Mr & Mrs L Alexander

Abbey Court

Inspection report

Popley Way
Basingstoke
Hampshire
RG24 9DX

Tel: 01256354598

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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

This inspection was announced and took place on the 8 and 9 March 2016.

Abbey Court is an extra care housing service situated within a purpose built residential block of flats located on the outskirts of Basingstoke town centre. Abbey Court is comprised of two floors containing individual flats. Communal areas include seating in corridor areas, a library, foyer, library, a movie watching area and a large newly refurbished restaurant on the ground floor.

An extra care housing service is where people are provided with personalised care and support in their own home situated within a residential block of flats. People who receive this care service include those living with dementia, people with medical conditions including diabetes and those living with sight and hearing impairments. At the time of the inspection the service was providing personal care to 36 people. Care was being provided by care and support workers who will be referred to as staff throughout this report.

Abbey Court has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they felt safe. Staff understood and followed guidance to enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm in their own home had been identified and managed safely. Appropriate risk assessments were in place to keep people safe.

Recruitment procedures were completed to ensure people were protected from the employment of unsuitable staff. New staff induction training was followed by a period of time working with experienced colleagues. This ensured staff had the skills and confidence required to support people safely. There were sufficient staff employed to ensure that people's individual needs were met.

Contingency plans were in place, known by staff and evidenced in their practice to ensure the safe delivery of care in the event of adverse situations such as a fire. Fire drills were documented and understood by staff

to ensure people were kept safe. The registered manager and other managerial staff were also qualified to be deployed to deliver care if staff were ill and unable to work.

People were protected from unsafe administration of their medicines because staff were trained effectively. Staff had completed mandatory training to ensure they could prompt people to take their medicines where required and where they administered people's medicines this was carried out safely. Advice was provided to people from staff to inform them of the safe storage, disposal and obtaining of medicines stored in their own homes. Staff skills in medicines administration were reviewed on a regular basis by the manager to ensure they remained competent.

People were supported by staff to make their own decisions. Staff were knowledgeable about the actions to take to ensure they met the requirements of the Mental Capacity Act (MCA) 2005. The manager identified they would work with health care professionals when required to assess people's capacity to make specific decisions for themselves. Staff sought people's consent before delivering their care and support.

Where required people were supported to eat and drink enough to maintain a balanced diet. People were encouraged to participate in the lunchtime meal that was provided by the restaurant situated on the ground floor. People told us they were able to choose their meals and enjoyed what was provided.

People's health needs were met to maintain their safety and welfare. Staff and the manager promptly engaged with other healthcare agencies and professionals to ensure people's identified health care needs were met.

Staff demonstrated they knew and understood the needs of the people they were supporting. People told us they were happy with the care provided. The registered manager and staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times. People were encouraged and supported by staff to make choices about their care including how and what care they required.

People had care plans which were personalised to their needs and wishes. They contained detailed information to assist staff to provide care in a manner that respected each person's individual requirements and promoted treating people with dignity. Relatives told us and records showed that they were encouraged to be involved at the care planning stage, during regular reviews and when their family members' health needs changed.

People knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. People, relatives and staff were encouraged to provide feedback on the quality of the service during regular care plan reviews, staff spot checks and quality assurance questionnaires.

The provider's values included the right for people to experience privacy and dignity in their care delivery and to promote people's independence. Staff were knowledgeable about how they were expected to deliver care and staff demonstrated these principles. People told us these standards were evidenced in the way that care was delivered.

The registered manager, other managerial staff and staff promoted a culture which focused on providing individual person centred care. People were encouraged to raise concerns with staff, the registered manager and the provider.

The registered manager provided positive leadership which instilled confidence in staff and people using

the service. The registered manager had informed the CQC of notifiable incidents which occurred at the service, allowing the CQC to monitor that appropriate action was taken to keep people safe.

People and relatives told us the service had a confident registered manager and managerial staff and staff told us they felt supported by senior staff, registered manager and other managerial staff.

The provider carried out regular quality monitoring to assess the quality of the service being delivered.

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

People were safeguarded from the risk of abuse. Staff were trained to protect people from abuse and knew how to report any concerns.

There was a thorough recruitment process in place. Staff had undergone relevant pre-employment checks to ensure their suitability to deliver people's care.

Contingency plans were in place to cover unforeseen events such as a fire at the location or in the event of large scale staff sickness to ensure continuity of care for people.

