Abberdale Limited

Abberdale Ltd t/a Abberdale 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

Abberdale House provides personal care and accommodation for up to 25 people. On the day of the inspection the registered manager informed us that 24 people were living at the home.

This inspection took place on 16 and 17 November 2016. The inspection was unannounced and was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert for this inspection had experience of the care of older people and older people living with dementia.

A registered manager was in place. 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 and associated Regulations about how the service is run.

People using the service and their representatives we spoke with said they thought the home was safe. Staff had been trained in safeguarding (protecting people from abuse) and generally understood their responsibilities in this area.

People's risk assessments provided staff with information of how to support people safely.

Staffing levels were sufficient to ensure people were safe.

People using the service told us they thought medicines were given safely and on time.

There was systems in place to ensure that the premises were safe for people to live in.

Staff were subject to checks to ensure they were appropriate to work with the people who used the service.

Most staff had been trained to ensure they had the skills and knowledge to meet people's needs though more training was needed on relevant issues in order there was assurance to meet all the needs of people.

Staff generally understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives, and the service had obtained legal approval for limiting people's choices when necessary for their best interests.

People had plenty to eat and drink, everyone told us they liked the food served and people were assisted to eat when they needed help.

People's health care needs had been protected by referral to health care professionals when necessary.

People and their representatives told us that staff were friendly and caring and we saw many examples of staff working with people in a kind and compassionate way.

There was some evidence that people and their representatives were involved in making decisions about their care, treatment and support, though evidence was lacking in some care plans.

Care plans were individual to the people using the service and covered their health and social care needs.

There were sufficient numbers of staff to ensure that people's needs were responded to in good time.

Activities were organised to provide stimulation for people, though activities tailored to people's needs had not been frequently provided.

People and relatives told us they would tell staff if they had any concerns and were confident they would be followed up to meet people's needs.

People, their relatives and staff were satisfied with how the home was run by the registered managers.

Management carried out audits and checks to ensure the home was running properly to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and relatives told us that people were safe living in the service. People had risk assessments in place to protect their safety. Staff recruitment checks were in place to protect people from unsuitable staff. There were enough staff to safely meet people's needs. Staff knew how to report any suspected abuse. Medicine had been supplied to people as prescribed.

Is the service effective?

Good

The service was effective.

Staff had been trained and supported to meet people's needs, though more training was needed for some staff to enable them to effectively meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People had plenty to eat and drink and told us they liked the food served. There was collaboration with and referral to health services to maintain people's health.

Is the service caring?

Good

The service was caring.

People and their representatives told us that staff were friendly, kind and caring. We observed this to be the case in all interactions we saw. Staff protected people's rights to dignity, independence and privacy. People or their representatives had not always been involved in planning their care.

Is the service responsive?

Good

The service was responsive.

Care plans contained information for staff on how to respond to people's needs. Care had been provided to respond to people's needs. Staffing levels were in place to ensure this was always provided. Some activities were available to people, though this availability needed to be increased. People and their relatives told us that management listened to and acted on their

comments and concerns.

Is the service well-led?

Good

This service was well led.

People and their relatives told us that management listened to and acted on their comments and concerns. Staff told us the management team usually provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs. Systems had been audited in order to provide a quality service.

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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 you speak my language duly and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of an 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. Our expert for this inspection had experience of the care of older people with dementia.

Before the inspection we reviewed the 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 also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We observed how people were supported during their lunch and during individual tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with eight people living in the service, the registered manager, two representatives of people living in the service, three care workers and the cook.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

Good

Is the service safe?

Our findings

All the people living in the home said that they felt safe. One person said, "Plenty of staff around and I feel safe. The place is locked up." Another person said, "I'm safe here. Everything is in order. People are checked. I give it 10 out of 10 for safety. If I was concerned about anything, I would say so." A relative told us, "When she (family member) came in we asked that they help to keep her mobile and check safety risks in the room. The staff were very helpful. They help keep her circulation going and check she is drinking enough."

Staff were aware of how to keep people safe. For example, to make sure that people were not rushed when personal care was supplied . We saw people using walking aids such as frames, and staff providing support to people walking to make sure they were safe. Staff appeared to understand the help that was needed to maintain safety and wellbeing and this was provided when needed.

