



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Somerset Abbeyfield Extra Care Home
Address:	Heron Drive Bishops Hull Taunton Somerset TA1 5HA

The quality rating for this care home is:

three star excellent service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Gail Richardson	1 7 0 3 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Somerset Abbeyfield Extra Care Home
Address:	Heron Drive Bishops Hull Taunton Somerset TA1 5HA
Telephone number:	01823334238
Fax number:	01823334238
Email address:	enquiries@abbeyfieldtaunton.co.uk
Provider web address:	

Name of registered provider(s):	Abbeyfield (Somerset) Society Ltd
Type of registration:	care home
Number of places registered:	44

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	14	0
old age, not falling within any other category	0	30
Additional conditions:		
The maximum number of service users who can be accommodated is 44.		
The registered person may provide the following category of service only: Care home only - Code PC to service users of either gender whose primary care needs on admission to the home are within the following categories: Dementia (Code DE) - maximum of 14 persons Old age, not falling within any other category (Code OP) - maximum of 30 persons		

Date of last inspection								
Brief description of the care home								
Abbeyfield is an independent home within the national Abbeyfield Society, which is a registered charity. The registered manager is Jill Byford. The home is registered with the Commission for Social Care Inspection to provide care to up to 44 people over the age of 65. The home specialises in the care of older people who have a dementia and provides up to 22 beds for this service user group.								
The property is purpose built and provides ground floor accommodation for all but								

Brief description of the care home

three of the people using the service. The home is divided into three, 4 apartments, a 14 bedded unit for people with advanced dementia and a 18 bedded unit for older people.

All areas of the home are well maintained and pleasantly furnished.

The current fee scale ranges are Main unit 461 pounds, dementia unit 528 pounds and apartments 702 pounds plus 200 for the 2nd person, extra charges are made for hairdressing, chiropody, newspapers and trips out.

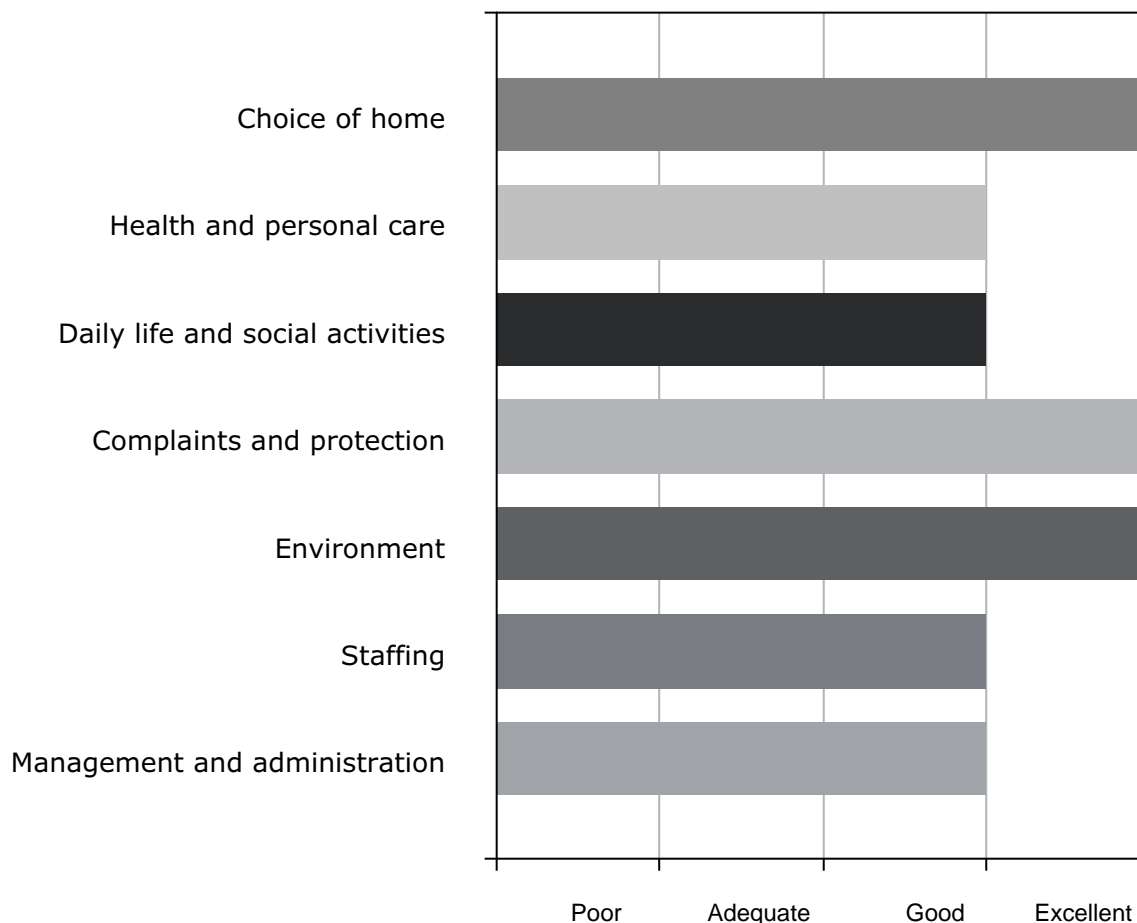
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

