The Abbeys (Rawmarsh) Limited

The Abbeys

Inspection report

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Rawmarsh
Rotherham
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Tel: 01709719717

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 16 November 2017 and was unannounced. This means no-one connected to the home knew we were visiting the home that day. The home was previously inspected in September 2016 when we found it was not meeting people's dietary requirements and monitoring systems at the service had failed to identify the shortfalls we found during our inspection. This included, care plans and risk assessments not reflecting the care being delivered and medication not being managed appropriately. We judged the overall rating of the service to be 'Requires Improvement'. We asked the registered provider to submit an action plan outlining how they were going to address the shortfalls we found, which they did.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Abbey's' on our website at www.cqc.org.uk'

At this inspection we found improvements had been made across the five domains and the breaches of Regulation found at the last inspection had been met. For instance, potential risks to people had been identified and better documented, and a more robust auditing system had been implemented, which meant shortfalls found had been identified and actioned in a timelier manner.

The Abbeys is a care home providing personal care and support for up to 80 people. Accommodation is provided in two separate buildings. The home is located on the outskirts of Rotherham and has good public transport links. At the time of our inspection there were 49 people using the service.

The service had a registered manager in post at the time of our inspection. 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.

Throughout our inspection we saw staff supporting people in an inclusive, kind, caring, responsive and friendly manner. They encouraged them to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. The people we spoke with made positive comments about how staff delivered care and said they were happy with the way the home was managed.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. People had been involved in need assessments prior to moving into the home, as well as in planning their care. Care plans outlined peoples' needs, risks associated with their care, as well as their abilities and preferences.

Overall the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation were met. However, we found some care files did not include documentation to evidence that decisions had been made in the person's best interest. For instance, where two people had bed rails fitted for their safety there was no evidence that a best interest meeting had taken place to decide if this was the

best option to take. However, we found no evidence to indicate that people's best interest was not being represented.

Medication administration was being safely managed and where people required medicine on an 'as required' basis protocols had been introduced to provide additional guidance for staff.

Recruitment processes were robust, which helped the employer make safer recruitment decisions when employing new staff. Staff had undertaken a range of training and support that aimed to meet people's needs while developing staffs' knowledge and skills.

The provider had suitable arrangements in place that ensured people received good nutrition and hydration. Care files identified any specific dietary needs people had, and staff were knowledgeable about each person's individual preferences and needs.

We saw the complaints policy was available to people who used and visited the service. The people we spoke with told us they would feel comfortable speaking to any of the staff if they had any concerns. Complaints received had been recorded and investigated appropriately.

There were systems in place to enable people to share their opinion of the service provided. This included meetings, surveys and reviews.

The local authority had told us that when they visited the home in May 2017 they found areas that needed improving. The infection control nurse had also carried out an audit at the home in May 2017, with a follow up visit in August 2017, when they found vast improvement from their earlier audit. At this visit we saw further work had been carried out, or was planned to address a few areas still needing addressing.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were effective systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Recruitment processes were safe and there were sufficient staff on duty to meet people's needs.

Systems were in place to make sure people received their medication safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation was not always met as some files lacked evidence of best interest meetings taking place.

Suitable arrangements were in place to ensure people received good nutrition and hydration.

Staff received training and support appropriate to their job role.

Is the service caring?

Good

The service was caring.

Staff spoke to people with warmth and respect, and day to day procedures within the home took into account people's privacy and dignity.

Staff were aware of people's needs and the best way to support them, whilst maintaining their independence and respecting their choices.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People had been involved in developing care plans that told staff how to meet their needs and preferences. However, specific details about the correct way to move people using a hoist were not always recorded in care plans.

People had access to activities in the home which they said they enjoyed.

People were aware of how to make a complaint and knew how it would be managed. Where concerns had been raised action had been taken to address them.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in post who had made improvements in how the home was monitored. This had improved the quality of the service provided to people, as well as the environment they lived in.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

There were systems in place to enable people to share their opinion of the service provided.