We saw that people's care and support had been planned and delivered in a way that ensured their safety and welfare. Care records contained individual risk assessments completed and regularly updated for risks, including for falls, help with moving safely, how to deal with behaviour that challenged the service, and risks of developing pressure ulcers. The staff we spoke with were aware of their responsibility to report any changes and act on them.

For example, a person was assessed as being at risk of developing pressure sores. The risk assessment included relevant information such as the provision of a specialist mattress, use of a pressure cushion when sitting and the need to protect the person's skin by the application of barrier cream. We saw the specialist mattress and the pressure cushion in place. There was also information directing staff to regularly reposition the person in bed to protect their skin. We looked at records and these indicated these measures had been carried out. Some assistance provided was slightly later than the assessed need of every four hours. The registered manager said this would be followed up with staff to ensure the person's safety..

There was information in a person's care plan that they should be assisted to eat soft foods to ensure they were protected against the risk of choking. We spoke with the cook who showed us relevant information as to people's nutritional needs to ensure the food provided was safe for them to eat. This showed that relevant information was available to staff to keep people safe. We observed staff following the information to protect people against any potential risks.

During the visit we saw no environmental hazards to put people's safety at risk from, for example, tripping and falling. Health and safety audit checks showed that water temperatures had been checked, there was servicing of equipment such as hoists and fire records showed that there was a regular testing of equipment and fire alarms. Regular fire drills had taken place though there was no evidence to indicate that all staff had received practice in a fire drill situation in the past 12 months. The registered manager later sent us information that a practice drill would be carried out for all staff.

During our inspection visit we found there were enough staff on duty to meet people's needs and talk with people. People and their relatives also told us that staffing levels were sufficient to keep them safe. One

person told us, "There are enough staff here." A relative said, "There appears to be enough staff. There are always staff around when I visit." We observed that people who needed assistance did not have to wait long for a staff member to support them.

Staff also told us they believed there were sufficient staff on duty to ensure people were safe. We saw call bells answered within a short space of time. The registered manager said staffing hours were based on the needs of the people using the service and reviewed monthly, or more often if people's needs changed. Some people had one-to-one support at certain times and records showed this was being provided. This meant that people's care needs could be safely met at all times.

Staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start, checks had been made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. This showed that the necessary documentation for staff was in place to demonstrate staff were safe to supply personal care to people.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals would be made to the local authority and other relevant agencies with CQC being notified, as legally required. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager did not deal with them on their own. We saw evidence of an incident where the registered manager had cooperated with the local safeguarding team with regard to a safeguarding incident to keep the person safe.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said, "We know we have to report this and if nothing is done, I would go further." The provider's safeguarding (protecting people from abuse) policy properly set out the roles of the local authority in safeguarding investigations.

People told us they had received their medicines at the time they were supposed to get it. Representatives told us as far as they were aware, there had been no problems with people receiving medicines from staff. One person said, "I get medicines and painkillers three times a day. They are regular. Staff give them to me."

A system was in place to ensure medicines were safely managed in the home. We found that the registered manager had been proactive in alerting the pharmacy service after she noticed that medicine had not been sent for one person. Medicines were kept securely and only administered by staff that had been trained and assessed as being able to do this safely.

We looked at medication administration records for people using the service. These showed that medicines had been given and staff had largely signed to confirm this.

We observed some people being given their medicines by staff. This was carried out properly. People were encouraged to take their medicines and were given fluids in order to be able to take their medicines more comfortably. There were medicine audits undertaken so that any errors could be identified. Temperature checks for the fridge holding medication had been carried out and these were in line with required temperatures to make sure the effectiveness of medication was safely protected.

We did not see any protocols in place for PRN (as needed) medicines. Protocols ensure that medicine is supplied consistently to people to ensure their health needs are safely met. Protocols are set out by the prescriber, usually the GP. The registered manager said this would be carried out and later sent us

information indicating this had been done.

Good

Is the service effective?

Our findings

People and representatives we spoke with said care and support was effective and they thought staff were well trained. A person told us, "Yes, staff seem to be really well-trained." Another person said "I have seen the certificates. They move people ok, with support and sensitively. I have no worries. I think they know what they are doing."

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. A member of staff said, "The manager thinks that training is important and we all need to do it so that we always know how to help [people] properly." Staff also told us there were always opportunities to discuss any issues with senior staff to help them provide effective support to meet people's needs.

