

Abbeydale (Ilkley) Limited

Abbeydale Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Abbeydale Residential is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service provides accommodation and personal care for up to 36 older people. On the day of our inspection there were 32 people living at the service. Bedrooms are spread over three floors and most have en-suite bathrooms. There are also several communal areas and a large private garden. The home is situated in the town of Ilkley.

The service had a registered manager 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 2008 and associated Regulations about how the service is run.

The inspection took place on 21 May 2018 and was unannounced.

At our last inspection we rated the service good. However the safe domain was rated requires improvement because we found that medicines were not always managed in a safe way. At this inspection we found improvements had been made to the way medicines were managed which means the safe domain is now rated as good. We also saw strong evidence to demonstrate that the entire staff team had worked exceptionally hard to ensure they continuously built upon the good standards we saw at our last inspection. The quality of care provided was exceptionally high and truly personalised. We also saw the leadership was extremely proactive, highly responsive to the needs of people and consistently true to their strong vision and values. We therefore concluded that the service had improved to meet the distinctive and exceptional characteristics of an outstanding service in the caring, responsive and well led domains.

People were cared for by staff who were extremely kind, highly compassionate and dedicated to ensuring people received an outstanding quality of care. Staff had an excellent attention to detail and took simple but effective actions to ensure people received a very high standard of personalised care.

Staff developed exceptionally positive caring and compassionate relationships with people which enabled them to be highly attentive to people's needs. They found creative ways to support people to live a full and independent life. Staff's highly dedicated approach was reinforced by robust training and technical expertise.

People were genuinely at the heart of the service. The philosophy of care was very inclusive. People were actively consulted and involved in the day to day running of the service and their needs and preferences shaped care delivery. Without exception, people told us that staff listened to their views and made them feel that their opinions mattered.

Staff had the utmost respect for the people they cared for and took great care to ensure people's dignity and

privacy was consistently maintained.

The provider, registered manager and all staff worked extremely hard to promote a welcoming, relaxed, and calm atmosphere in the home. They ensured everyone who lived at the service or who visited was made to feel part of the 'Abbeydale family.'

The end of life care ethos at the home was one of exceptional sensitivity, compassion and empathy.

The service had a strong vision and effective values. They had a clear philosophy of care which was centred around 'Excellence comes as standard.' Staff at every level were fully committed to ensuring they were true to their values and this ethos in every aspect of their work.

The registered manager had extremely high standards and was highly proactive. They worked in partnership with other organisations and utilised best practice to positively enhance staff practices and further improve care quality. Our observations and discussions with people led us to conclude that they were highly effective in their role.

The provider and registered manager worked very hard to ensure the staff team were happy in their work. Without exception all of the staff we spoke with told us they enjoyed working at the service and would be happy for their relatives to be cared for at Abbeydale.

Governance systems were focused upon continuous improvement and ensuring effective outcomes for people.

Risks to people's safety and wellbeing were managed in a personalised and safe way. Staff were skilled in balancing positive risk taking with the need to keep people safe.

People told us they felt safe and effective systems were in place to protect people from the risk of abuse.

The provider had acted upon the feedback in our last inspection report and improved the way medicines were managed at the home. Medicines were managed in a safe and personalised way.

Sufficient numbers of staff were working in the home to ensure people received prompt care and support. Staff had time to chat with people as well as completing care tasks. Staff were recruited safely to help ensure they were of suitable character to work with vulnerable people.

The home was clean, well maintained and suitable for its purpose as a care home. The provider took people's needs and preferences into account when adapting and decorating the environment. Overall we found the environment was safely maintained with checks and control measures in place to reduce potential risks. However, a more comprehensive fire risk assessment was required. The registered manager arranged for this to be completed.

Meal times were a real occasion in the home and people received high quality, varied and nutritious meals. People had a say in what food and drink they consumed and were regularly offered choices. Nutritional risks were well managed and staff had a good understanding of how to meet people's specific dietary needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's consent was sought before care and support was offered. We found the service was compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty

Safeguards (DoLS).

The service worked well with a range of health professionals to deliver effective care. Health professionals provided positive feedback about the standard of care provided and told us staff adapted their approach to ensure they met peoples' changing 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.

Medicines were managed safely.

Staff had a proactive and personalised approach to risk management. People were protected from the risk of abuse.

Staff were recruited safely and there were sufficient staff to meet peoples' needs.

The home was cleaned and maintained to a high standard. Overall, the environment was safely maintained.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent and worked in line with the requirements of relevant legislation such as the Deprivation of Liberty Safeguards (DoLS).

Staff were skilled, knowledgeable and received effective training and development.

People's healthcare and nutritional needs were met.

People told us the quality and variety of food and drink was excellent.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People received exceptionally high quality personalised care.

Staff were extremely kind, highly compassionate and dedicated to delivering an outstanding quality of care.

Staff were highly attentive to people's needs and used innovative approaches to support people to live a full and independent life.

The philosophy of care was exceptionally inclusive; peoples' views were sought and respected.

Is the service responsive?

The service was highly responsive.

People told us the service was highly responsive to their needs.

Staff used innovative approaches and involvement to ensure the care they delivered was truly person centred.

The end of life care ethos was one of exceptional sensitivity, compassion and empathy.

Activities were inclusive, highly personalised and meaningful.

People told us staff made them feel valued and that their opinion mattered.

Outstanding 

Is the service well-led?

