Care Quality Commission

Abbeyfield Newcastle Upon Tyne Society Limited(The)

Abbeyfield Residential Care Home - The Grove

Inspection report

40 The Grove
Gosforth
Newcastle upon Tyne
NE3 1NH
Tel: 0191 285 2211
Website:

Date of inspection visit: 4 and 5 June 2015
Date of publication: 26/08/2015

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

This inspection took place on 4 and 5 June 2015 and was unannounced.

We last inspected this service in October 2013, when it was found to be complying with all the regulations inspected.

Abbeyfield The Grove is a residential care home for older people, some of whom may have dementia. It does not provide nursing care. It has 32 beds and had 30 people living there at the time of this inspection.

The service had a registered manager who had been in post for over 20 years. A registered manager is a person

Summary of findings

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

People were protected from harm and abuse. Staff had been trained to recognise and respond to any suspicion of ill-treatment or neglect. People told us they felt safe living in the home. Other risks to people were assessed and carefully managed to keep people safe.

Checks were carried out regularly on the safety of the building, systems and equipment, and plans were in place to respond to emergencies. Staff were alert to the risks of cross-infection. The home was very clean, tidy and well-maintained.

There were sufficient staff available at all times to respond to people's needs safely and quickly. New staff were carefully checked as to their suitability to work with vulnerable people.

People received the support they needed to manage their medicines safely.

There was an experienced and well-established staff team that had the knowledge and skills necessary to meet people's needs. Staff received regular training and professional development was encouraged. Staff also received appropriate levels of support, in terms of supervision and annual appraisal of their work performance.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff had been trained in this important area and were aware of their responsibilities regarding protecting people's rights.

People were asked to give their written consent to their plan of care, and told us staff members always asked for their verbal permission before carrying out any care tasks or other interventions.

People's nutritional needs were assessed and any special diets required were provided. People were given good choice regarding their meals and their personal preferences were known and respected. They told us the food was very good.

People told us the staff were very caring in everything they did for them. They said they were treated with sensitivity, compassion and respect at all times, and that they were encouraged to make their own decisions and remain as independent as possible.

People's care was planned with their full involvement, and included regular re-assessment of their needs and wishes regarding their care. Care plans were detailed and personalised to the individual. Regular reviews were held to give people the opportunity to discuss their care needs and suggest changes to how their care was being given.

There was a good social activities programme in place, with visiting entertainers and trips out, and people were also encouraged to pursue their own hobbies and interests.

Complaints were rare, but were taken very seriously by the service and resolved to the satisfaction of the complainant, wherever possible.

The service worked well with other professionals and services to ensure people received the care they needed, in the ways that they wanted.

The service was well-managed. The registered manager was very experienced and held in high esteem by people living in the home, staff and professionals. The service was open to suggestions for improvements and regularly asked people for their views about their care, and the service generally.

Effective quality assurance systems were in place and any deficits found were promptly and imaginatively addressed.

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. Staff were fully aware of their responsibility to keep people safe from harm and to report any suspicions of abuse.

There were enough staff to meet people's needs in a safe and timely manner. Risks to people were assessed and carefully managed.

People were given the support they needed to take their medicines safely.

Good

Is the service effective?
The service was effective. Staff had the skills and knowledge they needed to meet people's needs effectively.

Staff were given regular training, supervision and appraisal to support them in their work.

People's rights under the Mental Capacity Act 2005 were understood and respected.

Good

Is the service caring?
The service was caring. People told us the staff treated them with great care and respect at all times.

People's privacy and dignity were protected.

People were encouraged to be as independent as possible, and to take decisions about their daily lives.

Good

Is the service responsive?
The service was responsive. People said they received individualised care and staff responded quickly to requests or changes in their needs.

People were involved in assessing their needs and deciding how those needs were to be met.

Any concerns or complaints were taken seriously and resolved to the satisfaction of the person.

Good

Is the service well-led?
The service was well-led. The home had a very experienced registered manager who provided good leadership.

There was an open and positive culture in the home, and people's views were respected and acted upon.

Effective systems were in place to monitor the quality of the service.

Good

Abbeyfield Residential Care Home - The Grove

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.

This inspection took place on 4 and 5 June and the first day was unannounced.

The inspection team was made up of one adult social care 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.