The staff training matrix showed that staff had training in essential issues such as fire training, protecting people from abuse and moving and handling techniques. There was also evidence that a number of staff had qualifications and others were encouraged to undertake vocational training so that they could provide effective care to people.

We saw that new staff were shadowed by other care staff over three shifts. A staff member said this had been very useful in being shown how to provide care and being able to seek advice on how to effectively meet people's needs. We saw that induction training such as moving and handling and protecting people from abuse had also been provided to ensure that staff understood how to effectively meet people's needs.

We saw that some staff had not undertaken training in relevant issues such as health conditions, dementia and end of life training. The registered manager said she would arrange further training. We received information from the registered manager after the inspection which set out that staff would receive additional training. This would mean that staff would be fully supported to be aware of and able to respond effectively to all of people's assessed needs.

We saw that some staff had received training to be aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. Other staff had been booked to attend this training. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and approval to ensure that any restrictions are in people's best interests, to keep them safe. The staff we spoke with explained their responsibilities in relation to the MCA.

At this inspection we found evidence of comprehensive mental capacity assessments for individuals and best interest assessments. Where people were unable to make decisions themselves, the correct procedure had been followed to protect their rights under the Act. There was information in place for assessing people's mental capacity. DoLS applications had been made with proper authorisations granted to enable staff to take decisions in people's best welfare interests. There was evidence that, even though DoLS had been approved for a person, the service were still asking the person what they could do, such as managing

their own money and the choice of when to get up and go to bed. This told us that the service was ensuring that the person could still, as much as possible, make decisions about how they wanted to live their life.

People told us that staff always sought their consent when supplying personal care to them. One person said, "Staff are kind, helpful and polite. They ask permission before bathing me and what clothes I want to wear." At all times during the inspection we observed staff explaining to people what care they were going to provide and seeking their consent before supplying this.

All the people we spoke with said they thought the food and drinks they were supplied with was good. One person told us, "The food is very good… we have a choice. The cook comes around to ask. You can have tea, coffee or different sorts of juices. You can get a snack if you need it."

Staff provided assistance to people who needed help to eat. For example, they cut food up for some people who needed smaller pieces so they were able to eat themselves. Staff asked people what choice of music they wanted and this was put on during the meal time. People ate at their own pace and appeared to enjoy their food. The staff we spoke with were aware of people's food choices.

We saw that a person did not want to eat, and this choice was respected by staff, although staff also gave friendly encouragement to people to eat. Another person was asleep. We observed later on that staff helped the person to eat when they were ready. We observed another person struggling with a fork to eat and they were then offered a spoon instead to make eating easier for them.

We saw information in residents meeting minutes which indicated that people were asked as to their opinion of the food. There were only positive comments about it.

People had eating and drinking care plans which included a list of their likes and dislikes, weight charts, and risk assessments concerning their nutrition and hydration. Food and fluid charts were in place for people who needed their intake monitored. When specialist advice was needed we saw evidence that staff referred people to relevant professionals. For example, a person's record showed staff were concerned about them losing weight and referred them to a dietician who prescribed dietary supplements and fortified meals.

People with swallowing difficulties were supplied with soft and pureed food to help them eat the food. The food served appeared of good portion size and was nutritious. People could choose from a selection of fruit juices. People were also offered more healthy food by fruit drinks being offered and provided where requested.

We saw that people were offered drinks frequently by staff . People also told us that drinks were available at any time and we saw that staff encouraged people to drink. This prevented people suffering from dehydration.

The cook had a good understanding of the nutritional needs of people and their individual likes and dislikes. She told us that when a newly admitted person came into the home to live, she was supplied with information by management about their nutritional needs and their favourite foods so this could be incorporated into the menu. We saw evidence that people from differing cultural backgrounds were provided with suitable food that met their needs. These were examples of effective care being provided to ensure that people's nutritional needs were promoted.

People told us they were satisfied that staff had ensured they had prompt access to health professionals when needed. People told us they had all the medical services they needed, such as GP's, hospital services,

nurses and a chiropodist. One relative told us, "A GP comes as routine."

