

Abbeyfield Lancashire Extra Care Society Limited

Abbeyfield Care Home

Clitheroe

Inspection report

Abbeyfield House
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14 July 2016

18 July 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an inspection of Abbeyfield House on 13,14 and 18 July 2016, the first day was unannounced.

Abbeyfield House is a purpose built care home located in a residential area on the outskirts of Clitheroe. The home is registered to provide care and accommodation for up to 40 older people including people with a dementia. The accommodation is provided over two floors. A passenger lift is available for access between the floors. The accommodation on the ground floor is divided into two separate areas. There are two lounges, two conservatories, a lounge/dining area with a kitchenette and a separate dining area. There is also lounge area and hairdressing room on the first floor. There are bedrooms located on both floors, all are single and have en-suite facilities. There are enclosed garden/patio areas to the front and rear of the premises garden furniture is provided. There are several car parking spaces to the side of the building. When we visited there were 36 people accommodated at the service.

The service was managed by a registered manager. 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.

At our last inspection on 3 June 2014, the provider was compliant with all of the standards that were reviewed at the time. At this inspection we found the provider was in breach of three regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. This related to the provider not having proper oversight of Abbeyfield House, including monitoring and checking systems, a lack of appropriate staff recruitment checks and the unsafe management of medicines.

You can see what action we told the provider to take at the back of the full version of the report.

We have also made recommendations relating to person centred care planning and catering effectively for people's nutritional needs and choices.

The people we spoke with indicated satisfaction with the care and support they experienced at the Abbeyfield House. One person said, "I think it is well- run. It is improving now." We found there were enough staff available to provide people with care and support.

People told us they felt safe at the service and they made positive comments about the care and support they experienced. They said "It's very good. The little things make it good" and "It's very, very nice. I have been happy here."

We observed people being supported and cared for by staff with kindness and sensitivity. During the inspection we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions. People said, "We are very lucky with our staff" and "Staff

are very helpful nothing is too much trouble." People said their privacy and dignity was respected.

People had mixed views on the quality and variety of the meals provided. However the catering arrangements were being reviewed and plans were in place to make improvements.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff confirmed they had received training on safeguarding and protection.

People's needs were being assessed and planned for before they moved into the service. Everyone had a care plan, however some were lacking in appropriate information. Risks to people's well-being were being managed. We did find some individual risk assessments were lacking in detail and had not been reviewed. However the registered manager had taken steps to rectify this matter.

People were supported with their healthcare needs and medical appointments. Changes in people's health and well-being were monitored and responded to.

The service was working within the principles of the MCA (Mental Capacity Act 2005). During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences.

Staff spoken with described how they involved people with making decisions and choices. Discussion meetings were held and people had opportunity to complete satisfaction surveys.

People told us how they were keeping in contact with families and friends. Visiting arrangements were flexible. There were opportunities for people to engage in a range of suitable activities.

People spoken with had an awareness of the service's complaints procedure and processes. They said they would be confident in raising concerns. We found records were kept of the complaints and the action taken.

People said they liked the accommodation at Abbeyfield House and they had been encouraged to personalise their bedrooms.

There were systems in place to ensure all staff received regular training and supervision. We found some training was overdue but action had been taken to address this matter.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Processes were in place to maintain a safe environment for people who used the service.

We found there were some safe processes in place to support people with their medicines. However, some medicine management practices could be improved.

Staff recruitment did not include all the relevant character checks. There were enough staff available to provide safe care and support. Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People had mixed views on the quality and variety of the meals provided. We found progress was needed in actively promoting choices.

People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

Processes were in place to train and support staff in carrying out their roles and responsibilities. Some training was overdue, but action had been taken on this matter.

Is the service caring?

Good ●

The service was caring.

People made positive comments about the caring attitude and kindness of staff. During our visit we observed friendly, respectful and caring interactions between people using the service and staff.

Staff expressed an awareness of people's individual needs, backgrounds and personalities. People were supported to

maintain contact with families and friends.

People's dignity and personal privacy was respected. People were supported to be as independent as possible.

Is the service responsive?

The service was not always responsive.

Arrangements were in place to find out about people's individual needs, abilities and preferences.

