

The Abbeyfield Newcastle Upon Tyne Society
Limited







Abbeyfield Residential Care Home - Castle Farm

Inspection report

Castle Farm Road
Newcastle upon Tyne NE3 1RF
Tel: 0191 284 1344
Website:

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November 2014
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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	

Overall summary

Abbeyfield Castle Farm provides accommodation for up to 24 older people who need or may need support with their personal care. The home is a purpose-built single storey building, with a large garden. All accommodation is in single bedrooms. There were 22 people living in the home at the time of our inspection.

This was an unannounced inspection, carried out over three days on 30, 31 October and 6 November 2014. The

home was last inspected on 8 October 2013, when the provider met all the regulations inspected. A registered manager was in post. 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.

Summary of findings

Good systems were in place to protect people living in the home from harm. All staff had been given regular training in the safeguarding of vulnerable adults. Staff were clear about their responsibilities to be aware of and report any incidents of abuse or potential abuse immediately. People told us they felt very safe living in the home and believed staff would do everything necessary to keep them safe. No-one told us of any incidents of abuse or other issues of concern.

There were sufficient numbers of staff on duty to meet people's needs in a safe and timely way. There was very little staff turnover, and the suitability of any new staff was carefully checked before they started working in the home.

People's prescribed medicines were stored and administered safely, and clear records were kept of all medicines received, administered and disposed of.

People's needs were carefully assessed before they came into the home, to ensure that all those needs could be met. People were fully involved in the assessment of their needs, and their wishes and preferences regarding the ways their care should be given were respected. Detailed plans were drawn up to meet each person's individual needs and wishes, and these care plans were regularly evaluated to make sure they remained appropriate and effective. People told us they felt their care and welfare needs were consistently met, and that they received very good care.

People living in the home were offered a varied and nutritious diet, with plenty of choice. Special dietary needs were met. People told us they were very happy with quality and quantity of their meals.

People had access to the full range of community and specialist healthcare services, and had their health closely monitored by the staff. People told us the staff were alert to, and responded to, any changes in their health or demeanour. We spoke with health professionals who supported the home. They told us the home made appropriate and prompt referrals and always carried out any advice they were given regarding the person's care and treatment.

The atmosphere in the home was relaxed and positive, and we saw that staff were caring and sensitive in their approach and actions. People told us they were very well cared for, and spoke highly of the kindness and attention of the manager and staff in the home.

People and their families were encouraged to express their views and be actively involved in their own care and in the running of the home. There were frequent residents' meetings and the manager made time to speak with people regularly. Good information was displayed about the services and activities on offer. Important contact details, such as advocacy services, were made available to people and their visitors, to help them maintain their independence.

People told us they were treated with respect by staff, and said that their privacy and dignity were protected by all the staff. They told us they and their families were fully involved in deciding their care needs and how those needs were to be met by the staff. Regular reviews allowed people to comment on their care and ask for changes to their care plans. People told us they received their care in the ways they wanted, and that staff were flexible and responded well to any requests.

We were told the manager and staff took very seriously any concerns raised by people living in the home, and addressed such issues speedily. People told us they rarely had to formally complain about the service. Only one formal complaint had been raised in the previous 12 months, and this had been resolved quickly.

The service had a wide range of activities and opportunities for social stimulation, both in the home and in the local community. People told us they were happy with the social activities available to them, and said that staff made every attempt to meet individual preferences, as well as providing group activities.

The registered manager provided clear leadership and ensured there was an open and positive culture in the home. Staff told us they were clear about their roles and responsibilities and were proud of the quality of care they provided and were happy working in the home. They said they felt supported and respected by the management team.

People living in the home spoke very highly of the manager and said she was always approachable, positive and responsive. They said they felt listened to by the

Summary of findings

manager and her staff, and were encouraged to express themselves freely. We were told the home had a happy and relaxed atmosphere and our observations confirmed this.

Health professionals who supported the home commented very positively on the quality of the management of the home. They told us the manager was very professional in her approach and ran a very good home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe. Any risks to people living in the home were fully assessed and appropriate steps had been taken to minimise such risks.