Medicines were administered by trained staff whose competency was regularly assessed by the manager.

Is the service effective?

Good

The service was effective.

People were supported by staff who completed specific training in how best to support their needs and wishes.

People were supported by staff who demonstrated they understood the principles of the Mental Capacity Act (MCA 2005). People were supported to make their own decisions and if people lacked the capacity to do so staff were able to demonstrate that they would comply with the legal requirements of the MCA 2005.

Where required people were supported to eat and drink enough to maintain their nutritional and hydration needs.

People were supported by staff who were able to demonstrate when they would assist people by supporting them to seek healthcare advice.

Is the service caring?

Good

The service was caring.

People told us the staff were caring. Staff were motivated to develop positive relationships with people.

People were encouraged to participate in creating their personal care plans.

Relatives were involved in planning and documenting people's care. This ensured that people's needs and preferences were taken into account when developing their care plans.

People received care which was respectful of their right to privacy whilst maintaining their safety and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs had been appropriately assessed by the manager or senior staff prior to care delivery. Care plan reviews were completed regularly and additional care plan reviews were completed when people's needs changed to ensure they remained current.

People were encouraged to make choices about their care and to participate in activities to prevent them from experiencing social isolation.

There were processes in place to enable people to raise any issue or concerns they had about the service. Any issues, when raised, had been responded to in an appropriate and timely manner.

People's views and opinions on how to improve the quality of the service provision was routinely and regularly sought.

Is the service well-led?

Good

The service was well led.

The manager, registered manager and senior staff promoted a culture which placed the emphasis on care delivery that was respectful, dignified and delivered by staff who felt they were caring for their own relative.

Staff were aware of the responsibilities of their role and felt supported by the manager and registered manager. Staff told us they were able to raise concerns with the manager, registered manager and the provider. People and staff told us they felt the registered manager provided good and strong leadership.

The registered manager and provider regularly monitored the service provided. This was to identify where any potential improvements could be made to increase the quality of the service people received.

Abbey Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 the 8 and 9 March 2016 and was announced. The provider was given 48 hours' notice because it was believed the provider offered a domiciliary care service at the location and we needed to be sure that people and staff would be available to be spoken with. The inspection was completed by two adult social care inspectors. A Provider Information Return (PIR) was not requested prior to the inspection due to a change in inspection date. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before this inspection we looked at the previous reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the agency is required to send us by law.

During the inspection we visited eight people in their homes, spoke with one relative, the registered manager, the manager, one member of senior staff, three staff and the provider's Quality and Assurance Officer. We reviewed seven people's care plans and six people's medicines administration records (MARS). We reviewed five staff recruitment files, the induction process for new staff, training and supervision records and quality assurance audits. We also looked at the provider's policies and procedures, maintenance records, staff rota for the 1 February 2016 to the 28 February 2016, complaints records and written compliments. During the inspection we spent time observing staff interactions with people including a lunch time sitting.

Following the inspection we spoke with another relative.

This location was last inspected in August 2013 where no concerns were raised.

Good

Our findings

All the people we spoke with told us they felt safe with the staff who provided their support, one person told us, "I feel safe with the carers, I want to go to bed when they are here as they make me feel safe". Another person told us, "I always feel safe when the carers are helping me". Relatives we spoke with also said they felt their family members were safe.

Staff were able to demonstrate their awareness of what actions and behaviours would constitute abuse and provided examples of the types of abuse people could experience. Staff were knowledgeable about their responsibilities when reporting safeguarding concerns. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. The provider's safeguarding policy provided information about preventing abuse, recognising signs of abuse and how to report concerns. Staff received training in safeguarding vulnerable adults and were required to repeat this on a two yearly basis. People were protected from the risks of abuse because staff understood the signs of abuse and the actions they should take if they identified these.

Risks to people's health and wellbeing were identified and guidance provided to mitigate the risk of them experiencing harm. All people's care plans included their assessed areas of risk which included those associated with moving and handling and environmental risks. Environmental risks included information regarding slips, trips or fall risks as a result of people's own property in their homes. Risk assessments included information about action to be taken by staff to minimise the possibility of harm occurring to people. For example, one person using the service was at risk of injury during transferring due to their medical condition. Information was detailed in this person's care plan which provided guidance to staff about how to assist this person to move safely around their own home. This was in order to prevent injury and resulting deterioration of this person's physical health. Staff knew the particular risks associated with the people they supported and were able to discuss how they would care for people's safely.

