when I need help with walking. I have no complaints whatsoever." A second person told us, "Staff are well trained here, everything they do suits me." Relatives' comments included, "Staff seem to know what they are doing, they are very adaptable", "I think the staff is well qualified. My relative is always happy, fed, clean and washed" and "The staff have good experience of working with older people, they also follow their intuition and they are caring."

Staff received training that the provider considered mandatory. These included moving and handling people, safeguarding vulnerable adults, personal care and risk management, food hygiene, medicines administration and dementia awareness. We looked at staff personnel files and we saw that all training was up to date and was renewed regularly, according to the individual subjects' recommended renewal period. The registered manager had maintained a training matrix for staff members that allowed them to track what training staff needed to refresh.

Staff we spoke with told us they felt supported by the registered manager. One staff member said, "In case of any problems we speak with the manager and we work on solutions together. The manager is very flexible and supportive." The registered manager told us staff received ongoing informal support in the form of daily conversations about their practice. Additionally, the registered manager used morning handover meetings to discuss any good practice and identify any areas for development for all the staff members. We looked at records of such discussions. Topics discussed included how to handle a conflict between residents, safe disposal of medicines, different types of abuse and how to recognise it and the risk of loneliness and social isolation that might be experienced by people who used the service.

Additionally staff received formal support in the form of one to one supervision and yearly appraisals of staff skills and performance. We looked at examples of supervision and yearly appraisal records. These consisted of discussions on what staff members did well within their role, what skills could improve as well as what training they would benefit from.

Staff members told us further professional development was important to them, as they had always strived to exceed in their roles. For example, one staff member had recently completed their National Vocational Qualification (NVQ) Level 2 in health and social care. All staff working at the service were Polish and English was their second language. In order to improve their confidence in communicating in English they were continuously undertaking a variety of online tutorials and courses aimed to improve English speaking and writing skills.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular

decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. At the time of our inspection, people had consented to their care where they were able to do so and nobody was being deprived of their liberty.

All people using the service had an initial mental capacity to make decisions assessment carried out by the registered manager. The outcomes were recorded in people's care plans.

All people using the service had mental capacity to make decisions about their care and treatment, however, some people had asked their family members to manage their finances. We discussed whether a Lasting Power of Attorney (LPA) was in place for all those individuals whose finances were managed by their family. A Lasting Power of Attorney (LPA) is a way of giving someone a person trusts the legal authority to make decisions on their behalf if they lack mental capacity at some time in the future or no longer wish to make decisions for themselves. The registered manager informed us they discussed this matter with family members and relevant documentation from relatives was placed in people files.

The provider had asked people who used the service for their consent to their care and support. We looked at people's files and we saw different consent statements that were signed by people. Amongst them were consent to administer medicines, to take a photograph or to deliver personal care. All of the people we spoke with told us the registered manager had discussed people's care and support with them and we saw that people signed respective care plans. This evidence showed that people were made aware and agreed to care and support they had been receiving at the service.

Staff received MCA and Deprivation of Liberty (DoL) training and had a good understanding of its principles.

People were supported to maintain a sufficient and nutritious diet and meal times were seen as an important aspect of their daily life. People told us they enjoyed the food, which they described as always freshly cooked and tasty. People's comments included, "I like the food here. It tastes real and is made from fresh vegetables", "The food is fantastic here. Everything is freshly prepared" and "We get enough food here, nobody is hungry." We saw a variety of fresh fruit was available to people in the communal lounge. Fresh drinks were available throughout the day.

At the time of our inspection, none of the people using the service had any special dietary requirement. People's likes and dislikes were recorded in their care plans and menus were formulated taking into consideration people's choices. People and their relatives confirmed meals were served in the way people liked it. One person said, "If I don't like certain food I can ask for something else and they always prepare it for me." Family members' comments included, "Staff are aware of what my relative doesn't like and they do not serve it to them. They always prepare meals that suit my relative's taste" and "My relative likes their soup to be served creamed, staff always purees it and serves exactly as my relative want's it."

People were supported to maintain good health and had access to healthcare services. We saw evidence that the provider made a variety of referrals to external health professionals when needed. Amongst them were referrals to a nutritionist, dietitian, physiotherapist or a community mental health team.

People and their family members told us the staff team was proactive in addressing and responding to any changes in health needs of people who used the service. People's comments included, "Staff are very helpful here and they call the doctor if needed" and "The doctor often comes to see people here. Recently they came to see me as I was unwell."

Relatives told us the staff knew and understood the health and wellbeing needs of their family members. They were happy with the care they received. One family member told us, "My relative was unwell when they first came to live here. The staff had immediately spotted what the issue was. They contacted the doctor, my relative received appropriate treatment and their health improved." A second family member stated, "The staff often checks on my relative and they inform me if my relative does not feel well. For example my relative had cold recently, they contacted the doctor and my relative is well now."

