

Abbeyfield Society (The) Sycamore House

Inspection report

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Ratings

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

Overall summary

We inspected the service on 8 December 2015. The inspection was unannounced. Sycamore House is registered to accommodate up to 43 people, including people living in a separate annex for people living with a dementia related illness called Kenyon Lodge. On the day of our inspection 40 people were using the service.

The service had a registered manager in place 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. The registered managers are also the registered providers of the service.

People felt safe in the service and staff knew how to protect people from the risk of harm. Medicines were managed safely and people received their medicines as prescribed. There were enough staff deployed in the service to meet the needs of people and to ensure they received care and support when they needed it.

Summary of findings

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People felt staff were knowledgeable about the work they were doing and our observations supported this. People were supported to maintain their nutrition and hydration and staff ensured healthcare advice was sought when people's health needs changed.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found people who were not able to make their own decisions about the care they received were protected under this legislation.

People lived in a service where they were valued as individuals. People and their relations praised the staff for the way they went the extra mile to make them happy. People were treated with dignity and respect staff were kind and caring and compassionate when supporting people.

People were supported to have a varied and fulfilling social life in a service which used creative and imaginative ways to engage with people. People enjoyed the activities and social stimulation and this had a positive impact on their lives. People were given support to live their lives as independently as possible. People were very happy in the service but knew who to speak with if they had any concerns they wished to raise and they felt these would be taken seriously and acted on.

The registered manager led from the top to ensure staff were striving to achieve high quality care. People were involved in giving their views on how the service was run through the systems used to monitor the quality of the service. Systems were in place which effectively assessed the quality of the service and identified any improvements which could be made.

Summary of findings

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.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and these were managed safely.

There were enough staff to provide care and support to people when they needed it and to also spend time chatting with people and getting to know them.

Good



Is the service effective?

The service was effective.

People were supported by staff who received appropriate training and supervision. People felt staff were knowledgeable about their work and our observations supported this.

People were supported to maintain their hydration and nutrition. Their health was monitored and staff responded when health needs changed.

People made decisions in relation to their care and support and if they did not have the capacity to make certain decisions, staff acted in accordance with the MCA.

Good



Is the service caring?

The service was caring.

People were treated with kindness, compassion and respect by a team of staff who valued them as individuals.

People felt they were supported to make choices and decisions about the way they lived and people who lived with a dementia related illness were given patience and understanding.

Good



Is the service responsive?

The service was responsive.

People were placed at the heart of the service and encouraged to live a fulfilling and engaging life. They were supported by staff who were creative in finding uplifting ways to engage them in a stimulating lifestyle and be a part of the wider community. People were supported to feel valued and to live their lives as independently as possible.

People were very happy in the service but felt comfortable to approach the manager with any issues and felt complaints would be dealt with appropriately.

Good



Is the service well-led?

The service was well led.

There was an extremely positive atmosphere and people the registered manager and staff team were committed to providing high quality care and support to people and worked hard to achieve this.

Good



Summary of findings

They sought the views of people who used the service, their relatives and staff and acted on their views.

There were effective procedures in place to monitor the quality of the service and these led to a service which was achieving positive outcomes for people.

Sycamore House

Detailed findings

Background to this inspection

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

We inspected the service on 8 December 2015. This was an unannounced inspection. The inspection team consisted of one inspector 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection

reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with seven people who used the service, four relatives, two members of care staff, the cook and the registered manager. We observed care and support in communal areas. We looked at the care records of three people who used the service, the medicine administration for 10 people and staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and provider.

We used the Short Observational Framework for Inspection (SOFI) in Kenyan Lodge. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

All of the people who used the service that we spoke with told us they felt safe and confident to raise concerns. One person told us, “I feel safe because I feel very happy and comfortable here, they’re all very kind and helpful.” Relatives also said they felt their relations were safe. One relative told us, “[Relation] is safe here, the staff look out for [relation], even the cleaner will notice and pick up on things.”

There were appropriate systems in place to ensure people were protected from the risk of harm. Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. Records we saw prior to our visit showed the registered manager shared information with the local authority when it was required.

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. We saw from the care records of two people that, following a fall, their risk assessment and care plan had been updated to reflect the risk and referrals made to the local falls and bones team. Staff were following the recommendations from the falls and bones team to minimise the risk of further falls.

We saw that one person presented a risk to other people due to them expressing themselves through behaviour which may challenge. We saw there was an extensive risk assessment in place which gave staff guidance on how to manage this risk and we saw staff were following this in practice.

People’s care records contained a detailed personal emergency evacuation plan giving staff guidance on what support people needed in case of an emergency situation such as a fire.