The Abbeys

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 16 November 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included older people and caring for people living with dementia.

Before our inspection, we reviewed all the information we held about the home. We gained information from the local authority and the infection control nurse for the Rotherham area. We also contacted Healthwatch, to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection visit we looked round the premises and spoke with 16 people who used the service, seven relatives and a community nurse. We also spoke with the registered manager, the deputy manager, a senior care worker, the cook, a housekeeper and two care workers. The regional manager was also present for some of the visit and when we gave feedback at the end of the day.

We also used the Short Observation Framework for Inspection [SOFI]. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records belonging to five people who used the service, as well as records relating to the management of the home. This included minutes of meetings, medication records, four staff recruitment files and training records. We also reviewed quality and monitoring checks carried out by the home's management team.

Good

Is the service safe?

Our findings

People told us they felt safe living at The Abbeys. One person said, "Yes, definitely I feel safe and I can talk to staff [if they were worried about anything]." They also told us when they needed assistance staff came as soon as possible. Another person said "Yes, I do [feel safe]." Relatives we spoke with also said they believed their family members were safe living at the home. One relative commented, "Definitely", when they were asked about their family member's safety.

The registered provider had policies and procedures about keeping people safe from abuse and reporting any concerns appropriately. Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. Staff said they had received training in this subject and were also aware of the company's whistleblowing policy.

Medication was managed safely, with senior care workers taking responsibility for administering medicines. A senior care worker described a safe system to record all medicines going in and out of the home. This included a safe way of disposing of medication no longer needed. Records sampled demonstrated that staff were following the home's procedures, which reflected good practice guidance. We saw staff administered medicines in a safe way, and only completed the Medication Administration Record [MAR] after they had observed each person swallow their medicine.

At the last inspection we found improvements were needed in some areas to make sure people's medicines were safely managed. For instance, controlled drugs [CD] which required additional storage under the Misuse of Drugs Act 1971 had not been returned to the pharmacy in a timely manner. At this inspection we checked the CD register against the actual drugs stored in the cabinet and found these tallied.

We had also highlighted that protocols were not in place for medicines 'to be given when required' [also known as PRN medicines]. At this visit we found PRN protocols had been introduced and contained good detail about why and when these medicines should be given, as well as what signs and symptoms people may exhibit when they need the PRN medicine. This information was also included in people's care files, along with a medication care plan. One person told us they always received their medicines on time and were offered pain relief medication when they were in pain.

We found the temperatures of the rooms where medication was stored had been routinely checked to make sure the room was not too warm or too cold to store medication. However, the thermometers used did not record the average maximum and minimum temperatures over the day, which would make monitoring more robust. Following our visit the registered manager confirmed that appropriate thermometers had been purchased.

Regular checks had been carried out to ensure staff were following the company's medication policy and procedure. The dispensing pharmacy also periodically audited the medication system in place and at their last visit they found no concerns.

People's comments, and our observations, demonstrated staff had a good understanding of people's needs and how to keep them safe. Potential risks associated with people's care had been identified and guidance provided to staff on how to minimise these risks. We saw specific risk assessments were in place for people who were at risk in areas such as moving people safely, choking, falls, and malnutrition. For instance, one person had been assessed as being at risk of falls. We saw when an unwitnessed fall had occurred it had been well documented, and included action taken to minimise further falls. This included a best interest meeting being held to decide if the room they were living in at the time was appropriate, or a different room would enable better monitoring of the person by staff. Risk assessments seen had been reviewed and updated regularly.

We saw the registered manager was monitoring and analysing information collated about people at risk of falls, incidents and accidents. He told us this information was then used to look for themes and patterns, so they could try to minimise the risk of reoccurrences.

There was a robust staff recruitment system which included pre-employment checks being undertaken prior to candidates commencing employment. This included obtaining at least two written references and a satisfactory police check. These checks were aimed to help reduce the risk of the registered provider employing someone who may be a risk to vulnerable adults. One file we checked did not contain the required two written references, but these were later provided. The registered manager told us they had been misfiled.

