Europe Care Holdings Limited

Abraham 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

Summary of findings

Overall summary

Abraham House is a residential care home providing personal care for a maximum of 30 older people living with dementia. The accommodation is over two floors with a passenger lift to both floors. There are 26 single rooms and two double rooms. Communal areas comprise of two lounge areas, a conservatory and a dining room. There is an enclosed garden and a car park.

We carried out an inspection in January 2017, at which two breaches of Regulation 12 (Safe care and treatment) were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of regulations. We carried out this unannounced focused inspection in August 2017 to check they had followed their plan and to confirm they now met legal requirements, which they had. At this inspection we saw that improvements had been sustained and the rating overall had improved to Good.

At this inspection we found the registered provider continued to provide a good standard of care to people who lived at the home.

People who lived at Abraham House had care plans that reflected their complex needs and these had been regularly reviewed to ensure they were up to date. The care plans had information related to all areas of a person's care needs. Staff were knowledgeable of people's needs and we observed them helping people as directed within their care plans.

Relatives told us staff treated their family members as individuals and delivered personalised care that was centred on them as an individual. Care plans seen and observations during our visit confirmed this.

Staff delivered end of life care that promoted people's preferred priorities of care.

The registered provider had researched good practice guidance and refurbished the home to ensure people living with dementia were living in an environment that promoted their safety, independence and positive wellbeing.

We saw staff were responsive to each person's changing needs. They worked together to ensure people who became agitated were offered a selection of person centred interventions to meet their needs and soothe their agitation.

The service had systems to record safeguarding concerns, accidents and incidents and took action as required. The service carefully monitored and analysed such events to learn from them and improve the service. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered provider had reported incidents as required.

People told us staff were caring and respectful towards them. Staff we spoke with understood the

importance of providing high standards of care and enabled people to lead meaningful lives.

We found there were sufficient numbers of staff during our inspection visit. They were effectively deployed, trained and able to deliver care in a compassionate and patient manner.

Staff we spoke with confirmed they did not commence in post until the management team completed relevant checks. We checked staff records and noted employees received induction and ongoing training appropriate to their roles

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

We looked around the building and found it had been refurbished, maintained, was clean and a safe place for people to live. We found equipment had been serviced and maintained as required.

Medication care plans and risk assessments provided staff with a good understanding about specific requirements of each person who lived at Abraham House.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required, such as hand gels.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

We only received positive comments about the quality of meals provided. One person commented, "The meals are good." We observed lunch time and noted people had their meal in the dining room, where they sat or in their bedroom. People told us it was their choice.

We observed only positive interactions between staff and people who lived at Abraham House. There was a culture of promoting dignity and respect towards people. We saw staff took time and chatted with people as they performed moving and handling procedures in communal areas.

There was a complaints procedure which was made available to people and visible within the home. People we spoke with, and visiting relatives, told us they were happy and had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and daily discussions with people who lived at the home to seek their views about the service provided.

Further information is in the detailed findings below.

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 has improved to Good.

The registered provider had systems to ensure medicines were managed and administered safely and properly.

Accidents and incidents were monitored and managed appropriately, with an emphasis on learning when things went wrong.

Systems were in place to protect people against the risks of abuse or unsafe practice. Staff had been recruited safely and had been trained to safeguard people who may be vulnerable.

Is the service effective?

Good

The service has improved to Good.

Staff received a thorough induction and a good level of training and support. We observed positive interactions showing staff were knowledgeable on how to support people effectively.

People were supported to have positive dining experiences. Staff provided appropriate support to people managing complex needs and promting people's independence.

People had as much choice and control over their lives as possible. The service empowered people to make their own choices.

People's health and wellbeing was monitored and they were supported to access healthcare services when they needed them.

Is the service caring?

Good

The service has improved to Good.

People and their relatives praised the caring approach of the staff that supported them.

The service had policies and procedures which took into account

people's human rights and helped to prevent discrimination.