Before the inspection, the provider completed and returned a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included notifications sent by the provider about significant issues such as safeguarding, deaths and serious injuries the provider is legally obliged to send us within required timescales. We contacted other agencies such as local authorities, clinical commissioning groups and Healthwatch to gain their experiences of the service.

During the inspection we toured the building and talked with 14 people, four relatives/visitors and five visiting professionals. We spoke with the registered manager, the deputy manager, six care assistants and ancillary staff. We 'pathway tracked' the care of three people, by looking at their care records and talking with them and staff about their care. We reviewed a sample of four people's care records; four staff personnel files; and other records relating to the management of the service, including safeguarding records, complaints and quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe and protected in the home. One commented, "I feel happy, safe, and well-cared for." Another person said, "I feel totally at ease."

Visiting professionals told us they had no concerns about people's safety in the home. One told us, "This service is more than safe. They are obsessed with safety." A second professional said, "It's as safe as can be."

The service had a policy and procedure on the safeguarding of people which was in line with local authority expectations and Department of Health guidelines. The registered manager told us they worked closely with the local safeguarding adults' team, and had invited members of that team to visit the home and talk with people about their rights and other safeguarding issues.

Records showed staff recognised and reported any issues of abuse or potential abuse. These records detailed the event, and any investigations the service was asked to carry out on behalf of the safeguarding team. The registered manager told us they discussed any borderline issues with the safeguarding team, and always followed the advice given.

Staff members we spoke with were able to describe the safeguarding procedure and were fully aware of their responsibilities to protect people from abuse and other harm. They were also trained to report any poor practice they observed.

Any monies held on behalf of people were properly accounted for, with two staff signing for each entry and all receipts kept. People were encouraged to sign their own transactions, where possible. People's accounts were audited every three months. We checked a sample of two people's money against their accounts, and found them to be accurate.

All risks to people were assessed as part of their initial needs assessment. Where a risk to the individual was identified, staff took appropriate steps to minimise the risk of harm to the person by, for example, fitting additional ramp access to allow wheelchairs users to access the building safely.

The safety of the premises was checked by a six monthly safety audit of the building, with any risks identified being entered onto an action plan. Regular checks of fire safety systems and equipment were carried out, as were checks of water temperature and storage. External security cameras were in place. We noted no obvious risks in our tour of the building.

A policy was in place regarding the control of infection in the service. Staff were provided with personal protective equipment, including disposable gloves and aprons, to minimise the risk of cross-infection. Equipment such as hoists, slings and slide sheets were used to ensure that moving and transferring people was safe for both the person and the staff. The registered manager told us there had been no injuries to staff in the past year. We noted the service had the top 'five-star' rating by the local authority environmental health team on its most recent inspection.

Contingency plans had been drawn up for dealing with emergency events such as the need to evacuate the building.

A record was kept of all accidents, including those where no injury had resulted. A separate record was kept of other significant incidents such as potential intruders, with details of the actions taken in response, such as calling the emergency services.

The registered manager told us there were enough staff at all times to meet people's needs safely and effectively. People we spoke with confirmed this. Staff rosters showed a minimum staffing level of manager or deputy manager; one senior; and four care assistants on duty for 30 people. They were supported by domestic, catering and maintenance staff. The registered manager told us they had the authority to increase the staffing levels, where necessary, to meet people's changing needs. A visiting relative assured us there were always ample numbers of staff on duty.

Robust staff recruitment processes were in place to ensure applicants were properly assessed as to their suitability for working with vulnerable people. Systems included checking any criminal convictions the applicant might have had; taking up references from previous employers; and asking for various proofs of the applicant's identity.

People were supported to take their medicines safely and at the right times. Staff administering medicines were given regular training and their competency in this area was regularly checked. Systems were in place for the ordering of people's medicines, and for their safe storage. Clear and

Good

Is the service safe?

detailed records were kept of people's medicines and of the administration of those medicines. These records were regularly audited to pick up omissions or other anomalies, and any errors were followed up. People told us they received their medicines when they needed them, and were asked for their consent before being given medicines. One person told us, "The staff know exactly what medication I need."

Good

Is the service effective?

Our findings

People told us the staff met their needs consistently and effectively. Comments included, "I am very satisfied with this place" and, "The staff are extremely good. Everything is very good." We saw letters from relatives complimenting the quality of the care and the friendliness and professionalism of staff. One relative wrote, "The transformation in my (relative) in one week was truly amazing."