Accidents and incidents were documented thoroughly and actions taken to prevent reoccurrences. The provider used Incident, Information, Accident, Complaint and Concern forms (IIACC) to document all incidents that arose during care delivery. These were viewed and actions taken where appropriate and signed by the manager to say that they had been viewed. One person had suffered an injury during a recent fire alarm test which had involved the doors automatically closing to prevent the spread of any fire. An IIACC form was completed which contained a detailed description of the accident. This was viewed and a decision documented about whether or not there were any further actions which could have been taken to prevent the accident. On this occasion suitable warning had been made to people that the test would be occurring

and it was concluded that nothing further could have been done to prevent the accident. This was viewed and signed by the manager that the appropriate conclusion had been reached. Another form was reviewed where it had been identified and documented that a person required additional support with their medication. Staff had noticed that this person had been taking the wrong medication at the wrong time and recorded this appropriately. An incident form had been created and actions taken to prevent the situation occurring again. These actions had included the introduction of staff to assist the person by providing them with the correct blister packs. This enabled the person to dispense their own medicines and therefore continue to self-medicate in accordance with their wishes which had been appropriately assessed. Accidents and incidents were reviewed and where possible appropriate action taken to minimise the risk of a similar incident occurring again.

Recruitment procedures were followed to check people were assisted by staff with appropriate experience and who were of suitable character. Staff had undergone detailed recruitment checks as part of their application and these checks were documented. These records included evidence of good conduct from previous employers. Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. People were kept safe as they were supported by staff who had been assessed as suitable for the role.

There were contingency plans in place to protect people in the event of an adverse or emergency situation. The business plan was created with the objective of ensuring continuity of essential activities in care delivery and to reduce the disruption to people, employees and services in the event of an incident. In the event of situations affecting people's homes, such as water damage, water failure or flooding, guidance was provided to people and staff regarding the appropriate action to take to ensure people's safety. This included details of working with other partner organisations to ensure that alternative accommodation could be located. Fire drills were completed twice yearly to ensure that people and staff knew the action to take in order to keep people safe. This included working with the local fire service to ensure that when realistic staged fire drills occurred appropriate guidance was sought and practiced. When people moved to the location they were also provided with a booklet titled 'How to prevent common fires' which included information on how to avoid fires in their own homes, how to cook safely and taking care with electrics, candles and cigarettes. This guidance provided clear and concise information on how to avoid all types of fires in their home and the best way to evacuate if required. Risks to the critical functions which could affect care delivery had been identified and plans documented to ensure continuity of care for people if required.

Before the inspection some people had raised concerns that there were not sufficient numbers of staff available during all times of the day. Records showed that sufficient numbers of staff were deployed to be able to meet people's care needs during their care appointments. When care was not scheduled for delivery then in the event of an emergency senior and managerial staff were available to deliver care. Staff told us there were enough people deployed to be able to meet people's needs. The registered manager and manager explained that where shortfalls in staffing were identified, existing staff worked additional hours to provide cover. The manager and registered manager did not use the assistance of agency staff. This was to ensure that people received their care from known and recognised staff. In the event of an emergency, additional staff within the provider's agency were available to be deployed to deliver care if required. This ensured that staff deployed had undergone the provider's mandatory induction and training. The registered manager, manager and senior staff were also available to provide personal care to support staff.

People were happy with the support they received with their medicines. Most people we spoke with were able to manage their medicines independently or with minimal support from staff. People told us that the staff always made sure that they had taken their medication as required. When people were unable to

manage their own medicines they received the support they required. Staff assisted people to be able to take their own medicine and staff ensured that this was done correctly and documented accordingly. Care plans contained a medication risk assessment and support plans identified the level of support people required when managing their medicines. If assistance was required, the process required to support people safely was detailed. Staff received training in medicines management and records showed that, when required, medication administration records were correctly completed to identify that the right medicine was given at the right time by the right route. Staff were also subject to competency assessments to ensure medicines were dealt with and administered safely. People's medicines were managed safely.

Good

Our findings

The people we spoke with were positive about staffs' ability to meet their care needs. Relatives and people said that they felt staff were well trained and had sufficient knowledge and skills to deliver care. One person told us, "They (staff) know what they are doing, I can't fault them". A relative told us, "They (staff) are good with moving and handling".