This was an unannounced inspection, which took place over 1 day , 7 hours, on the 17th March 2009 by Regulation Inspector Gail Richardson. For the purposes of this inspection the term 'we' will be used when referring to the Commission.

The registered manager supplied us with an Annual Quality Assurance Assessment (AQAA) which gave us information about the home and included details of improvements made and plans for the future.

A tour of the home took place and all of the bedrooms and communal areas were seen. There are 40 people currently residing at the home receiving personal care within the three units. These are described in this report as the Main Unit (18 beds), the Extra

Care Unit (14 beds) and the Apartments (8 people including 2 couples).

As part of the inspection process we can use Experts by Experience who provide us with an insight into what it is like to live at the home. At this inspection an Expert by Experience visited the home for approximately 2 hours and has produced a report of their findings. Text from that report is included in this key inspection report.

We spoke to 4 people who live at the home and the Expert by Experience spoke with several people throughout the inspection. We also spoke with 9 members of staff. The registered manager was available throughout the inspection.

As part of this inspection the inspector surveyed the opinions of a people using the service and care workers. Twelve surveys were received from people using the service and eleven surveys from staff. A further five surveys were received from visiting health professionals.

Records relating to care including 5 care plans, 3 staff files, finances and health and safety records were examined

The focus of this inspection visit was to inspect relevant key standards under the CSCI 'Inspecting for Better Lives 2' framework. This focuses on outcomes for people and measures the quality of the service under four general headings. These are, excellent, good, adequate and poor.

The following is a summary of the inspection findings and should be read in conjunction with the whole of the report.

What the care home does well:

People living at the home were complimentary about the kindness of the staff and this comment is typical of the many comments received; 'Staff are marvelous, its very good care, at night you can ring and staff come, food is very good, any complaints would go to the managers office, staff are very approachable'.

Staff also told us ' This is a lovely home to work in'. and 'I enjoy working at Abbeyfield'. 'We pride ourselves in giving our residents warmth, good food and a compassionate existence in their later years'.

Each person has a needs assessment by the manager prior to admission to ensure that the home can meet the needs of that person. Each person at the home has a care plan. This plan outlines the needs and preferences of the person and an agreed plan of care is put in place to support both preferences and any specific care needs.

Activities are provided and people have the choice if they wish to participate. People told us they are supported through activity to maintain their well being and also establish and maintain contact with the community.

The home has a complaints procedure and appropriate steps have been taken to prevent the people using the service from being at the risk of abuse.

The homes environment is comfortable, homely and maintained to an excellent standard; there is suitable communal space with comfortable lounges and dining areas and accessible attractive outdoor space and gardens.

Staffing levels at the home are adequate to meet the people's needs. Staff training is in place to support the needs of people using the service.

Health and Safety measures are in place to promote protection and policies and procedures are in place to ensure good practice.

What has improved since the last inspection?

The care plan systems in place have been changed and each person has an assessment and plan of care in place to support any identified need. Staff have been trained to use the new care plan system.

Medication systems have been improved to ensure that safe medication practices are maintained.

Staff recruitment files have been reviewed and now contain all the relevant documentation to ensure the safety of people using the service.

Staff supervision is now in place to ensure that staff have a regular time to review all their training needs and any issues that may arise. This is required to support and develop good practice.

All accidents are now audited and reviewed to promote accident prevention.

What they could do better:

This was a very positive inspection with one requirements and two good practice recommendations being made.