External health professionals confirmed that the service was proactive in dealing with any health issues of people who lived at the service. One professional told us, "Staff are well trained and if they spot any issues they immediately refer people to us. They follow all our instructions and people get well very quickly there."

The registered manager told us people's good health and wellbeing were important to them and the staff team. The registered manager had encouraged all people who lived at the service to have their yearly, general health checks done with their doctor. The health check results were then included in people's care files. We saw an up to date copy of such checks in every care file we looked at. By collecting this information, the registered manager ensured they had a good understanding of people's health and wellbeing needs. This information was then used to ensure the best and the most appropriate care and support were provided to all people who used the service.

Each person had a hospital passport which held a summary of their needs which would be used if they were admitted to hospital.

Is the service caring?

Our findings

People who used the service were very complimentary about staff and the care they received at the service. They told us, "This place is quite good, the staff is very polite and helpful. You can ask for anything and you will get it", "This is a wonderful place, its clean, staff are very nice" and "I am very happy here as they (staff) care for me. Staff are very kind and I receive good support here."

All the family members we spoke with told us they were extremely happy with the care and support offered by the service to their relatives. They said staff approached their relatives in a kind and compassionate manner, treating each person as an individual. Their comments included, "I couldn't wish for a better place for my relative. Staff there are fantastic. This place is perfect" and "We are very impressed, staff seems very caring and genuine. They are trying to give every person attention and my relative had become more alert and cheerful here."

We saw evidence of and heard about examples where the person centred approach of the service had made a difference in people's lives. For example, one person had returned to live at the service following a prolonged period of illness. The person was still in a very poor health and lost a lot of weight due to refusing their meals. Staff, with the support of a dietitian, ensured that the person received specially prepared meals which took into account the person's own preferences and were nutritious to support the person's weight increase. The registered manager told us they worked with the person ensuring they had not felt pressured. They had received their meals at the time of their preference and in the way they liked to have them. Consequently, within three weeks of returning to the service, the person's weight increased and their physical and mental health had significantly improved.

A second person was transferred to the service from a residential care home on request of their family. They had suffered from chronic back pain for many years and their mobility had greatly reduced while in the previous care home. The person had also been afraid of being moved from a chair to their bed, were constantly feeling nauseous and was suffering from many infections. Consequently, they had been completely immobilized in bed. Within weeks of moving to the service, staff had rebuilt the person's trust by explaining the benefits of mobility and through constant encouragement. The service had also purchased a special wheelchair, which allowed staff to move the person to the communal areas where they could spend time with other people who lived at the service and staff. The person had gained some weight and enjoyed all their meals. The registered manager told us, "The person started enjoying the "change of scenery" when taken to the lounge and during better weather the person has been enjoying being taken to the garden."

In another example, a person liked to keep warm and they found it difficult to change their clothes as the change of the temperature when putting new clothes on was unpleasant to them. The staff had ensured that the person's room had been kept at the temperature the person felt comfortable in. The staff had also ensured that all of the person's clothes were kept warm before the person put them on.

The service provided an exceptional level of care to people when their health deteriorated and they had to be admitted to hospital. Staff visited people in hospital on a regular basis providing a continuity of care and

ongoing reassurance and support. For example, one person who was admitted to hospital found it difficult to stay there and they wanted to return to the service. The staff approached the issue in a creative way by providing a recording of the voice of the person's favourite staff member. The person could listen to the recording every time they felt anxious and wanted to leave the hospital. Additionally, the registered manager told us the service wanted to make sure the person had not lost any weight while in hospital. To ensure that, staff had prepared special high-calorie soups and took them to the person daily.

In another example, a person using the service was unable to speak following a sudden deterioration of their health. The staff had been visiting the person in hospital and sung familiar songs to them in their native, Polish language. As a result the person joined the staff in singing surprising all medical staff who, as we were told by staff, had not anticipated this would be possible.

Staff we spoke with demonstrated a thoughtful and empathetic approach to supporting people who had been living with dementia. The registered manager told us, "For our staff it is important to gain an understanding of how it actually feels to be an older person". To this effect, staff had tried an age simulation suit and took a virtual dementia tour. We were told that this helped staff to have a deeper understanding of the experience of the people for whom they cared for every day.