Each person had a care plan which included some information about the care and support they needed. Action was in progress to promote a more personalised and responsive approach to care planning and care delivery.

People were supported to take part in a range of suitable activities. There were procedures in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

People made positive comments about the management and leadership arrangements at the service. The indicated improvements were being made.

The service had been without a registered manager. However a registered manager was in post who expressed a commitment to develop the service and described the action taken to make improvements.

There were some systems in place to monitor the quality of the service; these included gathering feedback from people. However, we found there was a lack of oversight and review of the service from the provider.

Requires Improvement 

Abbeyfield Care Home Clitheroe

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the 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 13,14 and 18 July 2016, the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a PIR (Provider Information Return). 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 also reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. In addition, we reviewed the information we held, including complaints, safeguarding information and previous inspection reports. We contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we spent time with people who used the service. We had discussions with 10 people who used the service and six relatives. We also spoke with a visiting community nurse. We spoke with three team leaders, three care assistants, the catering manager, house keeper, registered manager and provider.

We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, policies and procedures, complaints records, staff training records, audits and quality assurance records.

Is the service safe?

Our findings

The people we spoke with indicated they felt safe at the service. Their comments included, "Yes I feel safe living here, its homely," "It feels very safe Its good here it's friendly. There's no bossing about" and "I feel safe with staff, none of them are off hand or anything like that." One relative commented, "I visit every day and have not seen anything of concern."

We checked how the staff recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of three members of staff. The recruitment process included applicants completing a written application form and attending a face to face interview. Some of the required checks had been completed before staff worked at the services and these were recorded. The checks included an identification check and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. New staff worked a six month probationary period; this was kept under review to monitor their suitability in the role.

However we found full employment histories had not been obtained. This meant their previous work experience had not been fully considered and any gaps in employment had not been checked and clarified. This is important so appropriate background checks can be carried out. Applicants had completed health screening assessments. However there was lack of information to show how any declared health conditions were followed up and any reasonable adjustments made. We noted satisfactory documentation had not always been obtained to confirm applicants had previously achieved qualifications in care.

The provider had not ensured robust recruitment procedures were carried prior to staff working at the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the way the service supported people with their medicines. People spoken with indicated they received their medicines appropriately and on time. The service had a process in place to routinely assess people's preferences and ability to self-administer their own medicines when they moved into the service. We were told the assessments were reviewed six monthly, or more frequently in response to changing needs. However there were no specific care plans in place to support and monitor people who chose and were able to safely self-administer their medicines.

We checked the safe storage of medicines. The temperatures in medicines storage areas were being regularly recorded. We noted the temperature was on occasion was excessive and above recommend guidelines, but action had not been taken to report or rectify this matter. There was a lockable fridge for items requiring cold storage which was located in an accessible area. However we found the fridge was not kept locked. We found another fridge in a locked store, had the keys left in the door. Action was taken to rectify these matters during the inspection; however we would expect medicines to be stored safely without our intervention.

We found there were inconsistencies in the specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. The protocols were important to ensure staff are aware of the individual circumstances this type of medicine needed to be administered or offered. There were examples of person centred protocols to support people with their medicines in a timely way. However we found some prescribed items were without protocols. Some were lacking in specific detail. This meant staff were not properly instructed on offering a medicine to promote the person's health and well-being. There was a lack of evidence to show some of the protocols had been reviewed in the last two years.

Processes were in place for care staff to sign confirmation of the application of people's prescribed topical creams. There were appropriate recording charts in people's rooms. However we noted there were gaps in the records seen, which meant it was not evident people had been appropriately and safely supported with this type of medicine in accordance with the service's procedures.

The provider had failed to ensure people's medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found it was a policy of the service not to stock 'over-the-counter-remedies,' with all medicines being prescribed by the person's GP. The registered manager indicated pain relief medicines were available for most people. However, a lack of other remedies meant people could experience some discomfort, by not having timely access to items for treating minor ailments. The registered manager agreed to review this practice.

The registered manager had completed a full audit of the medicines management in February 2016. There were clear action plans in place to rectify any matters requiring attention. This included further monthly audits and monitoring progress with staff responsible for medicines management. All staff responsible for medicines management had received training and had their competency assessed. The registered manager was proposing to develop the assessment process which was to be carried out monthly.