Another person said "I have a bad leg with an ulcer. A nurse comes every week to check my leg and do some bandages. It's in my plan. Staff contacted the nurse and she comes to my room to check my legs." We looked at care records which showed that medical agencies had been appropriately referred to when needed. A representative of a person said, "If he has a cold then the staff will inform me and I phone him. Once he stopped eating and they sent him to the hospital to check him out. He came back with new medicines and started eating again." We also saw evidence that staff were proactive in seeking medical assistance. For example, we saw an instance where staff contacted the GP to attend when a person had been suffering from stomach discomfort.

We saw records of accidents. We found staff had referred people to medical services when they had a potentially serious accident. Staff told us that they were able to alert management staff to medical concerns and these issues were followed up.

Good

Is the service caring?

Our findings

People told us staff were friendly and caring. One person told us, "The staff are caring, they are patient and not moody." Another person said, "The staff are fine, there is nothing wrong with them at all. They treat me with respect."

Another person commented, "The staff are very polite, courteous, kind, thoughtful and helpful. The laundry staff are good too. They always present my laundry beautifully.""

We observed staff being respectful and caring in their dealings with people living in the home. There was a consistently cheerful atmosphere. All staff, whether they were care staff, kitchen staff, or domestic staff talked with people in a warm, friendly way and this created a positive and relaxed atmosphere. People coming into the dining room to breakfast were all greeted by their names in a friendly and welcoming fashion.

Representatives of people living in the home we spoke with also said that staff were always friendly and caring. We also saw comments from people and relatives in information contained in surveys.

People considered staff to be very approachable, friendly and helpful. One person said, "When I don't feel too good they come with a cuppa and cheer me up." Another person said, "Staff are pretty good. They help you out…they check I am ok. "

All the people we spoke with felt listened to by staff and enabled to be as independent as possible, respected and treated with dignity. Most people said they had been involved in their own risk management and that their changing needs had been met.

One person said, "They fetch whatever I want ... I'm glad they pop in at night to check all is good."

We observed that although the staff were busy and worked hard they always found the time to talk with the people they supported. A staff member asked a person if they felt better after having a shave and joked with them. We saw one staff member sitting with a person and assisted them to drink a cup of tea. The staff member talked with the person throughout, making the interaction enjoyable. We saw evidence in the minutes of a residents meeting taking time to remember a person that had passed away. These were examples of staff having a caring approach.

One person said about staff respecting their privacy and dignity, "At night I like to be taken to bed. Staff are patient, wait and help me when I can't do some things. They speak normally, don't shout and encourage... They look after my dignity when washing me." We saw that a staff member placed a blanket over a person's knees when they were assisting them to use a hoist, therefore protecting their dignity.

People felt their rights and relationships were respected. One representative said, "He likes his own company and is happy to stay in his own room. He turns down outings. He prefers to eat in his room. He is a

homebird. The staff respect his right to be himself."

All the people we spoke with considered staff to provided personal care when needed and enabled them to make personal choices. One person said, "The staff here care. They help me get up in the morning and with going to bed. I wash myself but need help with toileting and dressing. They encourage me to do as much as I can on my own."

The philosophy of care at Abberdale House was set out in the literature of the service. This emphasised respect for people, encouraging independence, respecting privacy and for people's rights and needs to be respected. This orientated staff to provide a caring service.

An appropriate diet for one person with cultural needs was provided. In people's care plans, there was information about their religious needs. This showed us there was respect for people's cultural and religious needs.

Staff told us that they respected people's privacy and dignity. They gave us examples of this such as protecting people's dignity during personal care by covering any exposed areas.

Staff said they promoted people's independence by seeing what people could do for themselves, such as being able to wash their hands and faces and encouraging encouraged them to do this. A staff member told us, "People here are entitled to same respect and dignity as anyone else."

Throughout our inspection we noted the staff we spoke with demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. We observed that people who used the service had the opportunity to make choices about all issues. For example, people were asked what food they wanted to eat. Staff asked people where they wanted to sit in the lounge.

These issues showed that staff were caring and respectful in their dealings with people and respected their rights to choose their lifestyles.

Some people told us they could not remember being involved in setting up their plan when they first were admitted into the home. The registered manager said this would be followed up to ensure that people or their representatives always had involvement in setting up their care plans to make sure their needs were recorded and acted on. We were later sent information that indicated that people had been informed that they could see their care plans and amend them if needed.

Good

Is the service responsive?