On the day of the inspection we found adequate staff were on duty to meet people's needs. We saw people were assisted to walk when they wanted to and one person told us they always felt safe with a member of staff assisting them. People confirmed staff responded to their needs in a timely manner. One person told us, "I think so [enough staff] there's always somebody about." Another person told us they didn't have to wait for assistance and "They [staff] come ASAP." A third person said staff attended to their needs, "Pretty promptly, I don't think I've got anything to complain about." A relative commended that their family member did sometimes have to wait for assistance, but said that staff came as soon as they could.

Staff we spoke with agreed that most of the time there were enough staff on duty to meet people's needs. However, they said if these numbers fell for any reason they would find it difficult to make sure people's needs were fully met.

When the local authority and the infection control nurse visited the home earlier this year they told us they had found areas that needed improving, especially in relation to infection control. At this visit we saw improvements had been made. The home's décor and furnishings were light and airy, with communal areas and individual bedrooms being clean and fresh. Furniture that had fallen below standard had been repaired or replaced. We also saw disposable aprons and gloves, as well as paper towel dispensers and hand gel was readily available.

The registered manager told us work was still on-going in the laundry, where a better layout was being arranged to reduce the risk of cross infection.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in September 2016 we found a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was regarding people being put at risk because staff were not ensuring one person received the correct diet, which could have had a detrimental effect. At this inspection we found the registered provider was meeting the Regulation.

Care plans and risk assessments were in place to guide staff regarding supporting people to eat and drink the correct diet, and these were followed. Where people had meals prepared in different textures, for example pureed or fork mashable, these were provided. Staff understood the importance of providing people with the correct meals and were mindful of observing people closely if they were at risk of choking. For instance, one person told us they required their food pureeing to help ensure they would not choke; they confirmed staff always did this for them. They went on to say, "They're [staff] very good."

The cook demonstrated a satisfactory knowledge of meeting people's different dietary need and providing fortified meals and drinks when people were at risk due to weight loss. She told us how she was involved in the 'resident of the day' reviews. She said this involved visiting the person to ask for their ideas about what they would like to be added to menus, as well as learning more about their preferences.

We found people who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which highlighted if they were at risk. Where needed, outside healthcare professionals such as GPs, speech and language therapists and dieticians had been involved, and their guidance was incorporated into people's care plans. We also saw where necessary monitoring charts had been used to record and assess people's food and fluid intake. People were weighed regularly and staff monitored any weight changes.

People told us they enjoyed the food provided at the home. One person said, "Sunday dinner is good." Another person and their relative told us there was plenty of choice of food at mealtimes. A third person said about the food, "It's lovely, they know what I want and what I don't want." Another person commented, "Food's lovely, always get good food" and "Whatever they [staff] bring me is nice."

We observed lunch being served in three of the dining rooms in the main building. We saw tables were nicely set and staff assisted people into the dining rooms in a calm and unrushed manner. Protective aprons were offered to people to protect their clothes, but if they refused staff respected their decision. People were offered a choice and if they did not like what they had chosen they were offered an alternative. When we asked people if there was enough to eat they all said there was, one person added, "Plenty." When someone required assistance with eating their lunch this was done in a supportive and respectful manner. We also saw a choice of drinks were readily available in the sitting room throughout the day and at lunchtime.

We saw one person who was sitting in a specialist chair was brought into the dining room so they could be part of the mealtime experience, rather than eating alone in the lounge. This showed staff thought about what was best for people. Throughout the meal staff interacted with people in a positive way, chatting to them and continually checking they had what they needed, and assisting people as required. Staff sat with

people while assisting them to eat and bent down while speaking with them, so they were at a level suitable to communicate better with people.