The service operated a monitored dosage system (MDS) of medication. This was a storage device designed to simplify the administration of medication by placing the medication in separate compartments, according to the time of day. Some people's medicines were stored in secure cabinets in their bedrooms.

Arrangements were in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. We checked one person's controlled drugs and found they corresponded accurately with the register. People were identified by a photograph on their medication administration record (MAR) which helped to reduce the risk of error.

Staff had access to a range of medicines policies, procedures and nationally recognised guidance which were available for reference. Information leaflets were available for each of the prescribed items.

We looked at how risks to people's individual safety and well-being were assessed and managed. We found that there were processes in place to identify risks to individuals within the care planning systems. However, at the time of the inspection we found there were inconsistencies in the way risks to individuals were identified and responded to. The service had introduced a computerised care planning system; this linked with tablets (mobile digital devices) for staff to work with. We noted the system provided scope for risk assessments to be completed on various relevant matters, including skin integrity, nutrition, continence, behaviours, mobility and moving and handling. However, we found some of the risk assessments had not been fully completed and some were lacking in detail. We noted some risk assessments had not been reviewed and updated in accordance with the service's procedures. We were shown additional 'hard copies'

of previously completed risk assessments in care files, which would help identify and mitigate risks to individuals. It was apparent the registered manager had identified this as a matter requiring attention and we saw there were clear action plans in place to make improvements.

Records were kept of any accidents and incidents that had taken place at the service, including falls. Processes had been introduced to monitor any accidents and incidents so the information could be analysed for any patterns or trends. Referrals were made to relevant health and social care agencies as appropriate. Each person had a PEEP (personal emergency evacuation plan) in the event of emergency situations.

We looked at how the service protected people from abuse and the risk of abuse. We noted details of the local safeguarding team, was displayed in the entrance hallway. We discussed and reviewed some of the previous safeguarding concerns. We were told of the action taken to ensure safeguarding and protection matters were appropriately managed and alerted to the local authority and the Commission. Care staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. They had previously received training and guidance on safeguarding and protecting adults and further training had been arranged. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people.

We examined how the provider managed staffing levels and the deployment of staff. We found the registered manager had reviewed the staffing levels when commencing at the service. She had taken appropriate steps to recruit additional staff, for the well-being and safety of people using the service. A relative told us, "There are more staff now, it's much better." People using the service considered there were enough staff available. They said, "Staff always come when I call, but before there were never enough" and "When I call for staff, they mostly come in good time." During the inspection we found there were sufficient staff on duty to meet people's needs. We observed support being provided in a timely way and staff had time to sit and chat with people. One relative commented, "There are enough staff to treat people as individuals." Staff spoken with also considered there were enough staff on duty at the service. We looked at the staff rotas, which showed arrangements were in place to maintain consistent staffing levels. There were laundry, housekeeping and kitchen staff available each day. There was an activities coordinator, administrator and a maintenance person. The register manager said she had access to a structured staffing tool, to monitor and review staff deployment at the service.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. One relative told us, "It's spotless they are meticulous on cleaning."

We found health and safety checks were carried out on the premises on a regular basis. Fire drills and fire equipment tests were being carried out. There were accident and fire safety procedures available. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas and electrical safety, fire extinguishers and call points. We found fire safety risk assessments were in place. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment.

Is the service effective?

Our findings

The people we spoke with indicated satisfaction with the care and support they experienced at the Abbeyfield House. People told us, "It's very good. The little things make it good" and "It's very, very nice. I have been happy here." Relatives spoken with commented, "They have been brilliant [my relative] is comfortable and settled here," "It's generally a very good place" and "They have been absolutely wonderful."

We looked at how people were supported with their healthcare needs. One person told us, "I think healthcare arrangements are good, there is a GP surgery every Tuesday or appointments in between." One relative told us, "They have been brilliant. It's been a professional and personal operation, with great back up from the GP and district nurse." People's medical histories were noted. Their healthcare needs were monitored daily and considered as part of ongoing reviews. Records were kept of healthcare visits and appointments. This included GPs, community nurses, speech and language therapist and podiatrists.