We observed very warm and positive interactions between people and staff during the meal times. Everyone was eating together and nobody needed to wait for their meal. Everyone seemed happy and enjoyed the discussion. We observed that the atmosphere at meal times was very relaxed and homely. Some people needed additional support with eating, and this was done in a dignified and gentle way. For example, we saw a staff member who was supporting a person during lunchtime. They were sitting next to them at the table, they were interacting with them by talking and encouraging them to eat. Staff told us they placed great emphasis on everyone eating together, including staff members, in the service's dining room. Staff told us they believed that sharing meals and enjoying food together was at the core of the service's small community. Additionally staff always discussed meal options with people and provided meals that reminded people of the meals they used to cook themselves. By doing this staff showed their understanding of the importance of reminiscence and people's past experience when supporting people who live with dementia.

The service promoted inclusion and independence for all people living there. People were encouraged to participate in various daily tasks related to running the service. Staff we spoke with told us, "We want people to be independent as long as they can and we only help when they cannot do things themselves. We sometimes ask them to help us with home tasks such as food preparation, cooking and baking." People and their relatives confirmed that staff encouraged them to take part in meal preparation.

The service also respected people's individuality. Staff did all that was possible to facilitate people's needs and preferences so people could spend their time at the service in the way they liked and felt comfortable with. For example, one person liked to spend time in their room listening to audio-books. However, the person did not like books read by male readers and had a preference for historical books. Staff therefore bought a selection based on the person's preferences. This evidence showed that people's personal choices mattered and staff were happy to go the extra mile to meet people's needs.

The service constantly worked towards ensuring that all the customs and traditions that were important to people who used the service were enriched and celebrated. On the day of our visit, all people who lived there were Polish. The registered manager told us about a variety of social and leisure events that took place in order to celebrate different Polish and other customs and traditions. These included celebrating people's, birthdays, name's days, religious events and other popular festivals. We were told about a special

celebration of Valentine's Day when people who used the service were encouraged to create a Valentine's card for someone they loved. Staff told us they watched with joy as people concentrated on this task. We were told that some people had created a card for one of the staff members. This was done without any prompting. Staff told us, "Moments like this bring us great satisfaction".

We saw photographs of these various events confirming that people had been involved in such activities and they enjoyed them.

Staff told us that family members could visit at any time and people and their relatives confirmed that this was the case. One person told us, "Family can visit me any time. I have no complaints."

People and their family members told us people were involved in making decisions about their care, treatment and support. One person told us, "Staff always come to chat to me, they ask if I need anything and how they could support me." One of the family members told us, "My relative communicates with staff about what they need and the staff always accommodate them as much as they can."

Staff told us they spoke to people about end-of-life care to ensure that the service was aware what people's wishes were following their passions. We saw outcomes of discussions recorded in people's care plans.

Is the service responsive?

Our findings

People's needs were assessed before their admissions to the service. The registered manager told us they contacted each person at their home or hospital to discuss their care needs and personal choices. People were also welcomed to visit the service where they had the opportunity to be introduced to the staff team, to understand how the service worked and what would be offered to them if they lived there. People and their relatives confirmed such visits were taking place. One person told us, "Before moving in, I came to see the place and I loved it from the start."

Care planning was at heart of service delivery. We looked at care plans for three people who used the service and we saw they were person centred and consisted of information on people's life prior to living at the service as well as on their current care needs and preferences. Care plans we looked at had comprehensive information on people's health history and current care needs as well as clear guidelines for staff on how to support people to ensure all their care needs were being met. This included information on how people wished to receive their personal care, how they preferred to take their medicines and how to support each individual with their specific health care needs. For example, one person's care plan stated they required to be reminded to take their medicines as they had missed a dose in the past. A second person's care plan gave a detailed description on how staff should support them in case they got distressed and upset with staff or other people living at the service. Another person's care plan said they were at risk of isolation due to their reduced mobility and staff were instructed to embolden their independence by encouraging them to walk and socialise with other people who used the service.

People's care plans also consisted of information on their past occupation and social relationships as well as their current hobbies and activities choices. From the care plans we learnt that some people liked to play skittles, watch Sunday mass on TV or have conversations with staff, other people using the service and visitors.

People and their relatives confirmed that they took part in formulating and regular reviewing of their care. One person told us, "My relative reads my care plan and tells me about it." Family member's comments included, "I've seen my relative's care plan and I agreed to it. I also take part in reviews. If there are any changes the service lets me know about this immediately" and "They (staff) went through the care plan with my relative and they explained it to them."

The registered manager told us each person's care plan was reviewed monthly and any changes and updates were reflected in the reviews. They provided us with an example of one person's care plan that following a review was fully changed as the person's health deteriorated and their care needs changed rapidly. Evidence in other care files we looked at showed all care plans were reviewed and updated monthly. A copy of each care plan was printed, signed by the people using the service and placed in their room. Therefore, people, their family members and the staff had easy access to it.