The service was exceptionally well led.

The service had a strong philosophy of care, vision and values. Staff at every level were committed to ensure they were true to them in every aspect of their work.

The registered manager had exceptionally high standards and was highly effective in managing the service.

Governance systems were focused upon continuous improvement and ensuring effective outcomes for people.

People provided exceptionally positive feedback about the quality of care they received and told us that no improvements were needed to the service.

Outstanding 

Abbeydale Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 May 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority Commissioning and safeguarding teams to gain their feedback about the service.

During the inspection we spoke with eleven people who lived at the home, four relatives and four visitors. We also spoke with the registered manager, the provider, the administrator, the cook, care co-ordinator, three care workers and a care consultant employed by the provider. We looked at three care plans, three staff recruitment files, medication records, audits, meeting notes, surveys, maintenance records and carried out tour of building. We also spoke with two health professionals about their experience of working with the service.

Is the service safe?

Our findings

There was a person centred approach to medicines management with people getting their medicines at the times they needed them. The care co-ordinator administering medicines had a good understanding of the medicines people took. They were aware of ensuring appropriate gaps between doses of pain relief and ensuring instructions for medicines which needed to be given with or after food were followed. This gave us assurance that medicines were given properly.

Medicine Administration Charts (MAR) were fully completed which demonstrated people had received their medicines as prescribed. Medicines that are liable to misuse, called controlled drugs, were recorded and stored appropriately. When medicines were prescribed to be taken on an 'as required' basis we found there was clear guidance for staff to follow. This helped make sure these medicines were used consistently. Stock checks of boxed medicines took place to ensure all medicines were accounted for.

Since the last inspection, improvements had been made to the management of topical medicines, such as creams. Each person had a lockable cabinet in their room which contained their creams along with topical administration records. We looked at these and saw they were well completed. Medicines audits showed fewer documentation errors were now taking place following the implementation of this system which showed us it was an effective improvement.

Medicines were stored securely. Staff checked and recorded the temperature of the medicines fridge daily. The registered manager informed us there was a fan in the medicines room which displayed the temperature. They said staff checked this regularly to ensure a safe temperature was maintained.

Staff were proactive in assessing risks to people's health and welfare. Risks were managed in a personalised way to ensure the best solution was implemented for each individual. For example, a system was in place to encourage people to manage their own medicines. The approach was personalised to each person's individual needs and preferences. Each scenario was supported by robust risk assessment and recording arrangements to ensure it was safe for the person.

Staff were skilled in balancing the need to protect with enabling people to take positive risks. We saw people freely chose to leave the home to go for walks, shopping and visits whenever they liked. A system was in place where people informed staff if they were going out so staff knew peoples' whereabouts in the event of an emergency. For two people staff recognised there was a risk they could become disorientated when accessing the community independently. Staff had put additional measures in place and used technology to ensure they were kept safe.

Incidents and accidents were recorded and action taken to reduce the likelihood of them reoccurring. We saw following some incidents equipment such as pressure relieving equipment and additional mobility aids were introduced to help keep people safe and reduce risk of reoccurrence. The registered manager reviewed each incident to check appropriate action had been taken. They also looked for trends and ensured any lessons learned were cascaded to staff.

Safe systems were in place to reduce the likelihood of abuse occurring or going unnoticed. People told us they felt safe from abuse. Staff valued people's safety. For example many people had their own telephones in their room and a telephone preference system was in place to help protect people from cold calls or scams. The registered manager had a good understanding of their responsibilities to keep people safe and to report any safeguarding concerns to the local authority and Commission. We spoke with the local authority about a recent safeguarding incident. They told us the response from the registered manager had appropriately balanced respecting positive risk taking with the need to reduce the risk of harm to the person involved. Staff received safeguarding training and understood the different ways people could be subjected to abuse and how to report any concerns they had.

Staffing levels were sufficient to ensure people received prompt care and support. People told us staff were always available to provide them with support when they needed it. One person told us, "Staff come when you press your buzzer, they help you as soon as you need them." Another person said, "plenty of staff". This was confirmed by our observations where we saw staff were readily available to assist people

We saw staffing levels were regularly reviewed. For example shift patterns had been changed to help ensure topical creams were better documented and following feedback from people over call bell response times. We saw evidence that if people were approaching the end of their life an extra staff member was put on shift to provide them with company and support. The provider operated an incentive scheme to reduce staff sickness. The registered manager said staff were extremely good at covering staff absence and sickness and as a result they had never had to use agency staff. This helped ensure people were consistently cared for by familiar faces.

Staff were recruited safely. Potential applicants completed an application form and attended an interview. Background checks including references and a Disclosure and Barring Service (DBS) check were completed to help ensure staff were of suitable character to work with vulnerable people. The registered manager said they were extremely selective about who they employed. We found this approach was effective as all the people we spoke with praised the staff team.

All areas of the building were clean and tidy and we identified no offensive odours. Staff had received infection control training and there was an infection control champion in place to promote good infection prevention practices within the home. The service had received 98.9% in an infection control audit completed by the local authority. The kitchen had received a five star food hygiene rating from the Food Standards Agency, this is the highest rating a service can be awarded.

Overall, the environment was safely maintained. Premises related risk assessments were in place for example relating to the management of the staircases. Checks took place on the gas, electrical, water and gas systems. Safety features were installed such as window restrictors to reduce the risk of falls and radiator guards to protect against burns. Fire checks were undertaken by the maintenance team. The registered manager had completed a fire risk assessment. They had attended a specialist training course to enable them to carry out this assessment.