The service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. There were routine weekly visits from GPs within local practices. The service was signed up to a system whereby they could access remote clinical consultations; this meant staff could access prompt professional advice at any time. A visiting community nurses said, "The staff are helpful, they are good at following instructions. I think they are getting touch when needed. They share information as needed. We are working together."

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 the 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 or authorisations to deprive a person of their liberty were being met. The service had policies and procedures which aimed to underpin an appropriate response to the MCA 2005 and DoLS. There was information to demonstrate appropriate action had been taken as necessary, to apply for DoLS authorisation by local authorities in accordance with the MCA code of practice. Records and discussion showed that staff had received training on this topic and further training was being arranged. Staff spoken with indicated an awareness of the MCA and DoLS, including their role to uphold people's rights and monitor their capacity to make their own decisions.

Staff were aware of people's capacity to make choices and decisions about their lives and this was assessed

and recorded in their care files. People's consent to care had been obtained during the admission processes. During the inspection, we observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions. One person told us, "I tell them how I want them to do it and they jolly well do it!". One staff member said "We always involve people and get their agreement." None of the people we spoke with were familiar with the content of their care plans. However we saw some people or their relatives, had signed in agreement with their care plans and the registered manager was able to demonstrate progress was being made with this involvement.

We looked at how the service supported people with their nutritional needs. People had mixed views about the meals provided at the service. Their comments included, "It's very repetitive," "The food is good. If there is something we don't like we can tell them," "The food is good we get enough to eat", "It's always the same choices." One relative said, "The food is a bit bland and same-ish," another told us, "It's not always good." We were also given examples whereby people had requested specific food but this had not been readily provided. We noted from records of residents meetings that people had expressed dissatisfaction with the quality and variety of the meals provided.

We discussed the provision of meals with the catering manager. The meals service was provided by an outside contractor. There was a three-week rotating menu system; the catering manager said the menus had been checked by a dietician. Specific diets, such as diabetic and pureed food were being catered for. Consideration had been given to providing meals in a suitable way for people living with a dementia. The main meal was service at lunch time. This was a set meal and choices were not routinely offered. People could request an alternative from a selection of meals, but they had to give the kitchen staff 24 hour notice of their preference. We found this was not practicable, as people were not always made aware what the main option was in time to request an alternative. There was one main dessert provided, again there were alternatives available, however these were not routinely promoted. There were choices offered at teatime; however we noted the options always included soup and sandwiches. This meant people had limited opportunity to select daily from menu choices and therefore their individual preferences were not always effectively catered for. It was apparent the catering arrangements were under review and the registered manager was able to describe and show us the action being taken to make improvements at the service.

- We recommend that the providers seek advice and guidance from reputable sources, about effectively supporting people their nutritional needs and choices.

We observed the meals service at lunch time in both dining areas. We noted the dining tables were set with drinks, napkins and condiments. We noted people enjoying the mealtime as a social occasion. Where appropriate, people had been provided with suitable equipment to help them eat independently. We observed examples of people being sensitively supported and encouraged by staff with their meals. Arrangements were in place to enable people to eat flexibly, at times suitable to their needs. One person said, "They always ask if I am ready for breakfast." Several people chose to eat in their rooms and their wishes were respected. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including GP's and dieticians were liaised with as necessary.

We looked at how the service trained and supported their staff. People using the service said, "I think staff are getting well trained" and "I have seen the staff having training occasionally." Arrangements were in place for new staff to complete an initial induction training programme. This included an introduction to the organisation's policies and procedures, care values and staff handbook. New staff spent three days 'shadowing' experienced staff and were assigned a 'mentor' to work through their induction training. One member of staff commented, "I did the induction it was really good." The service's induction training had

recently been further developed to incorporate the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

Staff spoken with told us about the training they had received. They confirmed that there was a rolling programme of training and development at the service. This included: safe handling of medicines, moving and handling, first aid awareness, fire safety, food safety, infection control, safeguarding, end of life care, dementia care and equality and diversity. We looked at records which showed processes were in place to identify and plan for the delivery of suitable training. We noted the records showed some training was overdue. However the registered manager had identified and responded to this shortfall and there was information to show further training had been planned for and provided.