Staff had been given training to enable them to identify any actual or potential harm to people, and to take the necessary steps to report any harm or abuse. The manager notified the local authority safeguarding team and the Commission of all incidents of actual or potential abuse.

Careful checks were carried out to make sure new staff members posed no risk to people's safety. There were sufficient staff to meet people's needs in a timely way.

People's medicines were administered and stored safely.

Good



Is the service effective?

This service was effective. Staff provided care that met people's assessed needs. There was a stable, experienced and skilled staff team, who knew their residents well and provided people's care in the ways each individual person preferred.

People were asked to give their written and verbal consent and agreement to the plans drawn up for their care. The manager was submitting deprivation of liberty applications to the local authority in line with legislation.

People living in the home were offered a varied and nutritious diet, with plenty of choice. People told us they were very happy with their meals.

People had access to the full range of community and specialist healthcare services, and had their health closely monitored by the staff.

Good



Is the service caring?

The service was caring. People told us they were very well cared for. We saw that staff were caring in their approach and actions. The atmosphere in the home was relaxed and positive.

People and their families were encouraged to express their views and be actively involved in their own care and in the running of the home. There were frequent residents' meetings and the manager made time to speak with people regularly.

People told us they were treated with respect at all times in the home, and that their privacy and dignity were protected by all the staff.

Good



Is the service responsive?

This service was responsive. People and their families were fully involved in deciding their care needs and how those needs were to be met by the staff. People told us they received their care in the ways they wanted, and that staff were flexible and responded well to any requests.

The manager and staff took any complaints or expressions of concern very seriously and resolved issues promptly, and to the satisfaction of the complainant. Most people told us they had never had any cause for concern.

Good



Summary of findings

The service had a wide range of activities and opportunities for social stimulation, both in the home and in the local community. People told us they were happy with the social activities available to them.

Is the service well-led?

The service was well-led. The registered manager provided clear leadership and ensured there was an open and positive culture in the home. Staff told us they were proud of the quality of care they provided and were happy working in the home.

People living in the home said they felt listened to by the manager and her staff, and were encouraged to express themselves freely. Appropriate systems were in place to check the quality of care and to promote best practice.

Health professionals who supported the home commented very positively on the quality of the management of the home.

Good



Abbeyfield Residential Care Home - Castle Farm

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 30, 31 October and 6 November 2014 and the first visit was unannounced.

This inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the home, including the Provider Information Return.

This is a form in which we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We reviewed the notifications of significant incidents the provider had sent us since the last inspection. We contacted local commissioners of the service, GPs and other professionals who supported some of the people who lived in the home to obtain their views about the home.

During the inspection we spoke with 15 people who lived in the home, three visitors, three senior care staff, five care workers, three ancillary staff, the deputy manager and the registered manager. We observed care and support in communal areas, spoke with people in groups and in private and looked at the care records of four people. We also looked at records relating to the management and running of the home.

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home and had confidence that staff took all appropriate steps to maintain their safety. Comments included, “I feel really safe and secure here”; “We have no cause for concern”, and, “I have no worries about living here.”

We asked visiting professionals if they had any concerns for the safety and welfare of people using the service. No concerns were expressed. One professional told us, “I have no concerns whatsoever.” A second professional said, “I’d put my family or friends in there.” A third professional told us, “I have been impressed with the positive risks the staff have chosen to take”, and gave an example of a person whose well-being was enhanced by being supported to take certain risks in their daily life.

Relatives told us they felt their family members were safe and well-protected in the home. One relative said, “We know they are absolutely safe. We’ve never seen anything of the slightest concern here.”

We saw the service had appropriate policies and systems in place for protecting people from harm or abuse which were in line with government guidance and with local authority advice. The policy instructed staff to report all incidents of abuse or potential abuse immediately, however minor the incident. It also included clear guidance to all staff that they must disclose any poor practice they observed to the manager. The safeguarding policy was displayed prominently in the office and on the main notice board in the service, which meant that all people using the service, their visitors and staff members could read it at any time.