People and, where appropriate, others acting on their behalf were involved at each stage or the care and support planning process, including review meetings.

Observations during our inspection visit showed people were treated with kindness, respect and compassion.

Is the service responsive?

Good

The service has improved to Good.

The registered provider developed personalised care plans to guide staff to provide highly responsive support.

The registered provider ensured people were supported to engage in activities they enjoyed and their known interests and hobbies.

The registered provider had arrangements to manage complaints and concerns.

The registered provider held information on people's preferences on how they would be supported with their end of life care. Staff were able to share strategies on how to provide people with a comfortable dignified death.

Is the service well-led?

Good

The service has improved to Good.

People we spoke with, their relatives and staff all told us they felt the service was well-led. Everyone we spoke with felt there was a positive person centred culture throughout the home.

The registered provider had comprehensive systems to assess, monitor and improve the service.

We found the registered provider had high standards and a great desire to work in partnership with other agencies to maintain and enhance the care and support delivered to people.

The provider had improved their systems to ensure CQC were notified of all reportable incidents.

Abraham House

Detailed findings

Background to this inspection

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

Abraham House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Abraham House accommodates up to 30 people in one adapted building. Accommodation is on two floors with a passenger lift for access between the floors. At the time of our inspection 28 people lived at the home.

Before our inspection visit we contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service. As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The comprehensive inspection visit took place on 12 March 2018 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background of supporting older people.

During the visit we spoke with a range of people about the service. They included six people who lived at the home and seven relatives. We also spoke with the registered manager, the director, four care staff, the chef and a visiting health professional. We observed care practices and how staff helped and spoke with people in their care. We reviewed staffing levels, observed how staff were deployed throughout the home and monitored response times when call bells were activated. This helped us understand the experience of people who could not talk with us.

We looked at care and medicine records of eight people, staff training matrix and recruitment records of four staff. We also looked at records related to the management of the home. We shadowed the nurse on duty as they administered medicines and looked at the storage and administration of medicines. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

People we spoke with told us they felt comfortable and safe as there was always a member of staff to help when needed. Observations made during the inspection visit showed people were very relaxed in the company of staff who supported them. One person told us, "I feel safe; I'm all right here with staff about." A second person commented, "Nothing makes me feel unsafe. Never had anything to make me feel unsafe." A relative told us, "[Family member] is safe because there's always someone about, always someone to ask. I don't see anything dangerous."

At the last full inspection the location was rated as requires improvement in Safe because risks related to accidents and significant events were not always reviewed. The procedures to manage medicines and topical creams were not consistently followed. At this inspection we saw that improvements had been sustained and the rating for Safe has improved to Good.

We looked at how medicines were prepared and administered. We observed the administering of medicines during the lunch time round. We noted the staff member spent time with each person as they administered their medicine. They made eye contact with the person and never left until they had swallowed their medicine, offering gentle encouragement as they did so. People we spoke with told us there were no issues with their medicines. One person told us about medicine administration, "No problems." One relative commented, "Her medication must be right because her health's improved." A second relative said, "[Family member] is on heart medication and gets it regularly."

We observed consent was gained from each person before having their medicine administered. The medicine administration recording form was then signed. We asked what happen during the night if people requested pain relief or homely remedies. A homely remedy is a non-prescription medicine. They can be used in a care home (with and without nursing) for the short-term management of minor conditions, e.g. headache, cold symptoms, cough, mild diarrhoea, occasional pain. The registered manager told us all night staff had received training to be able to administer medicines safely should they be required.

Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures and the drug totals were correct. This showed the provider had systems to protect people from the unsafe storage and administration of medicines.

We looked at how the service recorded and analysed accidents and incidents. The registered manager showed us their systems which recorded details of such events, along with details of any investigations they had carried out. We saw the emphasis was on learning from any untoward incidents and seeking specialist advice, in order to reduce the risk of recurrence. For example, we noted non slip flooring had been used to minimise slips and trips. Three people had been referred to specialist health professionals as a result of incidents that had occurred.