Is the service effective?

Our findings

People provided positive feedback about the quality and variety of food provided. One person told us, "The food is always first class." Another person said, "I don't know where they get their fruit and vegetables from but they are absolutely delightful, they are always so fresh and juicy." A third person told us, "Food is excellent, there is a set menu but if you don't like it they will make you something else." Another person said, "The chef comes and sees us to ask what we want."

Meals were a real occasion and were personalised to meet peoples' preferences. Tables were laid in a formal way but people could also choose to take meals in their rooms. Where this was the case we saw meal trays were laid with appropriate cutlery, napkins, drinks and condiments so the person could enjoy their meal independently. One person told us they often had their tea in their bedroom so they did not miss their favourite television programme. People were provided with well presented, tasty food which they enjoyed in a relaxed and fun atmosphere. People sat with those who they got on with to promote conversation and ensure people felt comfortable.

People were offered choices of foods and were involved in developing menus. For lunch and the evening meal people had a three course meal with choices for each course, as well as a comprehensive menu available at breakfast time. One person told us they really didn't like fish so they had chosen to have chicken for lunch as an alternative. The chef paid attention not just to the quality of food provided but the manner in which it was served and presented. For example, at lunchtime the mozzarella and tomato salad was served with drizzled olive oil and cracked black pepper. Many people spoke about the food as being "Restaurant standard." We sampled the lunch time meal and found the food to be very high quality and nutritious.

People's weights were monitored and if needed supplements or fortified food were provided. The chef had a good understanding of people's specific nutritional needs and preferences and how to meet them. For example, alternative puddings, biscuits and snacks were made and sourced for people who lived with diabetes.

People had access to drinks and snacks throughout the day. We saw jugs of various fluids and a bowl of fresh fruit in the lounge which we saw people helping themselves to throughout the day. Staff also actively encouraged people to drink plenty of fluids. Before lunch people were offered a glass of sherry. Many people also had a glass of wine with their lunch and we saw jugs of water and glasses were on the table so people could help themselves throughout the meal.

One person's care records showed they were at risk of dehydration. Staff completed a fluid chart each day so they could monitor how much fluid the person had consumed. We saw staff actively encouraging this person to drink as much as possible. However there was no daily fluid target on the monitoring chart so that staff were aware how much fluid the person should be aiming for each day. National Institute for Health and Care Excellence states people should aim to consume 30-35mls of fluid per kilogram of body weight each day. The registered manager was not aware of this guidance but said they would take action to ensure personalised fluid intake targets were set.

The building was maintained to a very high standard with high quality furnishings and immaculate décor. The provider had considered people's needs when refurbishing the home. For example, colourful garden furniture had been purchased to help visually impaired people navigate around their surroundings. There were several communal areas where people could spend time both privately or with others, including numerous lounges, and a dining area. Most bedrooms were spacious with an additional seating area where people could relax privately with their families and friends. People were encouraged to personalise their bedrooms with their own pictures, ornaments and furniture to ensure it was a home from home environment. The home had a large and very pleasant garden area. The garden had won Ilkley and Yorkshire in Bloom gold awards for the last few years and people told us how much they enjoyed sitting in and looking at the garden. During the inspection 5000 bedding plants were delivered to ensure the garden remained colourful throughout the summer months. The maintenance team in conjunction with people who used the service were due to plant these to ensure people were involved in the creation and maintenance of the award winning garden area. The registered manager had purchased gardening tools and gloves to help support people with this.

People told us staff helped them to maintain good health. One person said, "If I ever feel unwell they get the doctor in to see me as quick as a flash so I never have to worry." Staff worked in partnership with a range of health professionals to ensure people maintained good health. The feedback from health professionals about the standard of care provided and the knowledge and attitude of staff was positive. One health professional said, "Staff take advice well, refer appropriately and are eager to learn." Another health professional told us, "I always feel the staff know the patient well, and their relatives and any medical history."

The registered manager had introduced transfer forms to document key information when people accessed other services such as if a person was admitted to hospital. These contained key information about the person's current needs and a checklist to ensure staff remembered to do key actions such as provide a full handover of the person's prescribed medicines. This helped ensure a smooth transition when people moved between services.

The telemedicines system was used in the service which meant staff had access to health professionals for advice through video link. This could help to reduce the need for people go to hospital. The registered manager provided examples where this scheme had been used effectively to prevent hospital admissions and ensure staff had access to prompt clinical advice. Where people did need to go to hospital the provider told us a staff member would stay with them and if they needed to be admitted then either the registered manager, provider or staff would visit a minimum of every other day to help ensure people had support from staff who were familiar to them throughout their stay.

The registered manager had introduced staff champions in a number of areas including health and wellbeing, infection control, pressure area care, continence and medicines. These were staff who had shown a specific interest in these areas and were essential to bringing best practice into the home, sharing their learning and supporting staff to ensure people received good care. Responsibilities were included within staff job descriptions to ensure the role was formal and meaningful. We saw evidence practice had been improved through the roles of champions. For example the topical medicines champion had helped to check and improve the quality and consistency of topical medicine recording.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and care staff had a good understanding of these pieces of legislation, when they

should be applied and how they impacted upon their work.