A visiting professional told us, "I would give this home nine out of ten for its effectiveness in meeting people's needs." A second professional told us the service was "Very organised, and always has the right information ready when I visit. It's an excellent service."

The training matrix for the service showed all staff training was planned over a 12 month period and that all training required by legislation was given. In addition, staff were given training tailored to the needs of individuals living in the home, often using the services of other health professionals such as GPs and district nurses.

Training records confirmed a clear commitment to staff development. We noted all staff had either achieved, or were working towards National Vocational Qualifications (NVQ) level two in social care. Eleven staff held advanced NVQ levels three and four. The registered manager told us new staff would be undertaking the new Care Certificate, which sets out the learning outcomes, competencies and standards of care now required for persons entering the health and adult social care sectors. It provides for 12 week induction programme to make sure people had the skills and knowledge they need to meet people's needs effectively.

Staff received support from the management team in the form of regular supervision of their work performance. Records showed supervision was robust and effective, with good practice acknowledged and less good practice challenged professionally, with agreed actions recorded. The registered manager carried out a formal annual appraisal of each staff member's performance over the year, identified training needs and set clear targets set for staff development. The registered manager told us the format used for staff supervision was being revised to ensure it addressed all the competencies covered by the Care Certificate.

The service acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. These are legal safeguards to protect the rights of people who may lack mental capacity to make some decisions around their care and welfare. The policy on mental capacity made the appropriate assumption that people had the mental capacity to make decisions about their lives unless it was clearly demonstrated they lacked this ability. Where there were grounds for questioning a person's capacity, a formal mental capacity assessment was carried out, involving the person, their representatives and involved professionals. It this concluded the person was unable to make informed decisions about important areas of their lives, decisions were made for them in their 'best interests'. Examples seen included best interest decisions regarding the person coming to live in the home, having their medicines administered to them, and receiving appropriate personal care interventions.

Staff had received training in this area and were knowledgeable about their responsibilities. They were aware of the importance of not depriving a person of their liberty without the proper authorisation. The registered manager told us they were aware of the process for applying to restrict a person's movements, in their best interests, but had not had cause to use this process. They also told us staff did not use any form of restraint on people. Should a person's behaviour become challenging to them or others around them, a referral was made to the specialist 'challenging behaviour' team for advice and guidance. Specific care plans would then be drawn up to assist staff in managing the person's behaviour in the least restrictive way they could.

People were asked for their consent before any staff interventions were carried out. Staff told us they respected people's rights to refuse such interventions but if the matter was important (for example, if people refused important medicines) they would report this to senior staff. Staff were alert to the various verbal and non-verbal ways a person might express consent or refusal. Where possible, the person was also asked to give their written consent to issues such as the content of their care plans, the sharing of personal information with other professionals and the taking of photographs for identification purposes.

People's dietary needs were assessed when they came into the home, and regularly thereafter. The registered manager told us nobody living in the home was currently at any

Good

Is the service effective?

dietary risk, but people were weighed monthly to monitor the risk of malnutrition. Should there be any concern about a person's diet, a referral would be made to a dietician, and their advice recorded and followed.

The menu in the home showed good variety, and plenty of choice. People confirmed they were able to make requests over and above the menus and were provided. People were able to have snacks of their choice between meals and overnight. There were a minimum of six drinks rounds each day and drinks were also available in lounges and in people's rooms. People said they were happy with the quality and quantity of their meals. One person told us, "The food is so good and varied." Another person said, "The food is very nice."

Each person had specific care plans for the care of their eyes, hearing and oral health. Records showed people's routine health care needs were met, with appointments made with the full range of community health professionals for people unable to do this for themselves. Records detailed any treatment the person received or required, and included advice given by health professionals. Such advice was used to update the relevant care plan for the person. Several people told us the staff were very quick to spot any deterioration in their health and responded quickly and appropriately.

Good

Is the service caring?

Our findings

People told us they received a compassionate and caring service. One person told us, "The staff are marvellous. They really do care for me." Another person commented, "The staff are friendly and amiable." A third person said, "I am very content. I am very well cared for; the staff are extremely good and take care of me."