People felt there were enough staff working in the service to meet their needs. They told us that if they needed help then staff were quick to respond. One person said, “If you

need help people do come, you don’t wait too long.” One relative told us that staff responded quickly to people’s needs. People who were not able to walk without support from staff had an alarm pendant which they carried with them so they could alert staff if they needed assistance.

We observed during our visit that there were enough staff to give people support in a timely way. There were staff present in communal areas at all times and call bells were answered without delay. When a person requested support, a member of staff was always available to give this and staff took their time when supporting people. We observed at lunchtime people did not have to wait for their meal to be given to them, as soon as they sat at the dining table their meal was served and staff were available to give support if people needed it.

Staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people. There were systems in place to adjust staffing levels to meet the changing needs of people and the registered manager told us that if a person’s needs changed and they required more support then staffing levels would be increased to give the extra support. Staff confirmed this was the case and said that if they informed the registered manager they needed more staff she would address this. One member of staff told us, “Sometimes it gets busy but we pull together as a team and this works.”

People relied on staff to administer their medicines and people we spoke with told us they were given their medicines when they were supposed to. Relatives also told us that people were supported with their medicines. One relative told us, “(Staff) are good on medication, very consistent.”

We observed a member of staff administering medicines to people and saw they followed safe practices. Staff received training in the safe handling and administration of medicines and had their competency assessed.

We looked at the medicines storage arrangements and administration records and we found the systems were safe and people were receiving their medicines as prescribed. Audits were carried out to assess if medicines were being managed safely.

Is the service effective?

Our findings

People felt that staff were well trained, knew what they were doing and knew them and their needs well. One person told us, "Staff know what they're doing. They know what's wrong with each person." Relatives also felt staff were knowledgeable about how to support people appropriately. One relative told us they visited the service on a very regular basis at varying times of day and said, "I see careful care of people. Equipment is used in a professional way." Another relative said, "The staff seem knowledgeable, staff will listen or find out." We observed staff caring for people and saw they were confident in their role and knew how to meet the needs of people, for example giving reassurance to people when they appeared distressed due to living with a dementia related illness.

People were supported by staff who were trained to care for them safely and appropriately. Staff told us they were given the training and development to enable them to do their job and that if there was any training they needed they would tell the registered manager and felt confident she would book it. One member of staff said, "It is a rolling programme." Another said, "There isn't just one session of training held, there are a few, to make sure all staff can attend. If night staff need training it is held in the evening so they can attend." Records confirmed staff were given training in a range of areas such as food safety, fire safety and infection control. Staff were also given training in relation to care needs such as nutrition and dementia. When staff commenced working in the service they were given an induction to prepare them for the role.

The staff we spoke with told us they enjoyed working in the service and told us that many staff had worked there for a number of years. They told us they had regular support and supervision with the registered manager, where they were able to discuss the need for any extra training and their personal development. We saw records of the supervision meetings staff were attending and saw these planned supervisions as well as unplanned supervisions when staff needed extra support.

People felt they were supported to make decisions about their care and support. We saw in care records that people had signed their consent to the contents and where people had made end of life decisions these had been recorded appropriately using the required forms.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found staff that we spoke with had an understanding of the MCA and their role in relation to this. We saw one person lacked the capacity to make certain decisions and the required two stage best interest assessments had been completed to show their capacity had been assessed. Decisions were then made in the person's best interest.

The registered manager displayed an understanding of the Deprivation of Liberty Safeguarding (DoLS) and were assessing people who they felt may need to have a DoLS in place. We saw she had applied for a DoLS for one person and this had been granted. We spoke with staff about this person and found they were supporting the person in line with the requirements of the DoLS and providing care in the least restrictive way.

People were supported to maintain their nutrition and hydration. People told us they were given enough to eat and drink and we saw drinks and snacks were provided throughout the day. One relative told us how consistent meal and snack times were and how important this had been in helping to make their relation feel secure and settled.

We observed lunch being served and we saw it was very appetising and had a good balance of nutrition with freshly prepared vegetables and food which was cooked from fresh ingredients. People ate a healthy amount of food and

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where people needed support from staff this was given. Staff replenished drinks throughout the meal and checked people were enjoying their food and if they wanted any more.

We spoke with the cook and they had a very good knowledge of people's likes and dislikes and any special diets. We observed at lunch that people were given special diets in line with guidance in their care plans. For example one person needed a liquidised meal and another a soft diet and both of these were provided.