People had their capacity assessed. Where appropriate for people's safety staff had applied for DoLS authorisations to lawfully deprive people of their liberty. At the time of our inspection there were no authorised DoLS however the registered manager had a good understanding of what actions to take if DoLS applications were approved in the future.

A comprehensive staff induction took place. New staff were required to read all policies and procedures, meet residents, families and colleagues. They also completed a trial shift where their staff capability and competence was assessed by management, staff and people who used the service. This ensured all relevant stakeholders were involved in the induction process. New staff completed a range of training which was a mixture of workbooks and face to face training. Where staff did not have previous experience of working in care they were required to complete the Care Certificate. This is a government recognised training scheme, designed to equip staff new to care with the required skills for the role.

Existing staff received regular training updates, delivered through workbooks and face to face training. Health professionals had also delivered training in areas such as end of life care to ensure staff worked to the latest best practice guidance. A training matrix was maintained to keep track of when staff training was due. We looked at this and saw training was kept up-to-date.

A pro-active support and appraisal system was in place for staff. For example three reviews took place with staff during their induction to check their performance, training needs and overall wellbeing. Each staff member had a named mentor who they could go to for support. Staff received regular supervision and appraisal through a 'Performance management – self assessment and progress review. Staff and management assessed each person's performance against the service's values, with agreed actions being put in place to continually improve performance. This helped ensure staff consistently worked to the service's values.

The registered manager informed us that the service had been accredited by Investors in People. This is an international quality standard which assesses the people management practices of an organisation. They said that no areas of further development were required.

Is the service caring?

Our findings

People provided exceptionally positive feedback about the standard of care provided. One relative told us, "It is absolutely five stars. It's not a care home, it's a hotel for older people. The standard of care, the building, the gardens, the staff; everything is absolutely top class." A person who used the service told us, "Of course I wish I could still live in my own home, but as I know that I can't this place is the next best thing, it's brilliant, everything is first class."

People told us that, without exception, staff were very kind and caring. Comments included; "Fantastic staff, all very good. Polite and go out of their way to help you." "Never known such kindness patience, they are lovely, always nice to me." "We are well seen to, very thoughtful, they do anything for you, I don't know how they pick them but they are all fantastic." "Staff are excellent, I cannot give them enough praise, the ambiance is always good." "All ever so kind."

Staff had an excellent attention to detail. They took simple but effective actions to ensure people received a very high standard of personalised care. One person told us, "They [staff] will do anything for me, it's the little things, I appreciate, like getting a vase for me for the flowers that I received." Another person told us how they appreciated that staff took them back to their old home, to support them to pick up and open their mail. Another person said, "Staff try everything to make sure people are as happy as they can be. They have really gone above and beyond to make sure I feel settled and safe." We saw examples where staff went the extra mile to ensure people experienced exceptionally high quality care. For example, on the morning of our inspection staff heard a person saying that they fancied a steak. Staff asked them what type of steak they would prefer and then went to the local butchers to purchase their preferred cut of meat. This was prepared for the person's lunch and served with vine roasted tomatoes and homemade chips. This showed us staff had put thought into preparing a high quality personalised meal. The person told us the meal was, "Beyond delicious and so perfectly cooked, the steak melts in your mouth."

People were treated with a high level of dignity and respect. The service was constantly looking at ways to improve in this area. The service had undertaken a review of dignity within the home and made some positive improvements. For example incontinence pads were now kept in discrete decorative boxes in the bathroom areas rather than being on show. Also, when staff delivered personal care to people, they now put a discrete star on the door to let their colleagues know personal care was being delivered, reducing the chance of them being disturbed. A high level of thought went into every aspect of the service to ensure people and their possessions were well respected. Only trained laundry staff were permitted to wash and dry clothes for people. This ensured people received an exceptionally high service and reduced the chances of clothing being damaged or lost. Some people had items which required specialist laundering and the skills of the laundry staff ensured this was done effectively.

Staff fully supported people to maintain and develop the confidence and skills to live a full and independent life. We saw personalised plans were in place for administering people's medicines. This ensured people could maintain control of taking their own medicines where ever this was possible. One person was able to take most of their medicines independently. However, they received support from staff with one medicine

because the tablets were very small so they struggled to get them out of the packet. Some people had specialist cutlery at mealtimes to assist them to eat. Where people had chosen boiled eggs for their breakfast we saw they were provided in an egg cup with a longer spoon which enabled them to scoop all of the egg out themselves and maintain their independence.

Staff used innovative approaches to ensure people's independence could be maintained. For example, staff recognised two people sometimes became disorientated when they went into the local community. Staff worked with both people to develop a solution whereby they agreed to take a mobile phone with a tracker with them. This meant they could continue to be independent and visit shops and local attractions. In the event they did not return to the home when they said they would, staff could contact them to check they were safe and, if needed, use the tracker to find their location and collect them. Another person had a passion to grow herbs. The service had a greenhouse on site and supported them to grow their own herbs which were then used by the kitchen.

Health professionals spoke about staff having a positive focus to ensure they encouraged the best out of people. One health professional told us, "There is a positive culture whereby staff focus on what people can do for themselves, not what they can't do. This definitely impacts upon people's experiences and confidence." Another health care professional told us, "They offer a very caring residential environment for residents who are very well looked after."