People using the service told us they had ongoing access to meaningful and stimulating activities throughout the week. People could participate in a range of group activities such as ball games, skittles,

group exercises and a variety of Polish cultural events. Additionally, the service had employed an activities coordinator who was also a trained and experienced physiotherapist. The activities coordinator provided one to one sessions for those people who needed to improve their physical strength and mobility. People and their relatives confirmed that activities were taking place at the service and they liked participating in them. One person told us, "(staff member's name) comes once a week to help me to exercise. It is very good". Family members comments included, "My relative tells me they (people) are encouraged to do many activities" and "The staff do crosswords, play games and do light exercises with people. The staff always interacts with my relative and others. They constantly talk to them about current affairs and other things." We also saw photographic evidence of past cultural events and various activities taking place at the service. The service had a complaints policy and procedure in place that was available in the communal area of the service. Family members were aware of this policy, however, they said they never had any concerns or complaints. All family members we spoke with told us if they had any concerns they would speak directly with the registered manager and they were confident the issue would be resolved. The service had also introduced a survey that was designed to collect feedback about the service they provided. It was an ongoing survey and the registered manager had been encouraging all people using the service, their relatives, external professionals and any other visitors to share their experience of the support provided by the service. The registered manager provided us with examples of completed forms. They told us that they were in the process of gathering all surveys in order to analyse the feedback received and used to inform the service's improvement plan. Relatives of people using the service confirmed they were encouraged to complete the survey. A family member told us, "They have feedback cards in the hallway and I always leave verbal feedback. A second family member said, "My whole family completed the survey, we thought it was important to share how good the place is."

Is the service well-led?

Our findings

At our last inspection on 13 and 14 June 2016, we found that the service had not carried out medicines audits and this resulted in issues and risks related to safe management of medicines. At this inspection we found that improvements had been made. Following our inspection in June 2017 the registered manager introduced a two monthly medicines audit. We saw the audit had been carried out regularly, the observations were recorded and actions were taken to ensure safe and correct medicines administration. Additionally, the registered manager had sought support from external sources. A pharmacist from the local pharmacy attended the service in October 2017 to carry out an audit on management of medicines at the service.

During our visit on 20 April 2017 we found that the service had not notified the Care Quality Commission (CQC) about two potential safeguarding concerns that were raised since our inspection in June 2016. During our visit, we discussed with the registered manager their responsibility to notify the Commission if a variety of incidents took place while people were receiving support from the service. The registered manager understood their responsibility and was able to list a range of incidents where a statutory notification would be necessary. They stated they would monitor all events to ensure that CQC receives all notifications when appropriate and as required by the Regulations.

We saw there was a board in the entrance hall which displayed information about CQC, the last inspection report, health and safety information and the complaints procedure.

There was a registered manager at the service who was supported by two staff members and a board of 11 trustees. The registered manager had been managing the service for the past 28 years. They were in the process of completing a Diploma in Management in Health Organization and they held an NVQ3 in Health and Social Care and Catering.

The registered manager had made continuous improvements with regards to the leadership and governance of the service. They had implemented a new, computer based care planning and service management system to ensure the smooth running of the service. The system allowed the registered manager to monitor and analyse all information related to care and treatment of people who used the service. This included comprehensive care planning and reviewing and contemporaneous record keeping. Additionally, the registered manager carried out regular accident and incident audits and a variety of health and safety checks to ensure the environment that people lived in was safe.

Staff told us they felt supported by management and there was open and transparent communication with regards to the provision of care at the service. Staff knew what was expected of them and felt comfortable approaching the registered manager with any queries if needed. One staff member told us, "I have no complaints, in case of any problems we can speak with the manager and we work on possible solutions together. The manager is supportive and flexible in their approach." We observed that there was an ongoing exchange of information and guidance from the registered manager that staff responded to promptly.

People who used the service and their family members knew the manager well and they spoke fondly about their commitment to the service and people who lived there. Family members we spoke with told us that there was ongoing and transparent communication between them and the registered manager. They were involved in all aspects of care and treatment provided to their relatives and they were informed about any changes to their health and wellbeing immediately after the change occurred. Comments included, "The manager is very good. They take a lot of responsibility, they do their best for the service and they do it well", "I couldn't ask for a better place. It is a god send" and "They (registered manager) always respond to us very quickly and tell us immediately if anything is needed or if my relative's care needs have changed."

We saw evidence of ongoing contact and good relationships with external professionals. These included referral letters and records of frequent visits of external professionals to the service. One professional told us, "This is my favourite service; everyone is so well looked after there. It is a lovely place and I am impressed" and "The registered manager is dedicated to the service and devoted to all people who live at this service."