We saw that nutritional assessments were carried out on people on a monthly basis and where a risk was identified a referral was made to the person's GP and dietician, and any recommendations made were followed. For example one person had gained weight, which was unusual for them, and we saw staff had sought advice in a timely way and had the person checked by their GP. Another person had lost weight and we saw a referral had been made to the dietician and recommendations followed such as fortifying the person's diet with extra calories and regularly monitoring their weight.

People's health needs were monitored and their changing needs responded to. People told us they were supported to see a doctor when they needed to and that chiropodists

and opticians visited them at the service. One relative told us staff had, "Kept [relation] out of hospital on two occasions when [relation] has been ill they've been very good."

Records showed that people's health needs were monitored and any changes in their health were reported to their doctor without delay. One member of staff told us, "We know people so well that we can tell straight away if something is wrong and they are not well." The staff we spoke with had a good knowledge and understanding of people's health conditions and knew how to support them and respond to changes in their conditions. Records showed that people were supported to attend appointments such as going to the hospital. Records also showed that staff sought advice from external professionals when people's health and support needs changed.

Where people were at risk of developing a pressure ulcer, staff had sought appropriate advice from the district nursing team and had obtained specialist equipment to help manage the risk. We saw staff were following the advice from the district nursing team in relation to one person who was at very high risk of developing a pressure ulcer.

Is the service caring?

Our findings

Without exception people who used the service and their relatives told us that staff were consistently caring and kind and that they felt very well cared for. One person said, "Carers have a difficult job. They are very patient, caring and understanding." One relative told us, "I like the way that care is given, they (staff) are nice and upbeat with them." Another relative said, "I have been touched by the way staff have cared for [relation], it's done with love as well as care."

One relative described an example of when a member of staff had gone the extra mile to support them and their relation when there were issues getting their relation discharged from another service. They told us, "The staff were so helpful; one of them came to the hospital with me, far after their working hours, so we could get the discharge sorted out."

Positive comments about the care people received had also been made in letters sent to the service by some people who used the service and their relations. One person had written, "We feel very lucky indeed to live here and be looked after in such a loving way." A relative had written, "On our visits I noticed the way your staff treated [relation] with such respect, warmth and with the touch of humour that made the difference between being in an institution and being at home."

Throughout our visit there was a happy and lively atmosphere in the communal areas of both Sycamore House and Kenyon Lodge with lots of activity and conversations between people who used the service and staff. There was fun and laughter and interactions were warm and loving. People had clearly developed a good relationship with staff and with each other and there was friendly banter taking place. People looked happy and content and were living in a warm, homely environment.

People were treated with kindness and compassion by staff. We heard staff speaking to people in a kind tone of voice and they spoke about people with warmth. We observed staff worked to make people feel good about themselves. We heard staff make comments such as, "The colour really suits you" and "That is a beautiful smile." One member of staff told us, "We like to make sure they are happy and visitors always comment on how happy people look."

People who lived with a dementia related illness were treated with patience and understanding and lived in an environment which would have a positive impact on their wellbeing. We observed staff interacting with people who lived with a dementia related illness in Kenyon Lodge and staff showed a great understanding of the need to be patient and to engage with people in a calm manner. We saw staff make eye contact with people and get down to eye level to get people's attention before starting a conversation or ask them a question.

People chose how they spent their day and told us they made their own choices. One person told us, "I can please myself pretty well." People told us they got up and went to bed when they chose. We observed people making choices about where they spent their time. Some chose to spend time in their own bedroom, others were in small groups, some in a knitting group and others went to sit together and chat in the lounge or dining room. We saw people had been given two choices of meal and we saw one person had chosen something which wasn't on the menu and this had been provided.

People we spoke with told us that staff respected their privacy and dignity. One person described staff as being good at offering help without being overbearing. People told us they were given their mail to open. We observed people taking their visitors to their bedrooms for some privacy. We observed staff respecting people's privacy and dignity when supporting them. For example speaking to people discreetly about matters of a personal nature and giving support in a respectful and discreet manner.

People were supported by staff who understood the value of privacy and dignity. We saw each person's care records held information for staff to remind them of the importance of this and care plans were written with information on how to treat people as an individual. We spoke with two members of staff about how they would respect people's privacy and dignity and both showed they knew the appropriate values in relation to this. They told us they were given regular training on how to treat people with dignity and respect.

People were supported to access advocacy services if they wished to. The registered manager told us there was no one currently using an advocate but that they would be supported to do so if they wished to. We saw there were

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leaflets displayed in the service informing people how they could access an advocate if they wished to. Advocates are trained professionals who support, enable and empower people to speak up.

Is the service responsive?