Relatives were equally positive about the quality of the care in the home. One relative said, "The staff are so very respectful and supportive." Another relative commented on the fact that many of the staff were long serving and said they thought this was a great benefit to the home. This relative also told us, "The staff are amazing and attend to the little things which mean so much" and said "The facilities are good, as well." A third relative spoke of the "Exceptionally high standards of care and comfort."

A visiting professional told us, "This home is absolutely fabulous. They treat people with such care and dignity. Nobody has ever complained about it to me." A second professional said, "They give very good and very considerate care." Other comments from professionals included, "This is a very caring home"; and, "They are absolutely caring."

Staff told us how much they enjoyed their work, and several said that was why there was such a small turn-over of staff. One staff member told us, "It's a privilege to be working here." A second staff member said, "I so enjoy helping our elderly people here." We observed staff were hard-working but relaxed in their manner and always courteous and attentive in their approach to people. Relationships between people and staff were obviously based on mutual respect and affection.

The service had a policy on meeting people's cultural needs and people's equality and diversity were respected. The registered manager gave examples such as providing a private space for people's prayer or meditation, catering for all dietary wishes and developing social programmes to meet people's wishes.

We noted the service had a specific policy on 'informing, consulting and involving' people. People were given information about the service and its facilities, their rights and responsibilities, and how to complain. Regular residents' meetings were held, and a residents' committee was planned. A visitor advised us that regular relatives' meetings were held and there was good two-way communication between people, relatives and staff. A relatives' support scheme was available to any relative who wished for advice or help.

There were regular questionnaires for people to give their views on their care and the running of the home, and they were asked for their opinions in their care reviews. The registered manager told us the staff tried to implement all suggestions agreed by the meetings, such as more quizzes, sing-alongs and trips out. They told us, "Our residents speak out, no matter what, and the office door is always open to them."

The well-being of people was enhanced in various ways. There were regular visits by a dog owner who brought their pet in for people's enjoyment, and the registered manager told us they were considering introducing of a fish tank and the keeping of chickens. Visitors told us they could visit at any time convenient to the person they were visiting. A hairdresser visited the home every week. One person told us, "I do like to have my hair done. It makes me feel so good."

We observed the lunch time meal, which was a relaxed and enjoyable experience. The dining room was spacious and the tables were pleasantly set. People were able to eat at their own pace and staff were attentive but unobtrusive. One person needed help in eating. A care assistant sat with the person and very patiently helped them to eat ample food and drinks. We noted care assistants encouraged two other people who were not eating very much. Again, this was done in a very friendly way and with good humour. A visitor told us, "My relative has put on weight since coming in here. The food is plentiful". The person in question agreed and said, "Lunch is home-made and I have always two choices at every meal".

People told us staff encouraged and supported them to keep up their hobbies and interests. One person invited us into their room to see all the artwork they had produced while living in the home. They also said staff facilitated people to take responsibility for arranging their own entertainment. One person ran a music appreciation group; another person organised a weekly bingo session in the lounge. A third person was facilitated to give talks about their life and experiences. Staff provided rooms for these activities and advertised their availability to all in the home.

Good

Is the service caring?

People's spiritual needs and human rights were recognised and met. A Catholic priest visited on a regular basis and a Communion service was held every month for people of other denominations. Postal votes were organised for people who preferred this: others were assisted to attend polling stations in person, if needed.

During the inspection we saw several people were out walking or sitting chatting in the garden in the sunshine. The gardens were spacious and very well maintained by the gardener, with bushes and flower beds. Many people said what an asset they were to the home.

The service displayed notices and leaflets around the building people's attention to the availability of independent advocacy services, and this information was also contained in the 'residents' handbook'. The registered manager told us two people had been supported in accessing and using such services in the past year.

Staff spoke to people with respect and allowed them time to think and answer at their leisure. We noted people were addressed by staff in the manner they preferred. For most people, it was their title and surname, but those who preferred it, by their first name. People told us staff always treated them with great respect and were mindful of their privacy and dignity. This was reflected in people's care plans and in the fact people had keys to their rooms and were able to refuse entry to visitors or staff. People were specifically asked if they felt their privacy and dignity was protected in every review meeting held.