All staff spoken with told us their training was beneficial to their role. The service supported staff as appropriate, to attain recognised qualifications in health and social care. Carers had a Level 2 or above, NVQ (National Vocational Qualification) or were working towards a Diploma in Health and Social Care.

Staff spoken with said they had received one to one supervision and ongoing support from the management team. This had provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. The registered manager indicated arrangements were also to be made for staff to receive an appraisal of their work performance and review their training and development needs.

People spoken with were satisfied with the accommodation and facilities available at Abbeyfield House. We found people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of 'home' and ownership. Each person had their own room with en-suite shower and toilet. There were various lounges and seating areas for people to use and there was access to enclosed outside areas where garden furniture was provided. Consideration had been given to providing a suitable living environment for people with a dementia, including signs and colour schemes to help with orientation. We discussed with the registered manager and provider their plans for further developing the accommodation and facilities at the service.

Is the service caring?

Our findings

The people we spoke with made positive comments about the staff team and the care and support they received at the service. Their comments included, "The staff are good, they are friendly," "We are very lucky with our staff" and "Staff are very helpful nothing is too much trouble."

Relatives spoken with said, "I am impressed by some of the younger staff who are very thoughtful" and "The staff have gone above and beyond. They are loving towards [my relative] not just dealing with her."

We found Abbeyfield House had a friendly and welcoming atmosphere. We observed staff engaging with people in a warm and friendly manner. People were treated with respect by staff. People said, "Oh yes they are respectful," "The staff are nice with me, very helpful" and "I get on well with all the staff. They put me at ease." We saw specific instances where staff showed kindness and compassion, when they supported people with their individual care and daily living needs.

There was a 'keyworker' system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff spoken with gave examples of how they treated people with dignity and as individuals. They expressed an awareness of people's individual needs, routines, backgrounds and personalities.

We observed people's privacy was respected. Some people chose to spend time alone in their room and this choice was respected by the staff. People's bedroom doors were fitted with suitable locks to help promote privacy of personal space. People were offered a key to their rooms. Staff described how they upheld privacy within their work, by sensitively supporting people with their personal care needs and maintaining confidentiality of information. We observed staff knocking on people's doors before entering. However we noted occasions where staff did not always wait for the occupant to reply. We discussed this with the registered manager who agreed to address this matter with the staff team.

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. One person said, "Up to a point we can do what we want. This is our home now," another said, "I can go to my room whenever I want. I go to bed and get up when it suits me." Staff explained how they promoted independence, by enabling and supporting people to do things for themselves. One staff member said, "I always encourage independence. I say, you do what you can and I will help with what you can't."

There were no restrictions placed on visiting and relatives and friends were made welcome at the service. One person commented, "My family can visit anytime." We observed several relatives visiting throughout the days of our inspection and noted they were treated in a friendly and respectful way. Relatives comments included, "They don't mind when I visit" and "Staff are excellent and they have been kind to me."

We observed that people were encouraged to express their views and opinions during daily conversations. One person told us, "I am always involved with things." The three monthly residents/ relatives meetings provided the opportunity for people to make suggestions, be consulted and make shared decisions. Some

of the people spoken with told us they had attended the meetings and indicated they had been useful. People said, "The meetings are okay. I have mentioned things and they acted them" and "You can say what you want to a point." We were given examples of the changes made following meetings. We noted the records of meetings were on display at the service and various matters had been raised and discussed.

There were a number of notice boards and displays at the service, which provided information about forthcoming events, activities and other useful information. There was a guide to Abbeyfield House which included much useful information about the services and facilities available. The guide was presented in a 'user friendly' way and included pictures and photographs. Included was the complaints procedure, details of advocacy services and the service's mission statement. The service had policies and procedures to underpin a caring ethos, including around the promotion of dignity, privacy and equality and diversity. The provider had an internet website which provided further information about the service.

Is the service responsive?

Our findings

People spoken with indicated the service was responsive to their needs and preferences and they appreciated the support provided by staff. People said, "They look after me well," "We are well looked after here" and "They don't refuse anything." A relative said, "The care is very good. No doubt about it."