Staff were highly attentive to people's needs. They responded to people's changing moods with compassion and ensured people received emotional support when they needed it. During breakfast we saw one person was becoming unsettled and upset. Staff quickly recognised this and took time to calm and reassure the person before their anxiety developed. Staff were sensitive, patient and showed genuine empathy for the person. They used their knowledge about the person to engage them in a positive conversation about topics which were important to them. They asked the person if they would like to come to the local supermarket to help with the food shop. The person said they would really like to do this as it made them feel "Important," so staff arranged it. We could tell that performing this task had a positive effect on the person's mood and wellbeing because when they returned from the shops they were more relaxed and were smiling. Through this inclusive and sensitive approach staff made a positive difference to the person's day.

We were impressed by how people were involved in day to day life within the home. During our inspection a staff member was finishing for maternity leave. Throughout the morning a card was provided for everyone living at the home to sign if they chose to. People were told there would be a presentation in the dining room after lunch. During the presentation the staff member was given a gift and the card. People were fully involved in this celebration, helping to say goodbye sharing in laughter and jokes. A person told us proudly, "This is typical, we have celebrations for everything".

Special events such as birthdays were celebrated by the service. The registered manager bought individualised presents for each person. People received a cake and took part in a celebration with others who used the service. People also told us they were most impressed by the Christmas celebrations in the home. One person said they had been feeling anxious because it was their first year in the home. They said that the experience was wonderful with a big celebration taking place in the lounge, full of families and children which had made them feel very content and happy. Another person told us, "Christmas is an absolute joy here. We all get presents, families are welcomed and it's trimmed up beautifully. I forgot how magical Christmas could be until I moved here."

People were treated as individuals. Staff interactions with people were considerate and they gave people time to respond to questions. People were encouraged to express their views and staff had respect and

regard for what people told them. One person told us, "Staff listen to me and seem genuinely interested in what I have to say. That makes me feel valued and respected." Another person told us, "It's fantastic, staff are so amenable and helpful. They are always polite and respectful." We saw that where people were sat chatting together, such as in the lounges or at mealtimes, staff were mindful not to interrupt people's conversations. Where staff needed to ask a person something they always began their sentence with "I am really sorry to interrupt." This showed they respected people's conversations. Where staff asked people if they needed support this was also done discreetly to ensure people's privacy was maintained.

Despite knowing people exceptionally well staff did not speak for people and were mindful to ensure people were always offered choices. For example we overheard a staff member asking a person what they wanted for breakfast. The person said "the usual," staff immediately knew this was cornflakes with hot milk which was then provided to them. During lunch we saw one person asked for additional butter for their potatoes. Staff brought them an individual pot of butter to spread and a pot of butter which had been melted. They explained what both were and left them both on the table for the person to choose which type of butter they preferred. After the meal had been served people were asked if they wanted a choice of tea or coffee. Staff asked one person if they wanted their favourite hot drink which was Camomile tea. Staff then asked if they wanted the tea bag leaving in and whether they would prefer a cup or a mug. Their preferred option was promptly brought.

The atmosphere within the service was welcoming, relaxed, and calm. Staff ensured people's friends and relatives felt part of the 'Abbeydale family.' Staff were very attentive to visitors and relatives and seemed to have built strong relationships with them. We saw a number of people being brought the telephone so they could speak with their loved ones and staff asked one person if they wanted to video call their relative who lived abroad. Staff politely greeted visitors, offered them drinks and made them feel welcome. In one case visitors were waiting for their friend to return from an appointment. Staff encouraged them to relax in the lounge and brought them a tea tray. This helped to ensure they felt welcome and relaxed. One of the visitors told us, "They always make us feel like family when we visit, it's so homely and family orientated. I really hope I can come to live here when I need extra help."

Staff had genuine affection, warmth, and compassion for the people they cared for. It was clear people had developed exceptionally strong relationships with staff. This was widespread throughout the staff and management team. We saw both the provider and registered manager dancing and laughing with people throughout the inspection. We also saw the husband of the provider warmly greeted people as they arrived in the dining room at lunchtime. It was clear from the smiles and body language of people that they appreciated this. Staff complimented people on their appearance throughout the day which made people smile and started conversation. For example one staff member said "I love that green you have on", after asking them how they were and if they needed anything. In the afternoon, we saw staff offered ice-creams to people and sat with them in the sunshine engaging in conversation. This level of interaction from all levels of staff made for a very pleasant and inclusive care experience.

Staff delivered a highly personalised service which took account of people's individual needs. For example people's cultural and religious needs were assessed and a range of religious clergy visited the home to help meet people's spiritual needs. On the day of our inspection we saw the local vicar attended the home to take holy communion with those people who wanted to. As it was a sunny day staff arranged for this to take place outside so people could still enjoy the nice weather.

People were provided with information about the Equalities Act 2010 and how it may impact upon the care they received. Care records contained a diagram which explained the key principals of the Act. Personalised needs assessments were completed which contained information about protected characteristics and what

additional support people may require. For example, we saw details within one person's care plan to highlight they had a visual impairment and therefore required policies and procedures in alternative formats. The person told us staff had arranged for them to have key documents in large print but since their eye sight had further declined they now received these in audio format which was more suited to their current needs.

Is the service responsive?