The registered provider had procedures to minimise the potential risk of abuse or unsafe care. We

questioned staff on their knowledge should they witness poor or abusive practices. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with knew which organisations to contact if the service didn't respond to concerns they had raised with them.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. For example, we saw a risk assessment identified bed rails were not suitable for one person. It highlighted bed rails would not keep the person safe due to their level of confusion. We noted the care plans were reviewed monthly. This showed the registered manager had systems to manage and monitor risk and keep people safe.

We spoke with the registered manager about safeguarding. They were able to discuss best practice guidance from the local authority which they used to guide the management of safeguarding incidents that occurred. The registered provider had reported incidents when required. This showed the registered provider kept their knowledge updated to ensure their processes and practices safeguarded people from abuse.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. The registered provider monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed.

During our inspection visit staffing levels were sufficient to meet the needs of people who lived at Abraham House. We saw staff members responded quickly when people requested support. We noted people preferred to call for staff rather than press the call bells at their side. We asked people how long it usually took for a member of staff to arrive after they had pressed their call bell. One person commented on how long staff take to respond, "Just a few seconds." We pressed the call bells twice during our inspection and noted staff responded quickly both times.

We observed staff made appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the home. These were observed being used by staff carrying out their duties. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and carrying out cleaning duties.

Good

Is the service effective?

Our findings

Each person had a pre-admission assessment, to identify their needs and establish that Abraham House was able to meet their needs. All new staff worked alongside experienced staff and were assessed for their suitability and competency during their probation period. One person told us, "All [staff] seem pretty well trained, I can't fault one." A relative commented, "Every one of them are good. We have confidence in them."

At the last full inspection the location was rated as requires improvement in Effective because not all staff had received training required for their role. At this inspection we saw that improvements had been made and sustained and the rating for Effective has improved to Good.

We found by talking with staff and people who lived at the home, staff had a good understanding of people's assessed needs. We were able to establish through our observations people received care which met their needs and protected their rights. One person's care plan stated they did not like to get up early. When speaking with staff they were able to identify people's preferences and needs. This meant people received effective care from established and trained staff that had the right competencies, knowledge, qualifications and skills.

All staff we spoke with told us they had received an induction before they started delivering care. Staff told us they shadowed established staff before working independently regardless of previous experience. They also stated ongoing training was provided throughout their employment. We saw the registered provider had a structured framework for staff training. During the inspection we noted a new staff member visited Abraham House to complete on line training before they started their role.

The registered manager told us they and the senior team leader had been on LGBTQ training. They told us this was new training that was going to be delivered to all staff. We asked if the training was relevant within a care home. The registered manager responded, "Positive values and beliefs are everything. It's the foundation of what we do." They further commented, "We've all got to fight for everyone's rights." This showed the registered manager was seeking to foster a safe and welcoming residential environment where every person is treated with dignity and respect.

We asked staff if they were supported and guided by the registered manager and director to keep their knowledge and professional practice updated, in line with best practice. Staff told us they had supervision. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. Staff also said the management team were very supportive and they felt they could speak to anyone at any time should they need to. One staff member told us, "Supervision is discussing any issues, things we like and what needs to improve." About the manager one staff member told us, "She tells it how it is, which is good. She is also very supportive."

We asked people about the meals at Abraham House. One person told us, "The meals are good." A second person commented, "The meals are great." We observed lunch service at the home. The food served was

well presented and people enjoyed it. About the food one staff member said, "The chef spoils people here." A second staff member commented, "It's like Michelin starred food here, especially the soup."

Staff monitored people's food and fluid intake and people's weight was recorded consistently. We saw when concerns about someone losing weight was identified, staff had responded and appropriate action had been taken. For example, people received fortified smoothies to boost their calorie intake. One relative said, "[Family member] is eating better now she's here. They monitored her fluid intake when she first came in." They further commented, "The chef often brings us something. We had Cornish pasties, better than you get in Cornwall."