The registered manager is recommended to develop the care plans to ensure that short term care needs such as treatments and monitoring have individual care plan and not as is currently the case, be recorded in the daily record. This will ensure a clearer audit trail of actions taken for monitoring and review. The registered manager is also recommended to ensure that people in the apartments receive the same review of risk to ensure staff have a clear plan of action for all identified needs.

The registered manager must ensure that all substances hazardous to health are stored securely. This is to prevent the risk of accidental ingestion.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The homes Service User Guide, Statement of Purpose ensure that prospective people can make an informed decision about the home. They are updated to reflect any changes at the home. Each person had a contract to inform about the terms and conditions of residency.

All prospective residents receive a pre admission assessment by the Registered Manager.

Evidence:

The home produces a Service User Guide and Statement of Purpose. This is clearly written and gives a good range of information about the services the home provides. It includes information about the conditions of residency. This enables prospective people using the service and their relatives/representatives to make an informed decision about the home.

Evidence:

The home has a clear admissions policy and the registered manager visits all prospective people and undertakes a detailed pre admission assessment prior to admission, this assessment underpins the care plan to be used if admitted.

One survey from a person using the service told us that prior to admission 'My daughter visited and was impressed'. Another told us that their son and daughter had chosen Abbeyfield after visiting other homes. One survey told us that 'Management and staff were extremely helpful, family members visited before hand, we were sent information, inspection reports and directed to the website. I spoke frequently with the manager and attended meetings to discuss admission. I was very reassured and the family felt very involved'.

Staff training records indicate that staff have received both mandatory and specific training to ensure that they can meet the needs of people using the service. People told us that they felt the staff were kind and capable.

One staff member told us 'We give support to service users and their relatives when needed. There is a good feeling of 'family' between staff, residents and management. The home helps to settle new residents and give them a sense of home'.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Each person using the service has a care plan. The care plans provide a good level of detail to ensure that staff are aware of peoples needs and how to meet them.

Staff were observed to treat people with dignity and respect at all times and people confirmed that they felt well cared for by all of the staff.

Safe medication systems are in place to ensure the safety of people using the service.

Evidence:

We looked at five care plans. The home has implemented a new care planning system and staff have all received training in how to use the system. Prior to admission a pre admission assessment is completed, this is used until the care plan is completed shortly after admission. The care plan is a detailed assessment which highlights care needs, preferences and risks. There is then a plan of care completed with actions to be taken to safely support that risk. The home has a clear policy to support people in risk taking which states 'This home respects a persons rights to take risks, acceptable risks

Evidence:

may be taken, unacceptable risks must never be taken'. The 6 apartments which are used for people with minimal needs did not have the same level of risk assessment. The registered manager is recommended to ensure that people in the apartments receive the same review of risk to ensure staff have a clear plan of action for all identified needs.

Reviews are undertaken monthly and any changes are added into the care plan. It was recorded what input the relatives and Representatives had in the care plans and reviews. The input of visiting health professionals is clearly recorded. Staff maintain a daily monitoring record of all care provided. The registered manager is recommended to develop the care plans to ensure that short term care needs such as treatments and monitoring have individual care plan and not as is currently the case, be recorded in the daily record. This will ensure a clearer audit trail of actions taken for review.

Staff surveys told us 'Care plans are written in after each shift, with updated information on clients'. Also 'A verbal handover is given before the start of every new shift'. However staff told us that the service could improve by better 'Communication between different units'.

Visiting health professionals were very complementary about the home and felt that peoples needs were being met well there. A survey received from a visiting health professional told us 'I feel that Abbeyfield and their staff do their best to care for all the residents needs. Abbeyfield has a warm and pleasant atmosphere making a 'Home from Home' feel for the elderly. Staff including the cleaners, cooks, management and especially the carers, work hard and appear very helpful and considerate'.

Another health professional told us 'Every effort is made to deal with and manage the health care needs of every individual and advice is sought where there are any concerns' another said that the home provided, 'An outstanding level of care'.

Every person using the service who spoke with the inspector and Expert by Experience were complimentary about the staff and the standard of care provided. One person told us, 'The staff here are simply wonderful, I can honestly say that there is non that I don't like, they can't do enough for you'.