Our findings

People told us that staff looked after and responded to their care and health needs.
One person said, "If I have a problem, I speak to the staff and they sort it out." Another person said, "Staff know me by now. I haven't seen a care plan but I had bleeding ulcers on my legs and staff helped me out."

Another person said staff listened and always took appropriate action. We observed one person slipping down in her armchair who asked for help. Staff quickly reassured her, brought a hoist and gently lifted her to a comfortable position then checked with her that she was alright. A person asked a staff member about their laundry. The staff member said they would check with the staff member responsible for this, and responded immediately to do this.

We saw that a representative requested staff assistance to take a person to the bathroom. Staff responded swiftly to this request.

We saw written evidence that staff were expected to carry out a range of personal care tasks and record they had provided comprehensive personal care to people. This included assisting people with brushing their teeth, washing and combing their hair.

We observed at lunch time that staff had conversations with people and worked at a pace that they were comfortable with. One person living with dementia became distressed. A staff member responded and got the person personal items that the person was attached to. This gave reassurance to the person and they became calm.

We saw other instances of staff responding to people's needs. For example, a person said they felt hot and a staff member opened the window to get fresh air into the room. A staff member asked a person if they had any pain when supplying them with their medicine. This was to ensure that they could be given pain relief medication to respond to their condition.

Staff told us they were informed of any changes to people's needs during a 'handover' meeting in the morning and each time there was a new shift. This meant they had the up-to-date information they needed to provide people with responsive care and support.

We looked at care plans for four people using the service. People's needs had been assessed prior to them moving to the service. The information gained from these assessments was used to develop care plans to aim to ensure that people received the care and support they needed. Information was detailed about activities of daily living such as how to communicate with the person, personal hygiene, eating and drinking needs and how to maintain their safety.

There was also information about people's interests and lifestyle preferences. When we spoke with staff about people's needs and interests, they were familiar with them and were able to provide information about people's likes and dislikes. A staff member explained that the person had driven tanks in the Army.

She said she then went on the internet and printed out a picture of a tank and gave it to the person. She said the person had enjoyed looking at this and talking about their past life. This was an example of providing care that was tailored to the person.

Care plans were seen to be in place and were reviewed regularly to ensure that care was still appropriate to meet peoples' needs. We saw that turn charts recording action needed to protect people's skin were completed by staff to ensure appropriate care was provided.

Staff told us that management staff had asked them to read care plans. This meant they were in a position to respond to people's needs. They said if people's needs changed then they were informed of this through staff handovers. This meant that people's new and changing needs could be responded to.

People and their representatives told us there were sufficient staff on duty to meet people's needs. People told us that call bells were answered quickly. We found this to be the case when we observed call bells ringing. Staff also told us that there were enough staff to be able to respond to people's needs. We looked at staff rotas. We found that staffing levels had been assessed using a formula related to people's dependency needs. The registered manager stated that recently staffing had increased so that more staff were available in the early morning and in the afternoon in response to changing dependency levels and the admission of a person into the service.

Relatives told us they were able to visit regularly and were always warmly welcomed by staff. This showed that people were supported to maintain contact with people who were important to them.

A person told us, "We have enough activities like games. I don't want to have any more." We saw a date and weather board, which was maintained and up-to-date. Another person said, "Staff ask my views. I join in the singing and bingo. (I have) been to the shops and carer came with me."

The notice board showed a list of weekly organised activities to stimulate and engage residents but no activities were was observed during the day. We also saw records where people's activities were recorded. However, this was limited and recorded day-to-day events such as people speaking to each other. The registered manager said that people with more dependency needs were accommodated, many of whom do not wish or were unable to participate in activities. The service respected people's rights to make their own decisions. This was observed to be the case during the day.

We spoke with staff who told us of different activities throughout the week. These included singing, baking, painting nails, music and movement and trips out. There was evidence of activities such as contained in a photograph album showing pictures of events such as the animal club when different animals visited the service. There was also evidence that people had one-to-one time with staff and had been on outings, such as going on a bus for a person who used to work on the buses, and visiting the local football club for a person who was fan of the club. The registered manager acknowledged that there was not a lot of evidence of the provision of frequent activities. She indicated that she would look at enrolling a staff member on specialised training to provide appropriate activities to people living with dementia. After the inspection, she swiftly sent us an activities programme which included activities of people's choice and indicated that the service would be purchasing items of interest to people living with dementia.