Staff we spoke with were very clear about the safeguarding and whistle blowing (exposing poor practice) policies and told us they were frequently reminded of their responsibilities by the manager and senior staff. Staff members were alert to the more subtle forms of harm that might affect people, such as emotional and psychological abuse and failure to treat a person as an individual. We asked staff members if they had ever had any concerns about anything they had observed in the home. No one said they had. All said they would have reported it, if they had. One staff member told us, “I’ve worked here for over ten years and I’ve never seen anything that concerned me.”

Providers of health and social care services have to inform us of important events which take place in their service. We

looked at the records of safeguarding incidents. These showed that three safeguarding incidents had been logged in the previous 12 months. One was a financial matter; one related to a person’s skin care; the third was an altercation between two people using the service. All had been recorded in appropriate detail and reported immediately to the local authority safeguarding team and the Commission.

We saw that any monies held on behalf of people using the service were kept securely and accounted for professionally, with the senior member of staff on duty counter-signing all entries in the ledger and regular audits carried out. We spot checked the cash held against the accounts totals for three persons and found them to be accurate.

Staff recruitment records showed that the registered manager took seriously her responsibility to ensure that only appropriate applicants for posts were employed. We saw that applications forms were fully completed; applicants’ employment histories were verified; declarations were required regarding any criminal record and the person’s physical and mental health; and appropriate work references were taken up.

Records showed the risks to people using the service were assessed individually on admission and regularly thereafter. We saw appropriate actions were taken to minimise any risk identified. For example, each person had a personal emergency evacuation plan in place.

We toured the single storey building. Access to all areas of the home was easy and safe. We saw no obvious hazards. All areas were very clean, tidy and well-maintained.

Records showed that servicing and maintenance contracts were in place and carried out for all necessary areas, including annual portable electrical equipment testing, assisted bathing and other specialist equipment, and testing of water supplies to prevent Legionella contamination.

We asked how the service made sure there were sufficient numbers of suitable staff to keep people safe and to meet their needs. The manager told us she completed an assessment of the dependency levels and needs of people using the service every month, and staffed the home according to people’s needs. We were told the staffing levels judged necessary to meet the needs of the 24 people who were currently using the service were one senior care workers and three care workers. The care team were

Is the service safe?

supported by an administrator, domestic and catering staff, and a handyman. We looked at staff rosters. These confirmed the staffing levels stated. The manager told us she would never staff the service at a level below what she believed to be safe. We saw that staff had time to spend talking with people individually, and there was no sense of staff rushing their work.

People using the service told us there were enough staff to attend to their needs and keep them safe. One person commented, "They are always there when you need them." Only two of the 15 people we spoke with felt there should be more staff, but both confirmed their personal needs were being met by current staffing levels. Staff we spoke with felt there were sufficient staff to meet people's needs. One care worker told us, "We have spells when it can get very busy, but we help each other out at peak times, and make sure we respond quickly to people's calls for assistance." Our observations confirmed that staff were visible and available to people at all times, and met their needs in an unhurried way.

We spoke with six visiting health professionals about the staffing levels in the home. All said they felt there were sufficient staff available at all times to meet people's needs.

We looked at the policy and procedures for ensuring people were given their prescribed medicines safely, and found these were in line with the Royal Pharmaceutical Society guidance 'The handling of medicines in social care.'

If a person wished to take responsibility for their own prescribed medicines, a risk assessment was carried out to ensure their safety could be maintained. For example, we saw, in the care records for one person using the service, evidence that they took responsibility for their own medicines, and had been assessed as being safe to do this. The person had been given secure storage facilities for their medicines.

Records were kept of medicines ordered and supplied, and of any changes regarding prescribed medicines or doses. We observed a medicines round after lunch. We saw that medicines were safely stored in a locked metal cabinet which was secured in a locked room when not in use. The records of people's medicines were clear and well-maintained. The manager carried out regular audits of the Medicines Administration Record (MAR) and followed up any gaps or discrepancies.

People we spoke with told us they always received their medicines at the right times, and that they were reminded of what their medicines were for, if they needed this. They confirmed their preferences regarding their medicines were taken into account. We saw, in the medicines care plan for one person, "prefers medicines to be administered in own bedroom, rather than in the dining area." This person confirmed to us this request was respected.

Is the service effective?