New staff received an effective induction into their role with Abbey Court. This induction included a period of shadowing to ensure they were competent and confident before supporting people. Shadowing is where new staff are partnered with an experienced member of staff as they perform their job. This allows new staff to see what is expected of them. Staff were able to request additional staff shadowing until they were confident to perform their role effectively.

New staff were required to complete the Care Certificate induction standards as part of their core training. These are nationally recognised standards of care which care staff need to meet before they can safely work unsupervised. The provider had identified courses that had to be completed by care staff during their induction period prior to commencing working with people. These included training in moving and handling, medication and training on the Mental Capacity Act 2005. New staff were then subject to observation in their role by senior staff to ensure they were suitable to deliver care. This involved covering a number of key aspects of care delivery including the use of equipment used during care delivery, showing an awareness of people's dietary needs, infection control measures taken and providing people with personalised care which was respectful of their privacy and dignity.

People were assisted by staff who received support in their role. There were documented processes in place to supervise and appraise staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help staff develop in their role. The manager acknowledged that not all staff had recently received their monthly supervisions however plans were in place and records showed that these would all be completed by the end of March 2016. Staff told us that they would see the manager daily and were able to speak to them at any time if required. Formal and informal supervisions were in place so that staff received support to enable them to conduct their role effectively.

The Mental Capacity Act (MCA) 2005 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. The registered manager and manager told us that if concerns were raised regarding the ability of people to make specific decisions about their care they would seek external health care professional advice. These external health care professionals would then be responsible for completing decision specific mental capacity assessments. We checked whether the service was working within the principles of the MCA 2005. All of the staff were able to demonstrate that they would comply with the MCA 2005 where required.

Staff were able to discuss the importance of giving people choice in the care they received. Where people required additional support to make decisions due to a lack of capacity, staff involved friends and family with a Power of Attorney (POA). A person who has been provided with POA is there to make decisions for people when they are unable to do so for themselves. Staff were able to evidence that they supported people with making decisions about their day to day care and routine.

People's consent was sought before care was delivered. In care plans people had signed consent to share forms which also included that people were happy with the assessments, independence plan and care and support that had been arranged. These stated that people gave consent for the care and support to be delivered as agreed. These also acknowledged that people had been provided with additional information on other organisations who would be able to assist them and provide advice if required. This included people receiving information regarding the Community Independence Team, Dementia Advisory Service, Financial Advisory Service and the Older People's Area Link (OPAL). OPAL volunteers provide short term support over one or two home visits to find out about local activities and services. Staff provided examples of where they would seek permission from people before supporting them with their care.

People we spoke with were able to provide their own meals or received assistance with food preparation from staff. People told us they were happy with the quality of the food provided. One person told us that they were offered dining choices and they had "Lovely meals" provided. This person said that staff encouraged them to have fluids available which would prevent them from suffering dehydration and associated health related issues. Another person commented that care staff always ensured that they had a glass of water available as they were prone to bouts of coughing. Relatives agreed that the food provided was of a good quality with one describing the food as "Brilliant" and commented that the gardening club grew herbs in the garden which the chef used during food preparation. Care plans detailed people's special dietary or food needs and how these were managed. For example, it was documented that one person was prone to choking when eating and drinking. Guidance was provided for staff that this person should be encouraged to take their time whilst eating to reduce this risk.

Staff supported people to enjoy the lunchtime meal which was available to people to purchase at the location's restaurant. This restaurant was run by the landlord of Abbey Court however ACASA staff assisted people to complete their menu choices on a weekly basis. Staff worked closely with the restaurant to ensure that they were aware of people's likes, dislikes, allergy or diabetic needs. Staff also assisted staff during the lunch time service. The daily lunchtime meal enabled people to interact socially and also allowed staff to identify whether or not people were eating sufficiently to meet their nutritional needs. If people wanted to have their food taken to their rooms this was accommodated by staff, people were also able to have a change from the menu if they wished. During a lunchtime sitting four different main dinner options were provided to people. Lunchtime was an informal, relaxed and social occasion. Staff made eye contact with people and checked when people had not eaten their full meal if they were feeling alright and whether they wanted anything more to eat or drink.