People told us they were encouraged to be as independent as possible, and were free to come and go from the home. Where people needed some staff support to enable them to be independent, this was offered. For example, staff had assisted three people who wished to holiday independently by helping them with travel arrangements and packing. People were able to access the internet for information and study purposes, and were able to use an internet service that allowed them to see and speak with friends and family around the world. People were also able to choose their health professionals. One person said, "I like it here. I am able to get my own doctor if I need him."

A visiting professional commented, "They treat their residents very well, and they are good at 'end of life' care." We saw specific 'end of life' care plans had been drawn up, where appropriate. These recorded the person's wishes and advised on how to preserve the person's independence and decision-making. The registered manager told us ten staff had received training in palliative care and that this training was being extended to all staff.

Good

Is the service responsive?

Our findings

All the people we spoke with were full of praise for the care they received. One person said, "This is a great place. The staff are first-class." Another person said, "A friend recommended this place to me and I have no complaints." A third person commented, "They give me what they know I like."

They told us their care was tailored to their needs. One person observed, "Those who need it get extra care."

One visitor told us, "The staff are very good at communicating with me regarding my (relative's) health needs." The visitor said, "The Manager is very quick to respond to any requests I have made on behalf of my (relative)."

Visiting professionals told us the service was very responsive in meeting people's needs. One told us, "The staff take on board everything we advise them on and put it into practice." A second professional commented, "The staff are definitely responsive." Another professional said, "They make appropriate referrals, follow our advice and ask if there's anything they don't understand."

We observed that care staff were alert to people's needs and were promptly on hand to help anyone in difficulties. One person told us, "They are quick to meet all my needs."

Before a person moved into the service an assessment of their needs was undertaken. This covered areas including physical and mental health, social and emotional needs, nutrition and activities of daily living. Where a particular need was identified in, for example, skin integrity or risk of falls, a more detailed specialist assessment was completed. A separate social assessment was carried out to establish the person's life history, including education and employment; their social links; hobbies and interests; and their wishes and preferences regarding their care. People were asked to give their permission for the service to approach their general practitioner for details about their medical history and prescribed medicines. Where the person was funded by the local authority, a copy of their social worker's assessment was also requested.

These assessments were used as the basis for drawing up detailed care plans to meet each of the person's needs. The care plans were person-centred and included their expressed wishes about how their care was to be given.

The care plans demonstrated respect for the person as an individual, an appreciation of the importance of maintaining people's dignity and enhancing their independence.

Where a person had made a formal written 'advance decision' regarding their care, such as a wish not to be resuscitated, this was filed prominently at the front of their care file, and regularly updated.

A formal review of each person's care was carried out at least every six months, to obtain their views and the views of family members or other representatives regarding their care. Where appropriate, these reviews included the input of involved professionals such as social workers. If anyone invited was unable to attend the review, they were asked to submit their written comments for consideration. The person's care plans were updated, where necessary, as a result of the review process.

There was a full activities programme posted on the Notice Boards. This advertised actives each morning and afternoon, including weekends. People we spoke with told us the activities schedule was flexible and was changed to meet people's preferences on the day. For example, we noted a quiz was advertised but that no one wanted to do it. Instead a ball game was taking place in the main lounge. Chair aerobics and other exercise classes took place on a weekly basis and were very popular, we were told. The registered manager said staff used the information gained from people's social assessments to identify where people shared similar interests, with the aim of encouraging them to make relationships and enjoy informal social time together.

People were encouraged to make choices about all aspects of their daily lives. Choice was demonstrated with regard to freedom of movement within and without the home, diet, clothing, activities, sleeping regimes, bathing or showering, receiving visitors and accepting staff support.

Some people chose to take their meals in their bedrooms. Those who wished to enjoy alcohol were able to do so.

The registered manager told us people were free to make personal relationships, and to do so with appropriate privacy. People's religious, spiritual and cultural needs were assessed on admission to the home, and staff gave any required support to allow people to express and meet such needs, such as attending church services.

Good

Is the service responsive?

We asked people and their visitors what they would do if they had a complaint. Without exception all said they would talk to any member of staff and were confident they have the necessary support and help to resolve the matter. One person said, “I have no complaints, the staff are marvellous”. Another said, “I have no complaints. It is first class here. ” A third person told us, “The staff are very willing and the place is spotless. There really is nothing to complain about.” We looked at the records kept of complaints. These showed us any concerns or complaints were taken seriously, investigated promptly, and resolved to the person’s satisfaction, wherever possible.