Our findings

We looked at staff training records to see if staff had been given the skills to care for people effectively. Records showed that all the training staff members were required to have by legislation, such as safeguarding, moving and handling, food hygiene and health and safety had been delivered. All staff received regular fire safety training, and the fire log book demonstrated that regular fire drills were carried out with staff. The provider also made training in areas such as equality and diversity, falls prevention and 'end of life' awareness mandatory for all staff. In addition, staff were given training in the particular needs of individuals, such as people who had diabetes or who had suffered a stroke. We saw this training was used in the drawing up of care plans to meet people's health and social care needs. For example, a person with type 2 diabetes had a care plan that included a weekly blood sugar test, and an annual diabetes review. The manager told us that district nurses provided the necessary training and overview of such interventions.

All staff who administered medicines had been given the necessary training, which was updated every two years. The manager checked the competency of staff who administered people's medicines on a regular basis, recorded her findings and any remedial actions taken.

Staff members told us they had received a planned induction programme set by the national training body 'Skills for Care' when they started at the home. This meant they had been trained in the skills necessary to provide people's care needs safely. Staff said they were kept up to date with relevant training and were encouraged to ask for additional training, if it was of benefit to people using the service, or for the staff member's own professional development.

We noted that all care staff held National Vocational Qualifications (NVQ) in social care at either level two or the more advanced level three. This meant they had been able to demonstrate their skills and knowledge in their daily work.

Supervision records showed that staff received regular feedback from the manager or a senior staff member at least every three months, and were able to raise any issues they had with their supervisor. Staff we spoke with confirmed they had frequent supervision, and said they

could ask for extra meetings at any time, if they had issues, queries or concerns. Minutes of supervision showed staff were fully engaged in discussion regarding attitude, competence, relationships with people using the service, other staff and professionals, and that any further training needs were identified.

Records showed staff also had an annual appraisal of their work performance with the manager. This appraisal looked at their skills, competencies, training needs and areas for personal development.

We noted the average service of staff members was approximately ten years with the home, which gave the home stability and offered people continuity of care.

The home had a policy regarding the use of the Deprivation of Liberty safeguards (DoLs). These are safeguards put in place by the Mental Capacity Act 2005 to protect people in care homes from having their liberty restricted without lawful reason. The manager told us she was in the process of re-assessing the capacity of people to give their consent to their living arrangements to see if they appeared to be deprived of their liberty. She had liaised with the local authority deprivation of liberty safeguards team to ensure that, where it was judged to be in the person's best interests, an application for authorisation to deprive the person of their liberty was made. We saw from staff training records that all care staff had been given training in the use of DoLs

We saw the home was a purpose-built single storey building. This meant people were able to access all areas of the home, should they wish to. A physiotherapist who visited the home told us the home was well-designed and fit for purpose. One person we spoke with told us, "The layout of the home is excellent, and the gardens are lovely."

We saw, in people's care records, they were asked to give their consent to a range of interventions, including their care and treatment plan, sharing personal information with other professionals involved in their care, and for any photographs used for identity purposes (for example, in conjunction with their medicine administrations records). People's consent to their care was periodically checked and they were able to make requests regarding their future care, such as anticipatory care plans and instructions about issues such as resuscitation.

People we spoke with told us staff always treated them with great respect and always explained and asked

Is the service effective?

permission for any necessary care interventions. They told us they felt well able to refuse any proposed staff action, and confirmed that staff respected such refusals. One person told us, “Staff listen to us, and they do things the way we want.”

People we spoke with told us they were very happy with the quality, quantity and choice of the food they were offered. One person spoke of the “tremendous variety” of the food. All said they were encouraged to ask for alternatives to the menu, if they so wished. The assistant chef confirmed that every effort was made to meet individual requests, even at short notice. People told us they were offered snacks, drinks and fruit regularly during the day, and if they wished for a drink or snack during the night, this was offered.