Staff were available to identify and assist in arranging access to healthcare professionals for people when required. Most people living at the location were able to manage their own healthcare needs with the help of

friends and family. Staff however were able to identify when people needed additional assistance and acted proactively to ensure this need was met. A few days before the inspection one person began experiencing a potential side effect to their medical condition which resulted in them experiencing medical difficulties. Staff immediately sought guidance and support from the local GP. Staff then acted as an advocate for this person with health care professionals to ensure that this person received the specific health care they required. One relative told us that due to the staff, registered manager and manager their family member was now receiving regular healthcare appointments which they had avoided for a number of years. People were supported to seek additional support where required and were assisted and supported in order to do so.

Good

Our findings

All the people we spoke with told us they liked the staff who delivered their care and we could see that they experienced comfortable and reassuring relationships with them. Relatives and people told us that support was delivered by caring staff. One person told us, "I love the carers; I can't speak highly enough of them". Another person said, "I couldn't wish for nicer ladies (staff)". A relative told us, "(staff) Are exceptionally caring and patient, I am amazed at the total commitment by all the staff".

Staff had developed positive and caring relationships with people and these were encouraged by allowing people to choose who they wanted to provide their care. At assessment stage people were asked if they had a preference regarding the gender of the staff who would support them. Whilst there were only currently female staff providing care at the location if requested a male member of staff would be sought from the provider's other agencies. The manager also sought the services of other agencies to enable people to purchase their care from other care providers if this was what they wanted. Where people requested a different member of staff the manager was able to accommodate people's wishes and offered alternative staff. One person told us that the staff member who delivered their care, "Is like a friend" and other people commented that the care staff are "Warm and caring". People were in control of who entered their home and who they wanted to provide their care allowing them to develop trust and positive relationships. A relative told us that the caring nature of the staff had allowed a strong and trusting relationship to be forged with their family member. This had resulted in them developing in their confidence and becoming more socially interactive with friends, family and other people living and visiting at Abbey Court.

Most people's care plans were written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. The registered manager was in the process of updating care plans to ensure that each person's care plan had a specific and detailed document called, 'All about me'. Where completed these documents included information about what was important to people such as their hobbies, religious beliefs, favourite meals and snacks and details of what help they required to support them. Whilst not yet completed for all, staff and the managerial staff showed a good knowledge of all the people they supported. Staff were able to tell us in detail about people's interests, families, preferences and hobbies. People and their relatives told us they were happy when speaking with all staff and conversations observed were familiar and personal to the individual. Staff were person centred in their approach and would always ask people if there was anything else they wanted or needed at the end of their scheduled care visit. People received care from people who knew them as individuals, were caring in their approach and made sure their health and wellbeing needs were met at each care visit.

People who were distressed or upset were supported by staff who could recognise and respond appropriately to their needs. Staff knew how to comfort people who were in distress. Care plans offered guidance for staff on what actions to take when people became distressed. One person's care plan stated that they could experience periods of low mood. Their care plan described the personalised action staff should take to best support them during this time. This person said that staff were able to recognise when they were in a low mood and would encourage them to become active during the day which would improve their mood. Another person told us that when they were feeling low in mood staff were able to recognise this and knew how to respond in order to improve their mood and make them laugh. People's emotional needs were met by staff who were able to identify when additional support was required to ensure their wellbeing.

People were supported to express their views and to be involved in making decisions about their care and support. Records showed people were regularly asked if the care they were receiving was meeting their needs or if changes were required. Staff were able to explain how they supported people to express their views and to make decisions about their day to day care. This included enabling people to have choices about what they would like to eat or wear or how they would like to spend their day.

People were treated with respect and had their privacy and dignity maintained at all times. Staff were able to evidence how they would ensure that people had their needs met whilst maintaining a person's privacy and dignity. People told us that staff were respectful and supported them with personal care in a respectful way. This included not leaving people exposed whilst assisting them with their bathing routine and respecting a person's choice if they did not wish to receive care during their visit. When people experienced accidents which made them feel uncomfortable they told us that staff remained respectful and dealt with the situation in a way that comforted them. One person told us that when these incidents occurred, "You don't feel embarrassed with them (staff)". Staff were kind, compassionate and respectful of people's need for dignity and respect during all aspects of care delivery.

Good

Our findings

People we spoke with told us staff took time to get to know them and addressed them as individuals. Not all the people we spoke with felt that they were engaged in the creation of their care plan, however we could see that individualised support plans had been created and signed with people's involvement. Where people requested, their relatives were able to contribute to the assessment and planning of the care provided.