The Expert by Experience said; 'All the residents I met were happy to talk about their daily lives (and in some cases their past!) and all expressed complete satisfaction with their treatment. The staff were spoken of particularly highly as being kind, considerate and approachable, and this was borne out by my own observations. I feel it is a great credit to Jill Byford that she has gathered a team who manage to combine a friendly manner with obvious respect for those in their charge and treat them with kindness

Evidence:

and dignity'.

Staff told us that they had received equality and diversity training and they went on to explain that the home values each individual and supports their lifestyles, choices and preferences. The home employs both male and female staff so that gender preferences for personal care can be accessed. A visiting health professional commented that 'All staff I have come into contact with treat all people using the service with dignity and respect their privacy'. Also 'Clients are able to be as independent as they wish within this care setting' and 'They are treated as individuals and their differences respected'.

We looked at the medication systems and they were well organized and managed to ensure safe and consistent practice. People can continue to administer their own medications if assessed as safe to do so and lockable storage is provided. A visiting health professional told us that 'I have observed people using the service being supported and encouraged to administer their own medication where able and supported where needed.

A visiting health professional told us that the home had provided exceptional end of life care for one of the people using the service.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have access to activities both at the home and they are supported to maintain activities in the local community. Family involvement on the home is promoted.

People are happy with the choices and provision of meals.

Evidence:

The home has an activity coordinator who seeks the views of the people using the service and considers their interests when planning and arranging activities both in the home and the community. This information is stored in the persons' care plan. The activity coordinator had undergone a one year training program for activity provision. On the day of inspection there was a life history group taking place. This was the third week of this group and included people from all units of the home. The home has been proactive in the use of this reminiscence work and plans a further group to start shortly. In the afternoon the mini bus was going out for a ride. The mini bus seats up to eight people and they are accompanied by one staff member, the bus goes out each week. One to one activity work is also undertaken with people who do not wish to participate in group activities. The activity coordinator keeps a brief record of who has attended which activity but the level of participation is not recorded and this may be of

Evidence:

use to develop peoples choices. She is confident that the system of constant review of activities promotes a wider choice for all. People are supported to maintain family contact and visitors to the home were seen throughout the day of inspection. One staff explained that they had attended equality and diversity training and was aware that, 'The church service was accessible to all and should people have beliefs they are supported to access their spiritual needs at the home or outside the home whichever was their preference'.

Routines are very flexible and people can make choices in major areas of their life, people told us they could get up and retire whenever they wanted to within reason and participation in activities is offered daily. The activities provided incorporate both indoor and outdoor activities with a pleasant and accessible garden available to all.

Staff told us ' Service users need a lot of encouragement to join in with activities, I feel that if activities such as bingo and quizzes were introduced service users would take part and enjoy them '. One staff member told us that in the Extra Care unit 'We do some activities, today one lady is out and staff are doing puzzles. When the supervisor for the unit is on there are always activities but that could be better when that person is not here'.

Meals are well balanced and nutritional and cater for varying dietary preferences of residents. All kitchen and most care staff have a Basic Food Hygiene Certificate and a recent Environmental Health visit awarded a 5 star rating. People using the service were all complimentary about the standard and choice of food. All meals are served either in peoples rooms or in the dining room. The main meal of the day is lunch but the evening meal is also three courses and supper is available in the evening. Food is home cooked and the social/dining experience appeared pleasant.

The Expert by Experience observed; The two groups of people were accommodated in adjoining parts of the building, each with its own dining and lounge areas. The latter had been arranged with chairs in groups and with a television set in just one corner. The dining rooms had tables for four or six people and lunchtime was obviously a valued occasion with a chance to converse with each other. There was a good choice of dishes on offer, and I was told that during the afternoon tea and biscuits or cakes were available, followed at about 5.30 by another cooked meal. All the food looked most appetizing and well presented, and there was very little waste - possibly because the staff were well aware of how much people would eat and did not load the plates too full, which can be very off-putting. The kitchen itself looked immaculately clean .'

Lunch on the extra care unit appeared to be very quiet. We observed that whilst waiting for lunch people and staff waited in silence and there was no interaction or

Evidence:

distraction, this appeared to limit the dining experience. It was discussed with the manager that development of the social interaction at mealtimes may improve the dining experience.

There were many comments received about the quality of the food , these included;

'Sometimes I eat upstairs and sometimes downstairs'

'Food is very good, they come up and ask what you want each day'.