We saw that each person had an assessment of their nutritional needs when they first came into the home. This identified if they were at risk of malnutrition or other dietary problems. People assessed to be at nutritional risk were weighed weekly: those on normal diets were weighed monthly, as a precaution. One person on a weight-gaining diet told us they believed that staff understood their needs and encouraged them to eat all the time, with regular snacks and drinks offered between meals. Although we saw the person was putting on weight appropriately, we found

their nutritional care plan lacked detail and specific instructions to care and catering staff. We discussed this with the registered manager who took immediate steps to update the person’s care plan and inform the catering staff.

People were asked about their individual food and drink preferences as part of the initial assessment of their needs. This information was recorded and passed onto the catering staff. We spoke with the assistant chef, who told us information about people’s dietary needs was held in the kitchen and consulted by catering staff. He was able to give examples of how individual dietary needs were met.

People using the service told us they were confident that access to all NHS and community-based health services would always be arranged for them promptly, if they so needed. They told us they were offered regular check-ups for their sight, hearing, and oral health. Review of people’s care records confirmed this.

Visiting professionals told us the staff made prompt and appropriate referrals to them, where necessary. A GP told us, “We work closely with the home. They always make appropriate referrals, and don’t leave things too late.” A second GP said, “We never get inappropriate referrals. They do things I ask them, promptly.”

Is the service caring?

Our findings

People we spoke with said they were very happy with the quality of their care. They told us staff were attentive and considerate, and treated them as individuals. People told us their care was given appropriately and in the ways they preferred. For example, one person told us, “They asked me if I wanted a cup of tea at 7am, but I said I’d prefer it at 8am, and that’s when they bring it.” They said they thought care staff had the necessary knowledge and skills to meet their needs. One person commented, “They always seem to know what they are doing.”

People using the service confirmed the caring and positive atmosphere in the home. One person said, “All the staff are really good, and the younger ones are lovely – they are just so gentle. It’s given me faith in the younger generation.” A second person “It’s so homely and warm, here.” Other comments included, “They make it as much like home as they can”, and, “The girls tell you ‘It’s all about what you want’ and they ask me what I want.”

Visiting relatives told us, “We couldn’t imagine a better home. There’s a lovely, relaxed and caring feel to it. It’s a very friendly place, and very homely.”

Staff members displayed a very good knowledge of the needs and preferences of the people they cared for and were able to describe the main elements of people’s care plans. Staff told us they always tried their best to tailor people’s care to their known wishes and preferences, and to treat each person as a unique individual. Staff told us this meant knowing, for example, those who welcomed the physical affection of a hug from a care worker, when appropriate, and those for whom this would be unwelcome and inappropriate. Several staff members spoke of the ‘family’ feeling in the home, and that they treated their residents as they would one of their own relatives.

We looked at the written feedback the home had received from relatives and visitors over the previous year. All the comments were positive. Examples seen included, “Excellent care from staff who respect people’s dignity and

privacy, with courtesy, humour and patience”; and, “We have been overwhelmed with the welcomes we have had by all the staff from our first visit, during mum moving in, and on every visit since.”

A visiting GP told us, “All the staff are very caring.” Another GP said, “I’d definitely say it’s a caring home. The staff are lovely with the residents.”

We observed the care practices in the home and the interactions between staff and people using the service. We saw staff showed a caring attitude in all their actions, showing sensitivity and respect, and treating people with great courtesy. People told us they were addressed in the way they preferred, either by first name or title and surname.

Each person was actively encouraged to be involved in the assessment of their needs before they came into the home. If a person was unable to express their needs or wishes, family members or other representatives would be consulted, and every effort would be made to understand the person’s life experiences and previous wishes about their care. For each identified need, a specific, detailed and personalised plan of care was drawn up to meet that need. Where people were able to give clear instruction as to how their care should be carried out this was included in the care plan.

We asked the eleven people who were attending a residents’ meeting if they felt staff respected their privacy and dignity. All those who expressed an opinion said that staff always protected their privacy and dignity. They told us staff were unfailingly respectful in their manner, asked their permission before any intervention, and responded appropriately to any requests or suggestions.

The manager told us people were given ‘do not disturb’ signs, and that these were respected by staff. We saw that staff knocked on people’s bedroom doors and waited to be invited in, before entering.

Information was clearly displayed in the home to allow people to contact an independent advocate, or report any concerns to outside agencies such as Action on Elder Abuse or to the Care Quality Commission (CQC).