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at care plans in relation to consent and capacity and found overall they highlighted where people could make decisions and the type of decisions they were able to be involved in. However, although risk assessments had been completed to assess if people at risk of falling out of bed needed to have bedsides fitted to their bed, for their safety, this had not always been recorded. For example, there was no evidence to show that a meeting had been held to consider if fitting bedsides was in the person's best interest, nor was there any information to evidence who had contributed to the decision making process. We also saw one person using a specialist chair, but there was no evidence that a best interest meeting had taken place, to ensure this was the least restrictive option and that the person's best interests had been considered. We found no evidence to indicate the decisions made were not in the person's best interest. We spoke with the registered manager who said they would take action to address this as soon as possible.

All the people we spoke with told us they felt well looked after living at The Abbeys and we saw people were supported in a skilled way by staff who were confident in what they were doing. One person said "They're [staff] very helpful and they know their work, definitely." A relative commented "I can't speak highly enough of them [staff]." A third person told us, "They're [staff] very good. It's really nice living in The Abbeys."

The staff training matrix showed the majority of staff had completed the training the company felt was essential. The service employed a training co-ordinator who organised training for staff. They told us that since the last inspection e-learning and distance learning had been introduced for some topics, although some face to face training such as moving people safely and fire awareness still took place. Other topics included basic life support, dementia awareness, nutrition, personal care, equality and diversity. Staff we spoke with were knowledgeable about their roles and responsibilities and confirmed training had taken place.

Areas where further training was required had been highlighted and the training co-ordinator told us two staff were attending catheter care training shortly and they were looking into arranging sessions on managing challenging behaviour. We saw staff were also encouraged to complete nationally recognised awards. They told us 33 staff had a National Vocational Qualification [NVQ] or a diploma, with a further four working towards their award. These covered various job roles such as care workers, ancillary staff and the administrator, and ranged from level one to level five.

Systems to support and develop staff were in place through periodic supervision meetings with their line manager. These meetings gave staff the opportunity to discuss their own personal and professional development, as well as any concerns they may have.

Records showed people were supported to maintain good health. This included accessing external healthcare services when required, such as GPs, district nurses, chiropodists and dieticians. People we

spoke with confirmed there was good access to health care professionals. One person said they received an appointment with a GP "Within the hour" if they needed this. A community nurse told us staff were good at noticing changes in people and referred them to the community nurse team and GPs in a timely manner. They added that staff were good at following guidance and communicated well with them when they visited people.

On the first floor, which was dedicated to supporting people living with dementia, the environment was dementia friendly in that corridors had been developed to offer stimulation for people living there. For instance, we saw one corner had been decorated with a beach theme and another area had a garden feel, with a clothes drier, pegs and washing. Tactile pictures and games were also hung on corridor walls to stimulate people. We also saw twiddle muffs were available to occupy people. These are knitted muffs with items such as buttons and ribbons attached to them. As people living with dementia often have restless hands, and like to have something in them, these helped to keep their hands occupied. We saw picture menus were used in the dining rooms to help people choose what they wanted at each mealtime, although some photos were of a better quality than others so it was easier to see what the food choices were.

Good

Is the service caring?

Our findings

People living at The Abbeys told us staff provided a good standard of care that met their needs and preferences. They said staff were kind and caring and had time to sit and talk to them, if they wanted to talk. One person said, "They're the type of people I like." Another person told us, "The atmosphere is very friendly. Staff are interested in people." Someone else described how staff had watered their plants while they had been away for the home, they added, "They [staff] go the extra mile." A fourth person said, "Staff, I have some nice little natters with them." This helped to show staff took time to get to know people. However, we did see one person say they were cold, but no-one offered to get them a blanket or cardigan, although they did make them a hot drink.

We spent time observing the interactions between staff and people who used the service and saw staff were caring, kind, patient and respectful to people, and people were relaxed in their company. Staff communicated with people very well, and when necessary they spoke with them by bending down to their eye level to communicate with them more effectively.