Our findings

People told us the service was highly responsive to their needs. One person said, "Staff are flexible to my needs and requirements. They give me everything I need, and more." Another person told us, "If there is something you do not like, they will alter it." Another person said, "I feel so well cared for, I never want to go anywhere else." The feedback from health professionals was also very positive. One health professional told us, "The standard of care is absolutely fantastic. Over the past year staff have become more focused on rehabilitation in response to some people developing more specific needs. Staff focused on learning all they can from me to adapt their support so that people can regain their skills and independence. I have several strong examples where we have worked together to get positive results for people and to help improve their quality of life." Another health professional told us, "I would send my relatives to live at Abbeydale." Another health professional had written in the visitors' book to say, "A professional and caring home for the elderly, one of the best in my opinion."

Staff used innovative and highly personalised approaches to create bespoke plans of care. Through involving and consulting people staff ensured these plans were truly person centred. For example staff had noted one person became distressed after having their hair cut at the in-house salon. Staff worked with the person to understand why and discovered it was because they thought they were in Ilkley town centre and needed transporting back to the care home. An individualised and creative plan of care had been put in place, whereby after the person's haircut, they would get a taxi to Ilkley, have a look around and then come back to the home. This helped re-orientate them. The person had agreed to use a tracker on their phone and had a business card with the home's contact details which helped mitigate the risk to an acceptable level to allow them to access the community independently. This approach had been effective in reducing distress for the person.

Staff proactively sought creative solutions. For example, the registered manager had identified an increase in urinary infections in the home. After consulting staff they identified it was often difficult to accurately track peoples' fluid intake. They recognised it was not appropriate for everyone to be on a fluid chart so actively sought an alternative solution. Their research led them to order 'dot bottles.' These are a plastic drink bottle with a tracker on the lid. At the beginning of the day the bottles were reset. Each time a person's bottle was refilled the top was clicked and a dot appeared. At the end of the day staff added up the number of dots on the top of the bottle to work out how much fluid each person had drunk. Staff reviewed this throughout the day and during handovers so they could identify if anyone had not had sufficient fluids. This then enabled them to speak with the person and encourage them to drink more. Most people had their own dot bottle with their name on. People told us they liked using the bottle as it helped them remember to drink. Some people had chosen not to use the dot bottle. One person with a visual impairment found it did not meet their needs. So staff arranged for the person's fluids to be provided in a jug so they could count the number of jugs they had taken during the day. We saw the number of urinary infections had reduced since the introduction of the bottles, which showed this was an effective solution.

Without exception people all told us their specific care needs were met by the service. We saw people looked very well presented and clean which gave us assurance that personal care needs were met. One

person told us they liked to have a shower every morning and staff consistently supported them to do this. Another person told us, "I can have as many baths a week as I like, which is wonderful, staff make it nice and relaxing with bubbles and give me privacy."

The service was meeting the Accessible Information Standard. The Accessible Information Standard aims to ensure people who have a disability, impairment or sensory loss get information they can access and understand. The registered manager had been on training and had put their learning into practice. People's communication needs were comprehensively assessed and key information and the environment was made accessible to people. A number of people who used the service were visually impaired. Staff had referred them to the Royal National Institute for the Blind to ensure they were provided with support and resources to help meet their specific needs.

A great deal of thought had gone into making adaptations to meet people's needs. For example key documentation such as the Service User guide, CQC Provider Information Return and residents' meeting minutes were available in audio format which people had enjoyed listening to. This was an excellent way to promote understanding amongst people about the home's purpose, what it was doing to meet CQC standards and the improvements it planned to make in the future. Staff had carefully considered which format was best for each individual person. Some people liked to use the computer so these documents were copied onto a USB stick for them to use. For people who did not like using the computer the provider had purchased a portable USB player so they could listen to them that way. Another person liked to use the CD player in their bedroom so documents were copied onto CDs for them. People we spoke with were very knowledgeable about the home and how it operated. This gave us assurances that these methods of communication were very effective in ensuring they received the information they needed.

Staff approached end of life care in a respectful, sensitive and personalised way. Staff received specialised training to ensure they had the skills to support people to have a comfortable and pain free death. An end of life champion was in place who was essential to promote best practice, share learning and support staff to ensure people received high quality compassionate end of life care. The service had also adopted the Gold Standard Framework. This is a national initiative which focuses on improving training, understanding and care planning to improve the quality of care people receive at the end of their life. The registered manager told us when a person passed away they held a meeting with staff to ensure they were provided with appropriate emotional support to come to terms with the death and to reflect upon how well staff had met their wishes. This ensured they could review whether the person had received a dignified death and if there were any improvements which needed to be made in the future.

Care plans were bespoke and demonstrated staff had spoken to people and their relatives to help establish their end of life needs and wishes. Staff used this information to produce personalised care plans and to ensure people's cultural and spiritual wishes were respected. Staff involved and supported people's friends and relatives and ensured they received appropriate emotional support as their loved ones neared the end of their life. We saw a number of thank you cards which had been written by relatives whose loved ones had passed away at Abbeydale. The comments made were very positive and showed relatives felt staff delivered highly compassionate, respectful and personalised end of life care. A comment in one card said, "I can not quite find sufficient superlatives to thank you for the outstanding care and love that you gave [person's name] in her final months. You gave her a new spring so that her 'Tigger gene' returned."