We looked at the way the service assessed and planned for people's needs, choices and abilities. A team leader described the processes in place to assess people's needs and abilities before they used the service. One person who used the service told us, "They came to see me and did an assessment." We saw evidence that people's needs had been assessed prior to them using the service, this ensured that their needs could be met. We found the assessments covered a range of needs and preferences, including current circumstances, health and well-being, psychological needs and mental health, mobility, personal safety and social needs. The assessment process also involved gathering information from other sources, such as families, social workers and health care professionals.

Where possible people were encouraged to visit, to view the facilities available and meet with other people and staff. Some people had experienced the service by staying on a short term basis. This would help people to become familiar with the service before making a decision to move in.

We found each person had an individual care plan. There was a computerised care planning system in place; this linked with tablets (mobile digital devices) for care staff to work with. The system was designed to record people's identified needs and preferences, with action plans drawn up to respond to people's needs. Care staff were provided with a tablets, which meant they had constant access to people's care plans. They were also able to input up to date information people's care and well-being.

We looked at three people's electronic care plan records and found there were inconsistencies in the quality of the information recorded. Some of the information was written in a person centred way and described in detail how best to support the person. Details of people's likes, dislikes, goals and interests had been included and further information was being obtained and inputted. However, the computer system allowed for generic statements to be selected and we noted some information was not specific to the person. Examples were, 'provide help for [the person] allowing them to do as much for themselves within safe limits' and 'keep the person warm in winter and cool in summer.' We discussed the care planning system with the registered manager who had identified that the information was not always reflective of the care delivered. There were action plans in place to provide staff with further training on person centred care and the care planning systems. We also noted an audit of care plans was being carried out. There was evidence to demonstrate action was being taken to update care plans with the involvement of people using the service and their relatives.

Two people we spoke with confirmed they had been involved with a review of their care, one said "They go through things monthly, they ask if I am happy with things." Relatives also told us they had been invited to reviews; one explained they had helped write part of a care plan.

We were shown paper copies of previously written care plans which were available for reference. We found they included background histories and personalised information about people's preferred routines, likes and dislikes. There were 'all about me' and 'my life story' documents which contained information on person specific matters such as, my favourite things, special memories, people who are important to me and my life now. We also had sight of a person centred communication method using photographs, which had been devised to respond in offering assurances to one person.

- We recommend that the service seek advice on nationally recognised evidence-based guidance, when designing, delivering and reviewing people's care.

Records were kept of people's daily living activities, their general well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example, relating to specific behaviours and other identified needs. There were on-going discussions on people's needs and well-being, including regular staff 'handover' meetings.

People indicated they were mostly satisfied with the range of activities provided at Abbeyfield House. Some people said they preferred to organise their own activities and went out on concision with their families. There were notice boards which displayed had information about the programme of activities, including, gentle exercises and hand massage. There were details of forthcoming events, such quizzes, regular church services, residents meetings and visiting entertainers. During the inspection we observed people engaged in group and individual activities. We noted there was a range of board games, jigsaws and books readily available. There were wall activities and memory boxes, containing various tactile items for people to engage with and take interest in.

We looked at how the service managed complaints. People we spoke with indicated they would feel confident if they had concerns, or wished to make a complaint. They told us, "I would tell them if I wasn't happy. I wouldn't harbour it," "I don't like complaining, but I would go to the office," "If I had a complaint, I would bring it to the managers attention." There was a summary of the complaint's procedure in the guide to the service. We noted the procedure was not on display in the service; however the registered manager had already identified the need for the procedure to readily available and was intending to address this matter.

The service had policies and procedures for dealing with any complaints or concerns. There were processes in place to record, investigate and respond to complaints and concerns. One complaint was in the process of being responded to and there had been five complaints in the last 12 months. This provided an indication that people had felt able to raise concerns and that they had been taken seriously. Records seen included the nature of the complaint and the action taken to resolve matters. The process included informing the complainant of the outcome of the investigation. This confirmed that the matters raised had been investigated and responded to. We noted the process did not include an investigation strategy, which would demonstrate more clearly how the complaint was investigated. The registered manager expressed a clear understanding of responding to any concerns raised using the complaints procedures. She explained that complaints were evaluated for 'lessons learned' and action was taken to respond and proactively make improvements.