Is the service responsive?

Our findings

People told us that staff were very attentive and responded quickly if they called for help or used their alarm calls. One person said, “The staff give my care as I want it.” A second person said, “Staff listen to us, do things our way, and are flexible. They know us as individuals.”

Staff told us they were clear regarding their responsibility to report any changes in people’s needs or preferences about their care. They were able to give us examples of the prompt reporting of changes in people’s health or demeanour that had led to referrals to appropriate health and social care professionals such as physiotherapists, dieticians and specialist teams for managing behaviours that challenged people, or those around them. People’s care records confirmed this awareness and responsiveness by staff.

We looked at a sample of four people’s care records to see if they were receiving care that was personalised to their needs. Each person had a full assessment of their physical health, mental health and social care needs completed before admission to the home. Each person had a ‘personal profile’, documenting their life history and including their current wishes and preferences regarding their daily living, diet, health, and any spiritual and religious needs. People were encouraged to take a full part in their assessments and in drawing up their care plans. Care plans we examined were clear, detailed, and person-centred, and reflected the views of the person.

Night care plans had been drawn up for each person, recording their preferences about their night time routine, including whether or not they wished to be checked during the night.

We saw people’s assessments and care plans were evaluated every month to make sure they were kept up to date and continued to meet their needs.

Regular reviews of each person’s care took place twice yearly, involving the person, family members and other relevant persons. Reviews looked at updated assessments of the person’s needs, and agreed where care plans should be revised to meet changing needs or wishes.

People were supported to make their wishes regarding any future treatment they might be offered known to staff, and the necessary documentation was drawn up with them. We

saw examples of ‘living wills’; advanced directives to refuse treatment; and instructions not to attempt resuscitation. We saw that each person had a ‘transfer to hospital’ checklist on their care file. This included a list of their currently prescribed medicines, a copy of their medicine administration record, a GP summary sheet, and copies of any advanced directives.

We spoke with six visiting health professionals, all of whom told us they thought the home provided a flexible service that understood and responded to people’s changing needs. One GP told us, “All the staff are good and know their jobs. They communicate well and work closely with us.” Another GP said, “The staff are good, from top to bottom.” A physiotherapist commented, “The staff know their residents very well. They follow any advice given and, for one person in particular, they have improved their quality of life.”

We noted that all staff had been given training in ‘person-centred approaches to understanding and caring for people with dementia’. Staff told us this had been very useful and had increased their skills in this important area.

We joined a residents’ meeting, with their permission. People told us they felt they could raise any issues they wished in the meeting, and that the management always responded appropriately to any concerns brought to their attention. They told us they never really needed to make formal complaints, as the manager and her staff were always asking if anyone had any concerns, and resolved any minor issues promptly.

We looked at the records kept of complaints. One person had logged a complaint in the previous year, regarding portion sizes at mealtimes. Records showed this was resolved immediately, and to the person’s satisfaction.

As part of the annual questionnaire sent to relatives and visitors, they were asked to recommend any changes which would improve the quality of life of the person they visited. In the most recent survey, December 2013, nine out of the ten who responded said they could not suggest any such changes. One person felt more weekend activities might be beneficial. The manager told us she and her staff were always seeking to improve the activities available, and planned to expand the range of activities available in the community, and to encourage community involvement in the home.

Is the service responsive?

We looked at the activities available to people. Activities included trips out, films, exercise classes, hand massages, a knitting group, tea dances and manicures. Most people we spoke with told us they were happy with the range of social activities available to them. They told us staff tried to meet any individual needs or wishes they expressed, and there were usually enough staff to assist them with trips out or

visits to local churches or shops. Care plans showed each person's social needs had been discussed and care plans had been put in place to meet those needs. Staff monitored people's activities, recording 'meaningful activities' in their daily records, to guard against social isolation. However, people also told us that staff respected their wishes for privacy and time spent in their bedrooms.

Is the service well-led?

Our findings

The service had an experienced and long-serving registered manager in post.

People we spoke with told us they were very happy with the management of the home. Typical comments included, “We have an excellent manager. She’s very good and very thoughtful. She also treats her staff with respect”; and, “This is definitely a well-led home, the manager is very good.”