We observed staff were patient and encouraging at lunchtime, they effectively supported people who required assistance with their meals. People had the choice of eating were they sat, in their rooms or at a dining table. We observed one person had a discussion with a staff member on where they wanted their lunch. The atmosphere was relaxed and people were able to enjoy their chosen meals at their own pace. This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

We noted the home had a drinking station to allow people and visitors the opportunity to get drinks and promote fluid intake. However, we saw the chef and staff constantly make drinks for people throughout the day. The dining room was light and airy and allowed people easy access whether walking or in a wheelchair. The registered provider told us the dining tables were chosen as they were solid enough to allow people to lean against them to aid their balance and did not scratch to manage the risks around infection prevention. This showed the registered provider had sought to enhance the meal time experience for people living with dementia and for people who shared the same environment.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We noted DoLS were recorded and tracked to ensure they were in date and lawful.

From records viewed we saw consent was sought in line with legislation and guidance. When people could not consent to care, we noted there was active communication with people who could speak on their behalf. For example, one relative told us, "They're good at communicating. They always ask us about non-emergency. They say to us, 'We might do this or that, what do you think would be best for him?" Two people who lived at Abraham House had advocates to participate in making specific important decisions when they lacked capacity. This showed the registered provider was providing care and treatment in line with legislation and guidance.

We saw from records people's healthcare needs were carefully monitored and discussed with the person or, where appropriate, others acting on their behalf as part of the care planning process. Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded. One relative told us, "They get the GP out if necessary." A visiting health professional told us, "The staff are friendly and willing to help. [Member of the management team] is fantastic. "This showed the service worked with other healthcare professionals to ensure people's on-going health needs were met effectively.

The home had been refurbished since the last inspection. We noted along with peoples' names, bedroom doors had pictures or drawings on them, relevant to the person. Bedroom doors had been designed to look like the front door of a residential house, including door number, letterbox, door knocker, and handle. Doors in the same area are co-ordinated so they are a different colour to each other. New carpets had been chosen that were dementia friendly and resistant to liquids. New lounge furniture was selected in a colour to contrast with the floor, in line with good practice guidance for a dementia friendly environment. The furniture was made in materials that can be hygienically cleaned. Lighting in communal areas and corridors had been upgraded to provide more light than one would normally have at home in order to counter decreased light sensitivity experienced by people living with dementia. This showed the registered provider had reviewed the home environment to meet the needs and preferences of people who lived there.

Following King's Fund guidance bedroom light fitting switch surrounds were in contrasting colours to the wall to enable people to take control of their personal space. In the garden were raised planters for people to have the option of gardening. The toilet doors were painted blue and had contrasting toilet seats. Bedroom doors had photos on the front of them to help people recognise their own rooms. Hand rails throughout the home were treated with blue paint that reflected light making the contrasting colour and shine easier to see. The main staircase and all communal areas have had carpets replaced with dementia friendly safety flooring. We spoke to the registered provider about the flooring. They told us they had researched the best anti slip flooring that supported people's independent mobility.

The registered provider told us they used the large lounge for watching the TV and socialising, the small lounge for music and the conservatory as a peaceful quiet place people could relax. We observed there was a very relaxed atmosphere throughout the home. We saw the stairs had gates to promote people's safety. The gates were almost floor to ceiling gates. The registered manager told us these gates prevented people from falling or climbing over and injuring themselves.

We saw 'dementia friendly' clocks in the lounges and conservatory. They had easy read time displayed as well as the day month and year. It also displayed if it was morning, afternoon or evening. All the information was written in full without the use of abbreviations. There was a traditional larger faced clock in the dining room to reflect people's age and cultural background. The clocks may also help with the anxiety that accompanies a dementia diagnosis and lessen people's reliance on care staff for information. This showed the registered provider had provided information to ease confusion for people with sensory or neurological impairments.