Is the service well-led?

Our findings

People spoken with had an awareness of the overall management arrangements at the service they knew who the manager was. Their comments included, "The manager is excellent" and "The manager has a caring attitude" and "I think it is well- run. It is improving now." Relatives said, "The manager is very, very good," "It's well run the manager came to us this morning for a chat" and "There is a monthly newsletter to keep us in touch with things." Processes were in place to seek people's views on their experience of the care and support they received. They had opportunity to express their views and opinions during reviews and in residents/relatives meetings. We found a survey for people using the service and visitors was carried annually. There was also a suggestion box for people to put forward their ideas for improvements and changes.

The service had been without a registered manager for more than 6 months. This meant that the provider was failing to comply with a condition of their registration. We had therefore contacted the provider to remind them of the legal requirement to have a registered manager in post. The findings of this inspection showed the absence of a registered manager had impacted upon the running of the service.

The provider had used various ways to monitor the quality of the service. This included visits to the service, quality meetings and some audits of the various systems and processes. The audits and checks aimed to ensure different aspects of the service were meeting the required standards. However this inspection showed the governance systems were ineffective, as our findings had resulted in breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found recruitment practices did not ensure the appropriate checks were carried out before staff worked at the service. The management of medicines was lacking in ensuring people were safely and effectively supported. The registered manager on commencing at the service, had identified and planned for improvements in several key areas. The main focus had been upon increasing the staffing levels to ensure people are safely and effectively supported. However, registered manager had found progress was also needed with individual risks assessments, person centred care planning, staff training and supporting people with their nutritional needs and choices.

We noted a 'house inspection' had been carried out by a representative of the provider on 1 July 2016. The records of the audit showed various matters were in need of attention; however the registered manager had not had sight of this information. Following the inspection we were told the information would not be shared with the registered manager until the executive team had considered the report. This meant the findings of the audit had not been effectively communicated and actioned.

This meant the provider had failed to have suitable systems or processes in place, to ensure the service is operated effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was qualified, competent and experienced to manage the service effectively.

Throughout the inspection the registered manager expressed a strong commitment to the ongoing improvements at the service. The registered manger showed us audits which had been carried out, these included, infection prevention and control, medicines management and staff training. The registered manager had also completed an overall service audit. Action plans had been drawn up to further develop various systems and processes. Information within the Provider Information Return (PIR) also showed us the registered manager had identified several matters for development within the next 12 months. One person using the service said, "Since the new manager started things are moving better, defiantly more on the ball. As far as I am concerned everything is fine."

We found the manger had an 'open door' policy that supported ongoing communication, discussion and openness. Throughout the visit we saw that people who used the service, visitors and staff regularly approached the manager. Staff spoken with described the manager as approachable and supportive. One staff member told us, "The manager is very supportive, she has a vision for the services and encourages good practice."

There was a management team in place which included the registered manager, deputy manager and team leaders. The staff rota had been re-arranged to ensure there was always a senior member of staff on duty to provide leadership and direction. There was also an administrator providing additional management support.

Staff had been provided with job descriptions, contracts of employment which outlined their roles, responsibilities and duty of care. They had access to the service's policies, procedures and any updates were brought to their attention. The service's vision and philosophy of care was reflected within the services written material including, the statement of purpose and policies and procedures.

Some of the staff spoken with shared their concerns around their previous experiences working at Abbeyfield House. It was apparent there had been a period of change and instability, which had affected staff morale and teamwork. However a staff survey had been carried out to gather feedback. This had resulted in actions for improvement on communication, morale, teamwork, leadership and support. Staff indicated team work and communication at the service had improved. Various staff meetings were being held. We looked at the minutes of the last meeting and noted various work practice topics had been raised and discussed. One member of staff told us, "I think we are doing really well, morale is up." Staff were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from the risks of improper and unsafe management of medicines, because safe procedures had not been followed. (Regulation 12(2)(g))
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to demonstrate overall responsibility for the service and had not evaluated the audit and governance systems to ensure they were effective. Regulation 17(1)(2)(f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to operate robust recruitment procedures to ensure applicants were of good character and had the necessary skills and qualifications. (Regulation 19 (1)(2)(3))