No one spoken with had raised or wished to make a complaint. One person said, "I don't know how to make a complaint but I would talk with the manager." All the people spoken with said they would either talk with the manager or senior staff if they needed to make a concern or complaint. The registered manager said she would raise this issue with people so they were aware of how to make a complaint. This was confirmed by

the registered manager after the inspection visit.

We looked at the complaints book which contained a small number of complaints. This included details of the action taken to resolve the issues raised. Any issues raised had been discussed with staff. This showed that staff listened and learnt from people's experiences, concerns and complaints.

In the minutes of residents meetings we saw that people had been encouraged to speak out if they had any worries or complaints. This indicated that the provider wanted to take action if people or their relatives had any concerns about the care provided.

The provider's complaints procedure set out the role of the local authority in undertaking complaints investigations if the person was not satisfied with the action taken by the provider. There was also information about the local government ombudsman should the complainant feel that the local authority had not followed proper process in investigating their complaint.

We also saw evidence of management staff working with colleges to become dementia champions to improve services for people who lived with dementia. We observed an example of this when the registered manager spoke with a person recently admitted to the home. She asked them what type of music they liked so this could be put on for them, and what their favourite colours were, so that their room could be decorated according to their preference.

Good

Is the service well-led?

Our findings

People who lived in the home and their representatives thought the home was well run. The registered manager was considered approachable and helpful by all the people we spoke with. Everyone expressed confidence about raising concerns and felt that their issues would be acted on.

One person said, "It is good here. Staff care about us." Another person told us, "I would recommend this home to others. I'd give it 8/10 as a happy place." One representative said, "The manager is very approachable." Another representative told us, "The manager is good; she is easy to talk to."

The registered manager was visible, available and proactive in managing the service. It was clear that they spent time with people. They were supportive to staff as well as knowing people well. Staff interactions were relaxed and cheerful. There was a real sense of a team with staff in all roles being involved in ensuring the comfort and wellbeing of people.

Staff told us they could approach the management team about any concerns they had. One staff member said, "If I have anything bothering me or I need an answer to something, management always help you." Another staff member said, "We get lots of support. There is no problem about that."

Staff members we spoke with told us that the management team led by example and always expected people to be treated with dignity and respect. They said they would recommend the home to relatives and friends because they thought the home was well run and the interests of people living at Abberdale were always put first.

We saw that residents meetings had taken place. People told us that the home management responded positively to changes. There were relevant issues discussed in the meetings such as gaining people's views of the service about important issues such as activities, food, staff training and facilities. There was also evidence that people had been asked whether they wanted to take part in staff recruitment. The registered manager had tried to organise relatives meetings but these had not been well attended. We saw evidence that another attempt would be made shortly. However, this still meant people and their relatives had the opportunity to be consulted about the services offered and they had been included in the running of the home.

Staff said that essential information about people's needs had always been communicated to them by way of daily handovers, so that they could provide appropriate care that met people's needs.

We saw that staff were supported through individual supervision, appraisals and staff meetings. Staff supervision records evidenced that supervisions covered relevant issues such as training and care issues. This meant that staff had received support to discuss their competence and identify their learning needs.

People and their relatives had been asked their opinions of the service in the past year by way of completing satisfaction surveys. This showed that people's experience of living in the home had been positive and they

had been asked whether this could be improved.

We saw minutes of staff meetings. These covered relevant issues such as staff training and management expectations as to how to provide effective individual care to people. Staff told us that they could raise issues and suggestions at these meetings, they felt listened to and issues put forward were discussed and taken into account by the management of the service. We saw evidence that staff had been complimented on supplying good care to people living in the service. There was an employee of the month scheme to further recognise any excellent care being supplied. This showed that staff received recognition for their efforts in meeting the needs of people, which helped to maintain their morale.

These are examples of a well led service.

The registered manager had implemented a system to ensure quality was monitored and assessed within the service. We looked at a number of quality assurance audits. These included audits looking at infection control, observation of care practice by staff, care planning, fire checks, the premises, maintenance checks and protecting people's skin from pressure sores. We saw evidence that aspects of the premises were planning to be improved, such as decor and the replacement of furniture and worn carpets. By having quality assurance systems in place, this protected the safety and welfare of people living in the service.