There was an excellent range of activities available to people. The service had a car and minibus to ensure maximum flexibility in helping people to access the community. Each week, four trips out took place, which were flexible depending on where people wanted to go. The recent newsletter stated people just needed to let the bus driver know where they wanted to go, and this would be arranged. This demonstrated people's

views and preferences were at the heart of activity provision. During the inspection the weather was fine, and people were taken to a local park. Recent trips to the Yorkshire Dales, to view the Tour de Yorkshire and to the theatre had also taken place. One person told us, "I really do enjoy the trips out and the things they arrange for us to do, they seem to put a lot of thought into it. They are always looking for local events and shows to take us to." Another person said "I went to the Tour de Yorkshire and enjoyed the atmosphere."

As well as employing drivers, a number of activities staff worked in the home and provided in-house activities. A great deal of thought had gone into arranging their hours around people's individual needs. For example one activities co-ordinator worked between 6pm and 9pm, to enable them to play games, such as scrabble, with those people who liked to be occupied in the evening. Staff organised a 'Downton Abbey' night every Friday where they played an episode of the television series on a big projector screen and staff provided popcorn and snacks. The registered manager explained this was a very popular 'event' in the home and people liked to discuss the plot together over a glass of wine. People had their own newspapers delivered and told us they liked being able to choose what newspaper they received. Some people liked to knit so staff ensured wool was available throughout the home to enable people to pursue this hobby. The service had a cat and the Registered Manager brought their dog into the home each day. Many people enjoyed petting and playing with the dog and some helped take it to a local park for a walk.

External entertainers including a pianist also visited the home. During our inspection we saw a Pilates instructor attended to hold an exercise class with people. One person told us they particularly liked this class and had seen a real benefit to their posture and mobility since taking up Pilates at Abbeydale. Another person told us "I really enjoyed the garden party we had to celebrate the royal wedding last weekend. People's friends and relatives came. We had flags, freshly baked cakes, prosecco and strawberries. We sat outside and enjoyed the lovely sunshine and they had the wedding playing on a large projector screen, I felt like I was at the wedding myself!" Another person told us, "They keep us nice and entertained. Yesterday was a fabulous day, we all sat outside in the garden, we had a glass of wine and cake, there was lots of laughter and happiness."

Staff considered people's individual sensory and mobility needs when arranging activities. Staff had implemented a person centred activities plan to support a visually impaired person who liked to keep their hands busy. They had arranged for a pottery instructor to come to the home so the person could participate in pottery creation, which provided sensory stimulation for them. This person was also making individualised lanyards for the call bell system and had also set up an audio-book club. They told us they had enjoyed these projects and felt the book club was a really good way to help them and other visually impaired people to maintain their interest in books. This us showed staff were creative in thinking of ways to provide this person with personalised and meaningful occupation.

The service had an innovative and inclusive approach to using technology to help improve care quality. There were several computers around the premises for people to use. These had a specific touch-screen operating system with simple commands such as photographs, videos, email and internet along with a large keyboard and adapted mouse to promote accessibility and use. We saw people used these to keep in touch with their loved ones, and staff were more than willing to teach people to use this system. One person said "Staff are going to set me up on the computer so I can communicate with the family." The registered provider had also invested in purchasing a specialist inflatable lifting cushion to assist people when they fell. This helped the service be more responsive and ensure people were rapidly made comfortable following falls.

The provider had an effective system in place to manage and learn from complaints. Only one complaint had been received in the past year and this was being investigated at the time of our inspection. We saw the

complaint was fully recorded and was being investigated in line with the provider's policy. The registered manager told us that they used any comments and complaints as an opportunity for learning and reflective practice and were always keen to try and improve their systems and processes wherever issues were identified. The provider also kept a record of compliments so they knew where they were meeting and exceeding people's expectations. Information on how to complain was made available to people who used the service. People told us they had no concerns or worries but if they had an issue they felt able to speak with any member of staff. People told us staff made them feel valued and that their opinion mattered.

Is the service well-led?

Our findings

People knew the management team and said they were friendly, approachable and effective in their role. People were particularly complimentary about the commitment, enthusiasm and approachability of the registered manager.

Abbeydale is a family run service. The registered manager and provider recognised that this had advantages such as being able to address issues promptly. They also recognised potential challenges and had put measures in place to address them. For example, since our last inspection the provider had arranged for additional support to be provided through external consultants. We saw evidence of a number of positive improvements made based on their feedback. The inclusion of consultants enabled the registered manager to obtain another perspective and fresh ideas to help drive improvement. It also provided an additional layer of governance to ensure constructive challenge and an independent review of practices, systems and processes. The consultants also provided staff with an alternative contact outside of the family to raise issues with.

The provider and registered manager worked very hard to ensure the staff team were happy in their work. Without exception all of the staff we spoke with told us they enjoyed working at the service and would be happy for their relatives to be cared for at Abbeydale. One staff member told us, "The quality of care is brilliant and second to none. Without doubt, the people who live here always come first. It's also an empowering culture for staff because they always ask your opinion on things, involve you and listen to you. The manager makes you feel like you matter." Another staff member told us, "I have stayed working here because I love it so much. The residents always come first and I like that. They are always open to suggestions and we are always encouraged to feedback issues. If you go to the manager they are really responsive, they want to fix things straight away and will always make improvements if they need to." This high level of staff satisfaction directly reflected in the quality of care provided with many people commenting that staff seemed to be very happy in their role and in caring for people. One person told us, "It's like one big happy family here, staff are so lovely and seem to really enjoy looking after us."

Health professionals told us that the service was well managed and staff were directed to focus on positive outcomes for people. One health professional told us, "Staff are really keen to learn and improve their practices to help improve outcomes for people."