Our findings

People were supported to live an active social life and be stimulated and alert. During our visit people were busy throughout the entire day engaged in a variety of activities with no-one simply sitting watching television. People were engaged and motivated by an enthusiastic activity organiser and staff, who understood the need for people to live a fulfilling life. We saw this had a positive impact on people who were all alert and engaged with activities and conversations with each other and with staff. One person told us, “We are very well looked after and given a great variety of things to do.”

People who used the service and the activity organiser told us about a project Abbeyfield had engaged in to bring, ‘art to care homes.’ This was collaboration between Nottingham City Arts ‘Imagine Project’ which was designed to engage with older people and communities, creating participatory workshops to promote positive well-being, tell people’s stories and explore different art forms. People were very enthusiastic about this and told us about the many different ways they had been involved in the project, such as attending events in the community and being involved in writing stories and artwork.

One of the key elements of the project was the ‘light night’ project. Different artists had attended the service and worked with people around interpretations of memory, painting and recording on film and vocals. People who used the service were very animated when they told us about their involvement in this. They told us the results of this work would form part of a city display in a shop front in Nottingham during February 2016. People who used the service would be taken to see the display and consideration was being given to bringing the display to the service for people who did not want to go into the city.

Another key element of the ‘Imagine Programme’ had also been instrumental in the development of an armchair gallery project. People who used the service told us of using electronic equipment to watch a film of the Duke and Duchess of Devonshire showing and talking about some of their favourite objects at Chatsworth House. People who used the service had been supported to comment on what they liked or disliked about the presentation, which would then be modified in the light of their comments. As part of this programme one person who used the service described how a group of people who used the service had

attended an event which involved them being given lessons in using computer technology to capture memories via picture and music streaming. Another person described how the activity organiser engaged with the project to ensure people had involvement and said, “We love it, otherwise people would just be sitting in a chair, dozing.”

People told us about a further project which they had taken part in. They told us the activity worker had introduced the idea of people making bookmarks which had been taken to the local library. These had been given out to readers at the library and had proved so popular that the librarian had recently phoned to ask if they could have some more. The people who used the service who had been involved in this told us they were, “Thrilled.” One person said, “I think it is excellent publicity for Abbeyfield and it makes us feel needed and valued.”

We observed throughout the day different activities were available for people to engage in. We saw in the afternoon a group of people were sitting in the dining room relaxed and chatting with each other whilst they were either knitting or doing artwork. One person proudly showed us their artwork which staff had displayed on the wall in the dining area. Staff told us they felt people were given enough opportunity to engage in recreation. One member of staff told us, “We try to encourage them all to take part.”

Abbeyfields had a ‘care committee’ who are a group of volunteers who offer regular services to people. For example on the day of our visit a volunteer was visiting with a tuck shop, which visited every week. People knew the time the shop would visit and were supported to make purchases. One person told us, “It is really good for those of us who struggle to go out.” People were able to order items to be bought in the following week. The ‘care committee’ also organised trips out for people and they told us there had been six organised trips to places of interest during the year. There was a planned trip coming up to the local shopping centre to enable people to do their Christmas shopping. A religious event was held twice a year in the service and people described how much they enjoyed this and that this was an opportunity for them to be supported to make cakes in preparation for the event.

People were treated as individuals by a team of staff who took the time to get to know them and how they preferred to be supported. One person told us, “They get to know what’s wrong with each person, they get to know you.” Relatives also told us they felt staff knew people well. One

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relative told us, “They (staff) know and adapt to different residents. They want to find out about them.” Another said, “Staff treat [relation] as an individual, understand [relation’s] needs.”

People felt staff responded well to their needs and relatives also commented on this. One relative described how much their relation had changed and improved since moving into the service and said, “[Relation] loves it here, [relation] is like a different person.” We saw that people’s life histories were detailed in their care plan so staff would have an understanding of individuals they were supporting. Staff we spoke with knew people well and were able to describe their care and support needs as well as individual preferences.

People were supported to access places of worship. Two people we spoke with told us the service had links with the neighbouring church and that they and other people attended the church regularly. The registered manager told us there were religious ceremonies also held in the service on a regular basis. She also told us that the leader of the neighbouring church visited to speak with individuals on a regular basis and we saw this happen on the day we visited.

People told us they were supported to maintain their independence and our observations supported what people had told us. For example we saw people who lived with a dementia related illness in Kenyon Lodge being supported to help out in the kitchen drying up dishes and making drinks, like they would have if they lived in their own home. This clearly had a positive impact on these two people and we saw they were singing along with the staff supporting them and the atmosphere was jovial. We saw there was good use of signage in this part of the service which helped orientate people to find their way around.

There was also an orientation board which would help people to remember the time of year. Gardens were designed for people to be able to access them safely alone and raised flower beds were used during warmer weather.