'The meals are delivered to you or served in the dining room, every meal is very good'.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home makes every effort to safeguard the people who live there including appropriate training and the implementation of policies to support abuse awareness.

Evidence:

People and their representatives have a clear understanding of how to make a complaint and when they will get a final response. One relative told us 'I feel able to raise areas of concern, I do know who to speak too'. There has been one complaint received by CSCI since the last inspection which was investigated by the management of the home and a summary of findings supplied to CSCI. No complaints have been received by the home. All surveys received from people using the service and staff told us that they knew who to speak to if they were not happy and how to make a complaint. Discussions with the manager and deputy manager showed that they have a clear understanding of safeguarding the people in their service and how to ensure that safety is maintained.

The homes AQAA states 'We have more frequent staff and residents meetings. Residents receiving our service know their views and opinions are regarded as important, they feel listened too and can see changes come about because their feedback is treated seriously, and in turn we can give an enhanced service.

The home does not currently have the need for an advocacy service but confirmed how

Evidence:

the manager would access those services when needed. All people using the service are registered to vote in any coming elections and are supported by the home to either vote by post or be assisted to the polling station.

Policies and procedures regarding safeguarding adults are available to staff and give them clear guidance about what action should be taken. All staff working within the home are fully trained in safeguarding adults procedures and know how to respond in the event of an alert. Ongoing training is planned which will support current and new legislation. Recruitment procedures support the protection of people using the service.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home provides people using the service with a well maintained and homely place to live, it is very comfortable, very clean and suited to needs of the people who live there.

Evidence:

The Expert by Experience observed 'This Home is situated in a quiet residential area, just off a main road, and is surrounded by attractive and well-maintained gardens with several 'sitting out' areas. The building is modern and purpose built which undoubtedly contributes to a making it a pleasant environment for both staff and residents alike - an initial impression which was confirmed as I looked around and spoke to a number of people.'

The homes AQAA states, ' We have a clean and orderly environment, which has an ongoing maintenance program. We employ 2 full time handymen to tend the garden and the home. The home speaks volumes. It is free from smell, dirt and is well loved and cared for. This is apparent to all whom live and work here and to those that visit us.

The home is a large purpose built building with the majority of the accommodation being on ground floor level. There are three upper floor bedrooms and one bathroom

Evidence:

accessible by stairlift. Since the last inspection 6 apartments have been built which can be single or double occupancy. The home is very well decorated and maintained whilst providing a homely feel. People are encouraged to bring personal possessions with them and all rooms in the main unit and Extra Care Unit are single occupancy and appeared to reflect the persons lifestyle. Handrails and adaptations are provided where an assessed need has been identified to support disability and promote independence. All rooms have en suite facilities and there is sufficient access to bathrooms. All rooms have radiator protectors and all hot water taps have thermostatic valve controllers to prevent scalding. All upper floor windows are risk assessed and restricted where necessary to prevent the risk of falls.

The Expert by Experience noted; 'After sitting in on this session I was shown around the Home by a very helpful member of staff. I found all the bedrooms to be attractively furnished and with pleasant views of the gardens. I particularly noticed the bedding which looked fresh and well-matched. Each room is en suite with a lavatory and basin, and there are adequate bathrooms provided separately. Everything looked clean and fresh, and there were no unpleasant aromas. In addition to the accommodation within the home, there is an annex comprising six individual flats, each with its own sitting room, small kitchen, bedroom and bathroom - again well furnished and immaculately clean - which provide for more independent living'.

The Extra Care Unit is reflective of a domestic setting but may benefit from further development of dementia care input, for example memory boxes and reminiscence equipment.

The outdoor areas are attractively landscaped with garden access for all people. On the day of inspection people were seen to be using the outdoor space. People in the Extra Care Unit are escorted when accessing the gardens for their safety. The apartments each have a small patio area. One of these areas had been fenced to enable the person to keep their dog when admitted.

All areas of the home were very clean and no malodours were noted. All staff have received appropriate training in infection control and suitable hand washing facilities and protective clothing is available should it be needed. Surveys received had many comments about the very high standard of cleanliness at the home, these included;

- 'The home is extremely clean and comfortable for residents'
- 'The standard of hygiene is excellent'
- 'Cleaning staff are very friendly'
- 'I have always been impressed by the cleanliness and comfort at the unit'.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home employs enough staff to meet the needs of the people using the service and to ensure the safety, comfort and maintenance of the premises. People benefit from having staff that have a good understanding of their needs.