The service had a clear philosophy centred around 'Excellence comes as standard.' We found the service was true to this ethos and provided exceptionally high quality care. The management team told us they aimed to deliver a five star experience in every area of service delivery and a great deal of thought went into ensuring this happened.

We found the entire staff team to be highly effective. The registered manager had exceptionally high standards and was very proactive in managing and overseeing the day to day running of the service. Each role had clearly defined responsibilities and there was a clear daily routine with tasks delegated to different members of staff. Throughout the day the registered manager regularly checked to monitor staff's

performance and ensure excellent standards were maintained. We saw several examples of how this benefited people. For example, a large maintenance team was in place to ensure the building and garden was maintained to an extremely high standard. During the inspection we saw the team tending to the grounds, and operating a sprinkler system to keep the vegetation watered. The garden was clearly very important to people who used the service. People regularly complimented it and said how much they enjoyed spending time in it. Dedicated specialist laundry staff ensured people's clothing was appropriately labelled to prevent it going missing. We saw laundry returned to people's rooms was beautifully folded and well presented for people in fitting with a five star service.

The service had a well-defined set of values which were fully embedded. The values were; 'care', 'compassion', 'adaptability', 'respectfulness' and 'empowering'. Staff carried around a card reminding them of these values and when we spoke with them gave strong examples of how they achieved these values in their day to day work. Staff's performance was assessed against the values during performance meetings. If they were not meeting the values they were assigned specific actions to ensure they reached the required high standards.

The registered manager only recruited staff they knew could meet their high standards and would live the services values. Interview questions were based around the values to ensure staff were able to be true to them. People who used the service assessed staff character and suitability when new staff completed their trial shift. We also saw people were asked for their feedback on members of staff through residents meetings so the registered manager could ensure they were an appropriate fit for the people living at the home and met their high standards.

People provided exceptionally positive feedback about the quality of care they received and told us that no improvements were needed to the service. One person said, "It doesn't matter what occasion, they [staff] will rise to it." When we arrived in the morning the staff team greeted us warmly and introduced themselves to us. They told us they looked forward to our inspection to demonstrate the good work that they do. We saw without exception, highly compassionate and person centred care practices within the home. Staff consistently interacted with people in a positive, kind and compassionate way, which made for an inclusive and supportive atmosphere. We concluded the service was true to their values.

The registered manager worked in partnership with other organisations and utilised best practice guidance and research initiatives designed to further develop the service and positively enhance staff practices. For example, the registered manager had read that air purifier units can reduce airborne particles such as viruses and bacteria so had installed an air purifying unit within the lounge. They were monitoring the frequency of infections to determine whether this had a positive impact for people. The registered manager had also been involved in a local authority review of safeguarding practices and policy, which demonstrated their willingness to be involved in the creation of new guidance and policy. The service was encouraging people who used the service to be involved in research work being completed by a university student around reminiscence. As well as providing future results to inform best practice, this would provide enhanced conversation and companionship to people who used the service.

The registered manager reviewed patient safety alerts and considered any potential impacts and risks for the service or to people who received care. For example, information regarding a recent safety alert in relation to the risks associated with paraffin based creams had been discussed with people who were prescribed these items and was included within medicines risk assessments.

The service had worked effectively with the local GP practice to utilise homely remedies to benefit people. For example, a number of people had previously been prescribed Vitamin D supplements. (The National

Institute for Health and Care Excellence recommends Vitamin D supplements in the over 65's.) However Vitamin D was no longer locally available on prescription. To ensure this did not adversely affect people, the service had supported people to purchase Vitamin D from a supplement supplier and supported people to take it with agreement from the local GP practice. This ensured people still had access to a beneficial supplement.

A system of comprehensive audits and checks was operated by the management team. We saw these were effective in driving improvements. For example medicine audits were conducted each month. The number and type of medicine errors was analysed each month. In doing so the registered manager had identified an increased number of errors in relation to topical creams. This led them to review and revise the entire system for managing topical creams in the home, which included building a new medicines room. These improvements had resulted in a reduction in the number of medicines errors. Audits were also completed in other areas such as staff files, care records and the environment. Spot checks regularly took place on each resident look at whether they were receiving a high standard of care. We found these systems were all effective as a consistently high quality of service was maintained.

Governance systems were focused upon continuous improvement and ensuring effective outcomes for people. For example through comprehensive monitoring of all incidents, accidents, hospital admissions and infections which occurred in the home the registered manager identified an increase in urinary tract infections. This prompted them to introduce a campaign to increase fluid input within the home. They raised awareness with people and staff and introduced specialist fluids bottles to monitor consumption. Since implementing this initiative, the monitoring showed a significant reduction in urinary tract infections. The service also had recorded evidence through robust monitoring that hospital admissions had also been reduced through using the tele-medicines scheme and implementing hospital avoidance plans. This demonstrated the service was highly effective in continuous improvement.

People who used the service were actively encouraged to share their views about how the service could be improved. Regular residents meetings were held. They were used as a genuine opportunity to involve people in having a say on the day to day running of the home. For example; what meals people wanted to be included on the menus and ideas for trips out and activities. The service valued people's feedback and used it to make changes to the service. For example staffing levels had been increased following people's feedback about call bell response times. We saw a recent quality survey had been undertaken which showed people, relatives and health professionals gave the service 100% in feedback focused around the CQC five inspection domains. This was in fitting with the feedback we received from people.