In Sycamore House a high number of people were independent and we saw staff supported this. For example at lunchtime people had specialist plate guards and adapted cutlery which would promote them to eat independently. We saw staff stood back to give people space to be independent but were available when they saw a person struggling and offered help with cutting food up.

People felt they could speak with staff and tell them if they were unhappy with the service and said they were sure things would be addressed. They told us they did not currently have any concerns but would feel comfortable telling the staff or registered manager if they did. Relatives we spoke with did not have any concerns and said they would feel confident to speak with the staff or the provider if there were any issues and felt these would be acted on. One relative told us, “All the staff are approachable, the office door is always open you never get the ‘don’t come to me look’ it feels open.” Another relative said, “I can always say if there’s a problem, they will listen and sort it out. We’re very happy with [relation] here, we would recommend it to others.”

The registered manager told us there had not been any complaints made since our last inspection and so we were unable to assess how complaints would be dealt with. The provider told us there was a procedure for staff to follow should a concern be raised. We saw the written procedure on display and staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to respond to the concerns and report them immediately to the provider.

Is the service well-led?

Our findings

Without exception people, visitors, staff and professionals all spoke positively about the service and how it was managed, and everyone reported being happy in the service. One person said, “We’re very well looked after, I count myself very lucky to live here.” One relative told us the service was, “Excellent!” Another relative told us how their relation had changed and improved following the care given by the service. The relative said, “[Relation] loves it here, [relation] is like a different person.”

The service had a registered manager who worked daily in the service and was clearly committed to delivering high quality care. People who used the service, their relatives and staff working in the service all praised the registered manager and said she was approachable and listened to them.

People were cared for by staff that were supported and motivated by the registered manager. Staff told us they felt supported and said they all worked well as a team to ensure the best outcomes for people who used the service. One member of staff told us, “We like to see them (people who use the service) happy. It is all done as teamwork. This is their home.” Another member of staff told us, “We all work well as a team.”

We saw staff were supported to attend regular staff meetings and staff we spoke with told us they felt their opinions were listened to and if they made suggestions for improvement these would be acted on. Staff were also given the opportunity to give their views of the service via an annual survey and we saw the results of the last survey was positive, with a high number of staff stating they felt proud to work for Abbeyfields and thought Sycamore House provided a high quality service.

People were given the opportunity to attend meetings to give their views of the service and make suggestions for changes. People we spoke with were aware of the meetings and told us that they were listened to and changes were made if they asked for them. One person told us, “We do get asked about care.”

We saw the record of the most recent meeting and saw that there had been a good attendance of people at the meeting and there had been a range of discussions relating to how the service was run. One person had asked if consideration could be given to their being more en-suite

bedrooms in the service and we saw this had been explored and the registered manager told us of the plans to renovate a further 18 bedrooms to include en-suite facilities.

People were also given the opportunity to have a say on what they thought about the quality of the service they received by completing an annual survey. People we spoke with knew about the surveys and when we looked at the last surveys completed we saw the results were very positive.

We observed people who used the service and staff who worked together to create an open and inclusive atmosphere. There was much friendly banter between staff and people who used the service, who spoke openly and warmly to each other. We saw staff supporting each other and working well as a team.

We saw the provider kept a record of compliments received from people who used the service and their relations. We saw there had been a large number of letters and cards sent to the registered manager and the provider. One relative had written, “The standards you maintain are of the very highest. [Relation] looked upon staff as friends.” One relative had taken the time to write a review on the NHS choices website and had said, “I cannot praise the care [relation] received highly enough. The staff at Sycamore House looked after [relation] to the end with wonderful care and compassion, nothing was ever too much trouble.”

Sycamore House had a membership with the National Activity Providers Association (NAPA) which commits the provider to uphold the vision and values of NAPA and together, support front line care teams to enable older people to live life to the full, in the way they choose, with meaning and purpose.

There were systems in place to monitor the quality of the service provided. These included, a monthly medicines audit and regular audits of infection control and the quality of the environment. We saw these were effective and the service was well maintained and very clean and hygienic.

A lead volunteer for Abbeyfields carried out a monthly audit and this involved speaking with people to get their views of the service and checking they were receiving the care they should. They also did mealtime observations and

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looked at the menus and the cleanliness of the service. Following the audit the volunteer gave the registered manager a report and details of recommendations for improvement.

The regional manager for Abbeyfields also carried out a monthly visit in the service and looked at a sample of care

plans, the environment, cleanliness and spoke with people who used the service and staff. They also assessed how complaints were being handled and at the staffing levels being used. Following the visits feedback was given to the registered manager with a written plan containing recommendations for improvement.