Good

Is the service caring?

Our findings

People received care from staff they knew and were happy with the care and support they received. During the inspection visit we observed positive interactions between people who lived at the home and staff. We asked people and their relatives if the staff were kind and caring. One person told us, "Very caring, they do everything for me." A second person commented, "Staff listen, make you feel comfortable." A third person agreed saying, "They listen to me." A relative said, "Yes, staff are kind and caring. They deal with [relative] really well and communicate with us really well". A second relative simply said, "Staff are absolutely brilliant."

At the last full inspection the location was rated as requires improvement in Caring because concerns had been raised that people were not given the choice to remain in bed in the morning. At this inspection we saw people chose to remain in bed and staff we spoke with were aware of people's individual preferences on when they liked to get up and the rating for Caring has improved to Good.

We saw people were treated in a caring and respectful way by staff. We observed positive interactions throughout the inspection visit between staff and people who lived at Abraham House. For example, we saw staff took time to sit with people in their care and enquire about their welfare. We spoke with staff members who told us, "It's fine to chat with people; we don't rush from one job to the next." And, "We make time to sit and chat to people. [Registered manager] wants us to sit and chat with people."

We observed several people being helped to mobilise and saw this was carried out with compassion and appropriate humour. We saw people responded to staff presence and interactions positively. This showed the registered manager was promoting a caring culture were people are treated with kindness, respected and given time to express their views.

Staff were friendly and sensitive when providing care and support to people. We saw staff knocked on doors and waited for a response before entering. One person confirmed this by saying, "When I have my shower the staff are very respectful." We saw staff speaking with people discreetly about personal care issues so as to not cause any embarrassment. Staff were able to tell us about people's personalities, interests and individual preferences. This showed staff clearly knew people well and respected them.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. They told us one person had a friend who supported them with decision making and the court of protection was involved with another person who lived at the home. The Court of Protection has control over the property, financial affairs and personal welfare of people who lack mental capacity to make decisions for themselves. The registered provider had advocacy information for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed. Advocacy services help people; particularly the most vulnerable in society to access information and services and be involved in decisions about their lives.

We noted care plans were reviewed each month. Some people were unsure if they had been involved in reviews but told us they were asked and given choices around the care they received. One person was very clear they had taken part in their review. One relative told us, "Every day we discuss [relative]'s care with staff." A second family member told us, "I'm involved in regular reviews. I can speak to [Registered Manager] or a senior [member of staff] anytime."

Care plans included information about people's culture and life histories. For example, one person used to work as a builder. Another person used to be in a band and liked going on cruise holidays. This person's care plan also instructed staff the person would choose when to discuss their past and to wait for them to initiate the conversation. This showed the registered provider valued people's individuality and guided staff on how to form positive relationships with people.

Good

Is the service responsive?

Our findings

On the day we visited there had been a very recent bereavement at the home. The deceased person's family visited Abraham House and wished to talk with us and share their views on the end of life care their relative had received. They told us they were supported as a family commenting, "I have not drank so many brews." And, "They [staff] were marvellous, they talked us through everything." One family member told us they would miss the home and had considered being a volunteer.

At the last full inspection the location was rated as requires improvement in Responsive because care plans did not always reflect people's needs and reviews did not cover changes in people's circumstances. At this inspection we saw improvements had been made and the rating for Responsive has improved to Good.

About the care their relative received, we were told staff kissed and cuddled the person with the family stating, "They put a smile on her face." The family shared that they had worried their loved one would end up in hospital. They told us how staff advocated on behalf of the person and the family by informing visiting GP's their preference to remain at the home when hospital care was proposed. This allowed the person to have a dignified death in an environment they were familiar with and with people who knew them extremely well.