People's care needs had been individually assessed and documented by senior staff before they started receiving care. Care plans were then developed outlining how people's needs were to be met. People's individual needs were routinely reviewed every six months or when people's health or care needs changed, which meant that care plans provided the most current information for staff to follow.

Relatives were involved in the decision making process and were encouraged to participate with care plan reviews. Relatives told us and records showed that they were involved in this process which enabled people to receive the care which was most appropriate to their wishes and needs. One relative told us, "The manager and registered manager keep us informed (about care reviews) and we have had meeting with social services to discuss…the manager, registered manager and all the staff continually call or email to update us on the care plan". When changes in people's health care needs had been identified, this was recorded and actioned appropriately. Records showed that one person's care plan had been reviewed due to their declining physical health, to ensure their needs were still being met. One relative told us that their family member had suffered a fall which resulted in a change in the support they required. As a result their family member's care plan was reviewed to ensure that additional support was provided to meet their changed needs. Another person living with diabetes told us that their care plan had been reviewed as a result of them expressing that they were feeling nauseous during a particular time of the day. The timing of their call was reviewed and made earlier so they could be assisted with their medication. This had resulted in them no longer feeling ill. People were receiving care which was reviewed regularly to ensure it remained relevant to their needs.

The registered manager and staff recognised the need for people to participate in activities to help prevent them experiencing social isolation. All people living at the location were encouraged to participate in a range of organised daily activities that were available. When people specified they wanted to remain in their own homes this was respected. One relative we spoke with did not feel that there were always sufficient activities for their family member to participate in, due to their specific disabilities. This information had not been previously been provided to the registered manager. We drew this to the attention of the registered

manager who confirmed that she would look at any potential alternatives to help prevent this person from feeling isolated. Another relative said that as a result of the relationships their family members had built with staff they were now able to communicate with people around them using a range of facilities. This had led to an interest in the use of computers and they were now participating in information technology lessons which they were enjoying.

Regular activities at the location included, Skittles, Film Club, Bingo, Gardening Club and visits from the local ministers. There were also social events to celebrate people's birthdays and the Salvation Army ran sessions called Come And Meet Each Other (CAMEO) to encourage people to socialise with the other residents of Abbey Court. Noticeboards in communal areas provided details of the social activities available to people to participate with. People were also made aware of the activities available by use of a newsletter created by the building owner which included key upcoming events. People told us they were encouraged to participate in activities and staff would help them to attend.

People were actively encouraged to give their views and raise any concerns or complaints. People and relatives told us they knew how to make a complaint and felt able to do so if required. The provider's complaints procedure was available in people's care plans and clearly displayed in public areas. This guidance provided details on how to complain and provided specific timescales within which people should expect to receive a response and details of external agencies who could assist. These agencies included Adult Services, The Care Quality Commission and the Independent Ombudsman. A number of complaints were viewed and we could see that they had been documented, investigated and an outcome identified to ensure that the action which led to the complaint would not be repeated. People were then provided with an update to their complaint and agreed that they were happy with the action which had been taken. Only one person we spoke with had raised a formal complaint. This person was aware that action had been taken to attempt to resolve the issue; however they considered that a satisfactory solution had not yet been fully implemented. We spoke with the manager who acknowledged this complaint and we could see that action had been taken to address it, which was on-going. When the registered manager had been unable to successfully resolve people's complaints they sought the advice and guidance from external agencies to assist. This included involving Adult Services to try and find an alternative solution to people's complaints.

Good

Our findings

The provider, registered manager and manager aimed to achieve an open and person centred culture within Abbey Court. They actively sought and encouraged feedback from people using the service, their relatives and staff to improve the quality of the service provided. People knew who the registered manager and manager were and were very confident in their ability to manage the service effectively. One person said about the managers, "They're marvellous", another person told us, "The one in charge (manager) I think she is wonderful". A relative told us that the staff and managers were "Absolutely amazing." People and relatives told us they were very happy with the quality of the service provided. One relative told us, "I cannot begin to say how fantastic the service is at Abbey Court, our family member is being looked after fantastically".