The registered manager told us they worked closely with the person and their family if there was a need to move between services (for example, admission to hospital). All relevant information about their needs and wishes was sent with the person, to ensure a continuity of care. The service had sufficient staff to allow for a person to be accompanied to hospital or to other health appointments.

Good

Is the service well-led?

Our findings

Three people told us, “This is a well-run place.” Another person said, “The senior staff are always available.” Other people commented on the fact the registered manager was always visible around the home, and always available to talk with people and their visitors. Our observations confirmed this, as the registered manager had a smile and a word for everyone as they passed.

A visiting professional told us, “The registered manager is superb at their job.” A second professional said, “This is a well-run home. The management is good and very efficient and the staff are always helpful. We have no problems with this home.” A third professional commented, “The registered manager is incredibly helpful and very knowledgeable, and senior team are very good and work well with us.”

All the staff we spoke with said they were very satisfied with the way the home is organised and managed. Several said this was the reason so many staff had worked at the home for so many years.

We noted the provider had recently introduced a new chief executive officer post. The registered manager said this had led to a significant improvement in the level of support and supervision they received, and had also resulted in improved clarity of management roles within the organisation.

The registered manager told us the philosophy of the service was “to provide the right environment for older people to live in contentment and serenity, retaining their dignity and the respect of those who care for them." People we spoke with confirmed that this aim was effective in practice and that the care and respect they encountered from the registered manager and staff were second to none.

The registered manager said that they endeavoured to have a transparent management style. They told us they aimed to be “very fair, open and approachable, to listen and take on new challenges.” Staff we spoke with stated this was apparent to them at all times. They told us there was a ‘no blame’ culture that acknowledged that not every system or staff member was always perfect, but that expected all staff to be honest about any failings and report any mistakes. Staff meetings were held to allow staff to discuss any issues and suggest solutions to problems.

Minutes of these meetings showed the registered manager acknowledged and celebrated good staff practice, but was also clear about areas where the service needed to improve. Examples seen included discussions about improving areas such as staff handovers, laundry systems and building security.

Staff were also given access to all service policies for their guidance, and were required to sign to say they had read and understood the policies and their responsibilities. Policies were in the process of being reviewed and revised, to make sure they stayed relevant and effective.

The service had developed good links with its local community, including schools and churches, and invited local people to join in activities such as church services and some social events. Pupils from local schools visited for work experience, as part of their Duke of Edinburgh award training, or just to talk with people living in the home. There were also links with some local businesses, and one supermarket donated flowers for the flower arranging classes held in the home. People were encouraged to learn computer skills and were able to access the home’s computer for research or to keep in touch with families and friends.

The provider had a range of systems in place to check the quality of the service being given. Each month a representative of the local Abbeyfield committee visited the home to talk with people and their relatives and other representatives. These visits were recorded in detail and identified any issues important to people living in the home and their families. These included significant issues such as access to the home and environmental problems. They also addressed matters of concern to individuals, such as specific elements of their care or even a tea pot that wasn’t pouring properly. All identified problems and areas for improvement were passed onto the registered manager for action. Records showed such action was taken speedily.

The registered manager carried out their own quality audits on a monthly basis. These included analysis of staffing levels, accidents, complaints, medicines records and infection control. Other audits were carried out to look at care plans, the home environment, health and safety, infection control and catering services. Again, records demonstrated prompt actions were taken in response to any issues identified.

Good

Is the service well-led?

The provider sent out an annual questionnaire to obtain the views of people in the home. The most recent (January 2015) indicated a high level of satisfaction with the care and services provided. Suggested improvements, such as more frequent trips out and more regular eye checks, were implemented.

Records kept of people's care and of the management of the home were of a good standard. Records were accurate, detailed, and professionally maintained. They were accessible, but also stored securely.

The registered manager was able to demonstrate good partnership working with other health and social care professionals, including general practitioners, district nurses, dieticians, physiotherapists, social workers and the challenging behaviour team.

The registered manager told us the service was introducing new 'Abbeyfield core standards', to bring those standards into line with recent changes to legislation. These standards included leadership and governance, strategic management and quality systems. The service was also in the process of developing a 'business plan' to demonstrate how those standards would be implemented. We noted the service held the national Abbeyfield Gold Standard award for the provision of high quality care.