We asked about end of life care one staff member told us, "I do what I need to do. We cater to their needs and beliefs, this is them." We spoke with the registered manager about end of life care who told us it was a part of people lives. They also had a list of people who had made do not attempt coronary pulmonary resuscitation (DNACPR) to ensure they respected people's end of life decisions. This showed the registered provider supported people to live as well as possible in all aspects of their wellbeing, respected their decisions and provided dignified and responsive end of life care.

Throughout our inspection we noted there were cushions and throws on furniture to promote a homely setting. We saw people made use of blankets around their shoulders and legs for comfort even though the climate was warm. It was advised music had a positive impact on people living with dementia. We noted external singers visited the home. People we spoke with told us they enjoyed the singers. We noted appropriate music was played throughout the day in specific areas of the home. One relative told us, "I did an MP3 for [family member] with all her songs on." This was playing in the conservatory as we spoke and the person was enjoying the music. We saw 'rummage boxes' were place throughout the home. We observed people living with dementia, who liked to walk around the home, stop and investigate what was in the boxes.

For people with limited mobility, the dining chairs had wheels within the legs. These could be released to guide people closer to the dining table whilst sitting down. The registered manager told us, "It's just more comfortable for people instead of us pushing and shoving." One person who was partially sighted had an eye test and it was discovered they could see the colour blue. The registered provider had bought blue crockery and cutlery for the person. The registered manager told us, "No-one should be assisted with their meals if they don't have to be. With a plate guard this allows them to be independent." The director added

they did not want to buy plastic cutlery and crockery and had sought stainless steel cutlery as well as china crockery. They told us this was done to support the person's dignity through having the same style of utensils as everyone else.

We spoke with the registered manager about responsive care and support. They told us the call bell system could be programmed with reminders. For example, someone in bed who required turning every two hours had their alarm set to notify staff. Other people who spent time in their rooms had their alarms set for social checks, meaning staff visited at regular intervals. The registered manager told us, "It's a good system." A relative told us, "[Family member] was on her last legs when she came out of hospital. Her skin improved within days, they're managing her dementia and she's sleeping well."

People who lived at Abraham House and their relatives told us care plans were reflective of people's needs and had been regularly reviewed to ensure they were up to date. Staff spoken with were knowledgeable about the support people in their care required.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the service's assessment procedures identified information about whether the person had communication needs. These included whether the person required easy read or large print reading. There were easy read versions of the MCA and Abraham House advertising brochure.

We saw a timetable advertising activities at Abraham House. The activities were promoted in words and pictures to help people understand what activities were on and when. On the day we visited the hairdresser was visiting. Whilst people were having their hair done, they were offered hand massages and their nails painted. The staff member in charge of activities told us, "We try to create a 'salon' experience by having two or three people in the conservatory at once. People enjoy it." We observed people were enjoying their 'salon' experience.

We were told some activities were planned and scheduled and others just naturally occurred during the day. We saw the registered manager relaxing on a settee just chatting with three or four other residents. We later saw her sitting on another settee talking one-to-one with a resident and gently rubbing his back. Care staff told us informal care and support was encouraged by the registered provider. A relative told us, "It's the little things; they play with balloons, sing to music, basketball. Staff take her outside into the garden."

We saw evidence of scheduled activities taking place. On Thursdays outside entertainers were booked, such as a music therapist, singers, animal or drama acts. Staff were encouraged to take photos on the day and get feedback from people. One person told us, "They have plays and musicals, I find them very interesting." A relative commented, "They try and involve [family member]. A chap came with an owl the other week." A second relative said, "[Family member] he's a bit of a loner but gets invited, they always try and involve him."

The home had birthday celebrations and special days. For example, they had a Mothering Sunday afternoon tea. The person responsible for activities told us they attended relative's meetings to discuss activities and get feedback. They commented they had recruited several volunteers to help with arts and crafts. We spoke with a member of the relatives committee. They told us, "We have regular meetings. We were consulted about them getting a ukulele group in. I also do a monthly newsletter on one side of A4, birthdays, news, activities and anything the manager wants to ask." We noted the ukulele group was due to visit the following week. The newsletter gave people useful information and conversations prompts as it included 'On this day' information to share with people. This also showed the registered provider recognised activities were essential and provided appropriate support to stimulate and maintain people's social and emotional

health.