Relatives told us the home seemed to be very well managed, and that visitors were expected and made very welcome. One relative told us, “The home seems to be managed very well. They are always prepared for you. They treat their residents as individuals.”

We saw letters and cards received from family members of people living in the home. All were very positive. One recent letter said, “You have an excellent manager in [manager's name]. She manages with a firm, but light, touch. She exercises her judgement judiciously and goes the ‘extra mile’ to help residents and staff alike.” A ‘thank you’ card stated, “This is the best home in Newcastle.” Another card spoke of “excellent care from staff who respect people’s dignity and privacy, with courtesy, understanding, humour and patience.”

We noted that a wide range of relevant information for people was displayed on the main notice board in the reception area. This included the minutes of residents’ meetings, and details of social activities and trips out, menus, and religious services. Information was also displayed to inform people of how to make a complaint. The most recent CQC inspection report was displayed.

We observed that the culture in the home was person-centred and inclusive. Everyone we spoke with told us they felt able to express their views openly and without fear. They were confident that they could ask to speak with the manager at any time, and would always be listened to with respect.

Staff told us they were very happy in their work, and felt they provided a very high standard of care. They said that staff morale was good, and staff took a great pride in their work. They were clear about their roles and responsibilities, and told us the manager sets clear priorities and modelled good practice. Comments included, “We have a very, very

good management team. We can talk with the seniors and manager any time”; “This is a really well-run home. I don’t know how it could be improved”; and, “This is a lovely home - the best home I’ve worked in.”

Staff confirmed that communication between them and the management of the home was open and clear. They told us information was shared with all staff, and that they were encouraged to take an active part in the discussions of people’s needs and in drawing up and amending people’s care plans.

Visiting professionals we spoke with or contacted spoke highly of the way the home was managed. Comments included, “This is a very well-run home, the manager is very good”; “I’m very impressed with the home. The manager has a very professional approach”; and, “I have no concerns whatsoever about the management of this home.”

Records kept of the management of the home were comprehensive, clear, detailed and up-to-date. We saw evidence of regular auditing of all aspects of people’s care and of the running of the home. Examples included audits of people’s medicines, care planning, the environment and infection control measures. Systems were in place for the maintenance and servicing of equipment and the building. Any faults identified were seen to be addressed promptly and effectively.

We saw that a range of health and safety audits and hazard analyses were carried out by the manager. These showed that the services maintenance person carried out weekly checks of issues such as wheelchair safety, hot water temperatures, fire alarms and safety equipment. Any deficits noted were recorded in the maintenance book, and records showed these were followed up promptly. Fire risk assessments and external fire detection and safety inspections took place annually.

We spoke with visiting health professionals such as GPs, a physiotherapist, health visitors and a specialist nurse, who told us the manager and staff worked closely with them to ensure high quality care was given to people using the service, and were imaginative and keen to keep up with developments in good practice. We were given the example of hand massage, which had been introduced as an aid to communication and support for people with dementia, but

Is the service well-led?

was in demand from most people living in the home. The manager told us her staff were now teaching the technique of hand massage to staff in other homes, as a way of spreading good practice.

The manager also held a training qualification, and gave staff training herself in areas such as moving and handling, fire safety, dementia awareness and advanced dementia care.

We saw that the manager provided clear leadership. For example, she attended most training courses arranged for staff, to keep her skills up to date and to model the importance of such training; she was available to staff at all times for advice and guidance; and by working alongside her staff in giving people's care. She ensured there was an

open and positive culture in the home. Staff recruitment records showed that there was very little turnover of staff. The manager confirmed she had needed to replace only one member of the care staff in the previous 12 months.

People living in the home said they felt listened to by the manager and her staff, and were encouraged to express themselves freely. We were told the home had a happy and relaxed atmosphere and our observations confirmed this.

We noted the service held several awards for good practice. These included the national Abbeyfield Society 'Gold star' in recognition of 'achievement in enhancing the quality of life for older people'; and the Tyne & Wear Care Alliance training organisation award 'in recognition of continued commitment to a better life for people with dementia'.