People's comments indicated staff respected their decisions and they confirmed they had been involved in planning their care. They felt staff took the time to listen to them and would try to act on any concerns they had.

We saw staff supporting people in a responsive way while assisting them to go about their daily lives. They were aware of people's preferences and treated each person as an individual, involving them in making decisions. Everyone we spoke with felt people were treated with respect and dignity, and care was taken over their privacy. A relative said, "Respect, they [staff] got to know mum and have been very good with her." When we asked another person if staff were always respectful to them they said, "Oh yes." A third person said, "They treat me as me, they treat me as a person." They added, "Staff still treat me as a member of the human race and not a discard."

A dignity board on the ground floor corridor told people who the dignity champion was and highlighted different hints and tips on preserving people's dignity. Throughout the day we saw staff maintained people's dignity. For example, when assisting people to move around the home they made sure their clothes were in position, and when they were not they pulled them into place. We observed staff knocked on doors before entering people's rooms and when we asked people if they always did this they replied "Yes." We also saw when anyone required the toilet they were supported in a sensitive and respectful manner.

People were given choice. For instance, they chose where they spent their time, with some people choosing to stay in their rooms while others sat in communal areas, and staff respected these decisions. Staff said they offered people choice in areas such as the food they ate and the clothes they wanted to wear and when they wanted a shower. This was confirmed by the people we spoke with. For instance, they said they could go to bed and get up when they wanted to. This helped to show people were supported to make choices about the routine of their daily life.

Staff we spoke with were knowledgeable about the different ways they could communicate with people who could not speak for themselves. For instance, a care worker told us how one person used their hands to tell them what they wanted, or would write it down for them.

People were provided with information about how the home operated, such as the complaints procedure. The registered manager told us that apart from the formal systems for gaining people's views, such as meetings and surveys, he had an open door policy regarding people coming to talk to him. The registered manager knew about local advocacy agencies in case anyone required additional support. Advocates can represent the views of people who are unable to express their wishes.

Visitors told us they could visit the home without restriction. We saw visitors freely coming and going throughout our visit. They told us staff were friendly and helpful in supporting them and their family member.

Care files contained a plan for people to record their feelings about their end of life care. In some cases this said the person did not wish to discuss the subject at that time. However, there was no indication whether this would be revisited at a later stage.

Requires Improvement

Is the service responsive?

Our findings

People told us they were supported to do the things they wanted to do with one person commenting, "They [staff] come and ask what I would like to do." People also told us their needs were responded to when they asked for something. For instance, one person said "I shout them [staff] and they'll come." Another person told us, "They know how I like to be looked after." A third person commented, "I just tell them I'm ready for bed and just go", they went on to explain how staff then supported them to get ready for bed.

Each person had a care file which contained information about their care needs and any risk associated with their care. We saw an initial assessment of people's needs had been carried out prior to them moving into the home. Where possible the person and their relatives, if applicable, had been involved in these assessments. People we spoke with confirmed they, or another member of their family, had been involved in planning and reviewing the care plans.

We found care and treatment was planned and delivered in line with people's individual care plan. In general care plans contained good information about people's needs and provided clear guidance to staff on how to meet these needs. Overall we found care plans were up to date and reflected people's needs well. However, we found one care plan was out of date regarding the person's mobility. We raised this with the regional manager who instructed staff to update the plan. This was completed during our inspection.

We saw manual handling plans were in place for people who used a hoist to transfer. These provided guidance about how staff should do this safely, including details about the hoist and sling to be used. However, they did not tell staff what configuration the sling loops needed to be in to safely move the person. This information would help to make sure staff had comprehensive information about moving individual people safely. Throughout the inspection we saw staff moved people in a safe and appropriate manner. The registered manager told us they would ensure the missing information was added to the records straightaway.