Recruitment procedures are in place to protect the people using the service.

Evidence:

On duty each day are three carers on the main unit, three carers on the Extra Care Unit and one carer on the apartments. Also on duty is the manager, deputy manager, three kitchen staff, two cleaning staff and one laundry staff. On the Extra Care Unit there are three staff in the morning which reduces to two until 5pm and then three between 5-9pm. There are three night staff on duty for the home. The Extra Care Unit has five core staff for consistency with staff from other units helping out if needed. No agency are used.

Staff told us 'Due to staff sickness, sometimes the shift is down by one staff member. Cover is always sought, but sometimes this is not possible, the clients always come first and receive the care they are entitled to'.

A visiting health professional commented that 'At times I feel that the care staff are

Evidence:

short staffed when they have been let down at the last moment. Extra staff for these occasions could improve the situation'.

Training at the home is well managed and ongoing. 32 out of the 52 staff have achieved an NVQ in care and training is provided in all mandatory areas and further specific areas to support identified needs. Staff surveys told us ' Training sessions are always taking place at Abbeyfield. Up to date knowledge and learning skills and all mandatory courses are undertaken by each staff member'. Staff also told us that ' Induction is always a very thorough procedure'.

Staff told us that ' I believe Abbeyfield has the welfare and care of service users at heart. All service users are listened to and needs are always met'. 'All staff make the service user feel safe and secure and happy in their home'

'We pride ourselves in giving our residents warmth, good food and general well being and a compassionate existence in their later years'.

Staff also felt that they supported each other as carers.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is managed to promote peoples independence, health and safety. The management of people using the service monies is well managed and all records are maintained in line with the Data Protection Act.

Evidence:

The Registered Manager is Jill Byford who has been a manager at the home for several years and has shown a consistently high standard of service delivery. She has a clear management style which is positive and forward thinking. She is now supported by a Deputy Manager who has undertaken a more clinical and training role.

Staff told us ' Our manager or deputy manager are always there if we need to discuss problems or give support when needed. They can be approached at anytime'. Also they told us that 'The Manager and Deputy are always available, we have a manager whose knowledge of the job is second to none, her experience is passed down to her care staff'.

Evidence:

People using the service told us that they were able to go to the managers office or call for her to visit them, one person told us that the "Manager comes if I need her".

The home provided us than an AQAA which gave us details of how the home has developed and the managers plans for the future.

Quality assurance takes place with questionnaires being provided for all people using the service and their representatives and the home actions any suggestions . Routine auditing of systems used within the service also takes place to ensure a good standard of care is maintained. The home has monthly Regulation 26 reports completed by the Responsible Individual to monitor service delivery.

A system of supervision of staff has been implemented to enable all staff to have a regular discussion with a senior member of staff to discuss any issues and training needs. This supervision is recorded and used to improve the service provided.

All policies and procedures have been updated to reflect changes in practice and the manager confirmed that they are regularly reviewed. Accident records are maintained and audited and reflect the information stored in peoples daily records. All records stored at the home are stored securely and in line with the Data Protection Act.

Personal monies can be stored by the home and a record is maintained of all deposits and withdrawals. These records were noted to be correct and clear audit systems are in place.

The records relating to health and safety were seen, these were all up to date and reflected that all equipment is serviced as required and regular maintenance is ongoing.

During the inspection it was observed that cleaning solutions are stored in each bathroom. The manager confirmed that these solutions were domestic solutions and posed no risk of accidental ingestion to people using the service.

It was also noted that in some bedrooms dental tablets were stored in unlocked bathroom cabinets, these may pose a risk of accidental ingestion and would be hazardous to health. The manager removed these items immediately and is required to ensure that staff are aware of the risks of storing dental tablets in accessible cupboards.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	38	12	The registered manager must ensure that all substances hazardous to health are stored securely. This is to prevent the risk of accidental ingestion.	31/03/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	7	The registered manager is recommended to develop the care plans to ensure that short term care needs such as treatments and monitoring has an individual care plan and not as is currently the case, be recorded in the daily record. This will ensure a clearer audit trail of actions taken for review.
2	7	The registered manager is recommended to ensure that people in the apartments receive the same review of risk to ensure staff have a clear plan of action for all identified needs.

Helpline:

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Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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