We saw the service had a complaints policy and we looked at the complaints folder. We saw the registered manager dealt with any recorded concerns or complaints promptly and outcomes and actions were recorded. The registered manager was knowledgeable about their role in complaints management. There was a low rate of complaints about the service or care, and all of the complaints received were resolved. The registered provider told us they had an open approach to complaints and concerns and a genuine desire to resolve issues. At the time of our inspection there were no ongoing formal complaints. During our visit one relative made an informal complaint. This was resolved to the relative's satisfaction while we were present. This showed the registered provider considered the emotional wellbeing of people and others who used the service when complaints were made. About complaints one person told us, "No complaints at all." This showed the registered provider had a system and an open culture were complaints and concerns would be taken and actioned to improve the care delivered.

Good

Is the service well-led?

Our findings

"A Jolly nice atmosphere." Was how one person described their experiences of living at Abraham House. A second person told us, "[Manager]'s really nice, they're all nice." A third person commented, "Overall it's very good. I appreciate the care I get here. Where would I be without them?" A fourth person said, "It's good, I like it, the staff are good."

At the last full inspection the location was rated as requires improvement in Well-led because we found shortfalls relating to people's safety, in relation to medicines and systems for monitoring staff training and development were not effective. At this inspection we saw improvements had been made and the rating for Well-led has improved to Good.

There was a registered manager at Abraham House. 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.

Feedback from relatives included, "[Registered manager] is approachable. She was very helpful when [family member] first came in to the home." And, "She's [registered manager] definitely approachable. She interacts well with residents, just like all the other staff, she is really pleasant. She wouldn't ask staff to do something she wouldn't do." A third response was, "It's worked out here. I'm impressed and personally satisfied with the home."

We found the service had clear lines of responsibility and accountability. The manager worked closely with the director and senior team leader in the running of the home. We asked what the vision for the future was. The registered provider told us after a period of change they wanted to create a stable environment offering continuity of support to people who lived at Abraham House.
The director told us they were working towards being recognised for their outstanding care. They researched best practice guidance and introduced new ways of working based on knowledge gained. They were able to show NICE guidelines within medicine administration and how 'skills for care' had influenced training delivered.

The service had procedures to monitor the quality of the service provided. They employed an outside consultant to complete audits on the service. Regular internal audits had also been completed in line with registered nursing home association audits. The registered provider had a 'Good Governance Calendar'. The calendar was a structured framework to monitor the care and support people received. These included consent to care, medication and infection prevention. There was a health and safety monitoring file. Within this file was audit information on service schedules and health and fire safety. These included, emergency lighting, door closers and portable appliance (PAT) testing. We noted professional experts were employed to for legionella checks.

The service worked in partnership with other organisations to make sure they were following current

practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GP's and district nurses. The service also worked closely with older adults' community mental health services, and the care home support team. Both are multi-disciplinary teams that offer support and guidance to people who are physically and / or mentally unwell. The registered manager told us, "We all have to work together to get things right." The director told us, "We don't give up here, we try different things."

We looked at the minutes of a recent relatives meeting. One relative told us, "I feel listened to." We looked at minutes which included, safeguarding, dignity and respect. The most recent meeting emphasised how to raise concerns to the registered provider or anonymously. We looked at staff meeting minutes, topics included, safeguarding and health and safety. One staff member told us about staff meetings, "We attend to things in the meeting like training, such as first aid." A second staff member commented, "The meetings are very thorough." This showed the registered provider gave relatives and staff a structured opportunity to be engaged and involved in the delivery of care and support at Abraham House

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.