Files also contained daily notes which detailed how each person had been that day, visits from healthcare professionals and any changes in their wellbeing. Information about topics such as food and fluid monitoring, a diary of falls, body maps and pressure relief monitoring were also maintained if people had an identified risk in that area. The majority of care plans and risk assessments we looked at had been regularly reviewed to ensure they were up to date. Daily handovers and care notes ensured new information was passed on at the start of each shift. This meant staff knew how people were each day and any areas that needed to be followed up. Generally people we spoke with felt they were actively involved in their daily care.

People were able to access activities. There was an activities room next to the kitchen and we saw the activities coordinator was preparing for an event at the weekend, which relatives and friends were also invited to. However, we did not see the activities coordinator engage people in any meaningful activities during our visit, although we were told they accompanied someone to an appointment. One person told us they enjoyed gardening in the summer, but now go to the activities room to be with other people and

undertake different activities. The deputy manager described how they were setting up one person's train set on a board so it was easy for them to use.

Photographs in the main corridor showed people celebrating The Abbey's 25th anniversary and a project involving local Cub Scout pack. The registered manager told us this had involved the cubs visiting the home on four occasions to talk to people. He said they had drawn pictures about what they had learned from the previous visit, these were displayed in the home. The registered manager said further visits were being arranged, for instance at Christmas.

The registered provider had a complaints procedure which was displayed in the entrance of the service. People told us they knew who to talk to if they had any concerns or complaints. One person said, "If I've asked for something it's been done." Another person described how they had been disturbed by noises from another room and the registered manager had "Sorted it" adding it was now "Quieter."

We saw a log of complaints was kept which showed four complaints had been made since our last inspection. These had been followed up and action taken to resolve the concerns rose. The registered manager also completed a monthly complaints monitoring form to ensure lessons were learned as a result of the concerns raised.

Good

Is the service well-led?

Our findings

At our previous inspection in September 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The monitoring systems in place had failed to identify the issues we picked up during our inspection. At this inspection we found the registered provider was meeting this Regulation.

At this inspection we found that the audit system had improved and was now identifying issues as they arose. The registered manager had ensured that this process had been embedded into practice and was effective. We saw audits had been completed in areas such as complaints, infection control, medication, care records, maintenance and meals and nutrition. Where audits had identified a concern this was added to the homes improvement plan and discussed at monthly visits with the regional manager. The plan was also discussed at a fortnightly conference call, to ensure appropriate actions were being taken.

In addition to the audits completed by the registered manager, we saw the regional manager completed regular visits to the home. One month the visit was focused on a compliance audit and the following month was a business review.

The registered provider had also involved an independent company to complete compliance visits. The first one was conducted at this service the week prior to our inspection. The registered manager told us that they had received some initial feedback from the visit which was positive.

The home's management team consisted of the registered manager, a deputy manager and senior care workers. The registered manager was also supported by senior managers within the company. For example the regional manager supported him during our inspection visit.

People we spoke with, including relatives and staff, told us that they felt the registered manager was approachable and always ready to listen to them. They told us they believed the home was well managed. One person living at The Abbeys said, "Up to now I've no complaints." Another person said "It's very nice, yes it is." A relative said "I'm very happy with the home, it's a lovely home." People also said they felt they could easily talk to the registered manager. One person said "[Registered manager] is nice, he always says good morning or smiles at you as you're walking past." Another person told us, "The manager does a good job and does his best to keep it going." When we asked one person if the home was well run they said, "Well run, yes."

Staff told us they received regular support meetings and an annual appraisal of their work performance. They said they felt well supported by the management team and attended periodic staff meetings where they discussed the running of the home. One member of staff told us the registered manager was, "Easy to talk to, and the deputy is great for personal stuff."

The registered manager held 'residents and relatives meetings' every three months and made the minutes available to people who were unable to attend. Meeting minutes showed that at these meetings people

were able to raise issues and have a say in how the home operated. He also operated an open door policy, where people and their relatives could approach him at any time.

During our visit we saw the environmental health officer had recently awarded a five star rating for the systems and equipment in place in the kitchen. This is the highest rating achievable.