The registered manager wished to promote a positive, respectful and open culture which was focused on staff treating people as if they were their own family member. The registered manager told us that she and other managerial staff were always available to be spoken to by staff, people and relatives. Staff told us that they agreed that the culture of Abbey Court was of one of openness. One member of staff told us, "It's an open and supportive the culture here. Easy to communicate with the managers, it's very open". If mistakes occurred during care delivery these were identified by those involved and feedback provided in a way that was discreet. This allowed staff to reflect on their working practices to ensure that mistakes were not repeated. One member of staff told us, "The culture here is good, everyone helps each other out, if you know someone has made a mistake you let them know but if they do (make a mistake) they do admit it". Staff felt supported by the registered manager and other managerial staff and told us they were able to walk into the office at any time if they wished to seek some additional support. One member of staff told us, "They (managerial staff) are fantastic…the support is amazing, absolutely amazing….the registered manager and manager, there's always support whatever it is, I couldn't be happier I really couldn't".

The provider had a set of written values for the service which stated the principles and values of care which would be exhibited by the staff. This was called "The philosophy of care" and included, "We aim to provide service users with a secure, relaxed and calm environment in which their care, well-being and comfort is of prime importance". The core values of care delivery were identified as care, privacy, dignity, rights, independence, choice, fulfilment, security, respect and equality. This information was provided in the office and made clear to staff when they were recruited by the provider. Staff were able to clearly identify that their role was to deliver respectful and dignified care in a way that was to promote people's independence. People and relatives told us staff were displaying these values when delivering their care and were very happy with the care provided. One person told us, I feel privileged to be here and don't have any worries", another said "Once I put my foot in the front door it felt like someone hugged me and I knew I would be

happy here. Very happy here, there is nothing I would change."

People, their relatives and staff told us communication with the registered manager and managerial staff was easy and that they were always in a position to assist with requests for assistance. A relative told us that the manager in particular would go out of her way to be helpful, approachable and was easy to communicate with. Staff told us, "They (managerial staff) are always available 100%, all the time. The manager is a strong leader but she's good…she's your manager but she's good at her job". Managerial staff were always available to speak with people and staff to provide support and guidance if required. One member of staff told us, "It's easy to get hold of people (managerial staff) out of hours, we've got an on call phone and numbers of the other senior managers and they answer in a few rings. If simple problems we can ask them they're always ready to help on the phone. If someone goes home sick they're always willing to come in and stop whatever they're doing. Not like you have to sort it out yourselves."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance.

The registered manager and other managerial staff demonstrated good management and leadership by being easily recognisable and approachable to people, relatives and staff. People told us that the leadership of the service was strong, comments from people included "Managers are good – things are well organised" and that the management was "Great". A member of staff told us "The whole team leader/management is brilliant".

The quality of the service people experienced was monitored through regular care plan reviews, spot checks and observations of staff in their roles by the manager and senior care staff. A range of different audits were completed in key areas such as overall care delivery and medicines. The provider had recently employed a Quality and Assurance Officer whose role focused on completing audits of the service provision. The results of these quality assurance audits were used to identify where improvements could be made to the service provided.

Records showed that the provider completed regular quality control audits. This included sampling people's care plans to check the information contained in them was regularly reviewed. This ensured the guidance provided to staff was the most up to date and that people's needs were being met appropriately. A Senior Management Visit completed by the registered manager was completed in December 2015; from here it was identified that staff assessments needed to be completed by January 2016. During the inspection, records showed that these had been occurring as specified. A medicines audit completed in February 2016 identified a number of areas for improvement and a resulting action plan was created. During this audit it was identified that staff were to be made aware of the importance of keeping medicines in fridges. Staff we spoke with were able to identify the need for specific temperature controlled drugs such as eye drops to be stored in the fridge. Staff evidenced how they supported people to ensure that their medicines were kept in accordance with the pharmacy instructions. Another Senior Management Visit by the Quality Assurance Officer was completed in February 2016. This identified that documents were not in place to show that supervisions and staff meetings had been held regularly. However, we could see that regular supervisions had been scheduled for all staff and staff meeting minutes evidenced that staff meetings were happening on a monthly basis.

Not all the people and relatives we spoke with had been asked to complete an annual questionnaire to rate the quality of the service they received. Records showed however, that these had been sent to residents,

relatives, staff and professionals who worked with the service. The last questionnaires had been completed in 2015. People were asked to provide their level of satisfaction in key areas including whether the staff provided care which helped them to feel in control of their life, whether they felt safe at the location and if they were treated with politeness and respect by the staff. People documented that they were very happy with the quality of the service received. Comments on the completed forms from relatives included, "The staff at Abbey Court are absolutely fantastic, we could not have wished for any more for our mum". Comments from people living at Abbey Court included, "The staff are very good to me they all look after me very well".