Care Quality Commission

The Abbeyfield Kent Society

Abbeyfield Edward Moore House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 4 and 5 October 2017 and was unannounced.

Abbeyfield – Edward Moore House is a care home providing accommodation and personal care for up to 39 older people. The service also offers a respite care service to enable people to stay in order to give their relatives and carers a break. At the time of our inspection 35 older people were living at the service, many of whom were living with dementia. Some people had sensory impairments and some people had limited mobility.

The service has a registered manager who was available and supported us during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 6 October 2016 the service required improvement and we made two recommendations. These were about medicines management and staff supervisions. At this inspection we found that the provider had implemented our recommendations.
People were supported by staff who were trained to recognise the signs of abuse and who knew how to report concerns they had about people's safety. Checks were carried out on all staff so that that they were fit and suitable for their role.

Staffing levels had been reviewed and recruitment had started to ensure there was an additional member of staff on duty during the day in order to meet people's needs.

Staff were trained in the safe administration of medicines, gained people's consent before giving a person their medicines and appropriate records were kept.

People's care plans and risk assessments contained information about their personal history and support needs that enabled staff to support them safely. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

The environment was clean and had a number of design features which benefitted people living with dementia including themed areas, clear signage and books available to look at.

People had their health and nutritional needs assessed and monitored and referrals were made to health professionals when their needs changed. They were offered a choice at mealtimes which took into consideration their dietary requirements.

New staff received an induction which included shadowing existing staff. They were provided with a regular programme of training in areas essential to their role. Staff had received training in the Mental Capacity Act 2005 and understood its main principles. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager had submitted DoLS applications to ensure that people were not deprived of their liberty unlawfully.

Staff communicated with people in a kind manner and treated them with compassion, dignity and respect. Staff had developed positive and valued relationships with people and their family members. The service had received a number of compliments about the caring nature of the staff team.

A plan of care was developed for each person to guide staff on how to support people's individual needs. Information had been gained about people's likes, and what was important to them. These were regularly reviewed so that they contained the right information for staff to be able to support people. The service planned to develop a one page profile for people and staff and to match people who shared similar interests.

People were offered a range of activities which included sensory activities that took into consideration the needs of people living with dementia.

There were systems in place to monitor the quality of the service, which included gaining the views of people and their relatives. People felt confident to raise a concern or complaint.

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.

Staff knew how to recognise any potential abuse to keep people safe.

Potential risks to people were identified and measures were in place to minimise them.

People received their medicines as prescribed.

There were sufficient numbers of staff to care for people in a safe way. Recruitment processes included checks so that only suitable staff were employed.

The service was clean and working practices were in place to minimise the spread of any infection.

Is the service effective?

Good

The service was effective.

People's health care needs were assessed and monitored and advice was sought from healthcare professionals when required.

People's dietary needs were met. They had access to food options that promoted their health and wellbeing.

People were supported by staff, who had been appropriately trained to understand their needs .

The needs of people living with dementia had been taken into consideration in the design of the environment.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people and treated them with kindness, compassion and respect.

People's privacy and dignity was respected by staff.

Staff showed concern for people's well-being in a caring and meaningful way and responded appropriately to their needs.

Is the service responsive?

Good

The service was responsive.

People's care plans had been developed to include people's life history and what was important to them.

People were encouraged to participate in meaningful activities, which were person centred and included community trips.

People and their relatives knew how to raise concerns and complaints.

Is the service well-led?

Good

The service was well-led.

The quality of the service was monitored through regular audits were effective in highlighting areas requiring further improvement.

The management team were clear and about the vision and values of the service and led by example.

People's and relatives views about the service were sought and acted on.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 4 and 5 October 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had returned a PIR, within the set time scale. We also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we joined people for lunch in both dining rooms and a group of people who were engaging in armchair exercises. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with nine people who lived at the service and four relatives. We spoke with the registered manager, deputy manager, administrator, two senior carers, two care staff, activities coordinator, cook, maintenance person and laundry assistant. Positive feedback was obtained from a district nurse, two care managers from the local authority and a hospice nurse.

We looked at records held by the provider and care records held in the service. This included six care plans daily notes; safeguarding, medicines and complaints policies; the recruitment records of the five most recent staff employed at the service; the staff training programme; medicines management; complaints and

compliments; meetings minutes; and health, safety and quality audits.

Good

Is the service safe?

Our findings

People and relatives said that people were safe living at the service. One person told us, "I feel as safe as anybody else as it's nice and calm". One relative told us, "Mum is safe and secure here" and another said, "Sometimes people shout but it is usually quiet and calm here". People were relaxed in the company of staff, who offered them reassurance if they became anxious or upset. A social care professional told us, "It is safe here".

At the last inspection on 6 October 2016, it was recommended that the service consider current guidance on the safe management and storage of medicines as the medicines trolley was left unlocked and unattended in the lounge. There was a risk people could have access to other people's medicines which may cause them harm or prevent the other person from being able to take them. At this inspection on 4 and 5 October 2017 the medicines trolley was locked at all times when it was not in use. Medicine storage was well organised to make it easier to access each person's medicines when required and those with a short shelf life were dated to ensure they were used within this period. The temperature of places where medicines were stored, including the fridge, was regularly taken so that they were kept at the correct temperature to maintain their effectiveness.

The service had a medicines policy that gave guidance to staff on how to order, receive, store, administer and dispose of medicines safely. Staff who administered medicines demonstrated they knew how to put this guidance into practice. They explained to each person that they had their medicines, gave them a drink and asked the person or checked that they had taken their medicines before signing the medicines administration record. Guidance was in place for people who took medicines prescribed as 'when required' (PRN) so they were administered according to people's individual needs. During the inspection people were asked if they were in pain and their response used to determine whether to give pain relieving medication. Body charts were in place to clearly identify to which part of a person's body a prescribed cream needed be applied. Medicines checks were carried out in line with the provider's policy to ensure there was a clear audit of all medicines entering and leaving the service.

Controlled drugs were stored safely. Staff checked stock levels of controlled drugs (medicines requiring closer monitoring and extra security) daily and records were made in the controlled drugs register. Some people were prescribed medicines administered in a patch. Staff recorded where on the body these were applied. This meant staff could check that they were still attached to the person and new patches could be applied to a different area of the body to prevent skin irritation.

The service had a safeguarding policy which set out the definition of different types of abuse, staff's responsibilities and the contact details of the local authority safeguarding team, to whom any concerns should be reported. The service also had a copy of the document 'Multi-agency safeguarding vulnerable adults: Adult protection policy, protocols and guidance for Kent and Medway'. This contained guidance for staff and managers on how to protect and act on any allegations of abuse. Staff received training in safeguarding, knew what signs to look out for and felt confident the management team would listen to and act on any concerns they raised. Staff knew how to "blow the whistle" which is where staff are protected if

they report the poor practice of another person employed at the service, if they do so in good faith. The management team understood when and to whom they should report safeguarding concerns. The service had undertaken investigations in a timely manner when requested by the local authority and used these to identify areas for improvements.

Most people indicated there were enough staff around so they were available when they needed them. One person told us they sometimes had to wait to go to the toilet as staff were supporting other people. The level of support that each person required were assessed and used to determine staffing levels. There were three care staff on each floor to provide support to 18 people. Staff said this meant there was always one person in the lounge area where most people spend their time. In addition there was a senior carer who was responsible for administering medicines, liaising with health care professionals and leading the staff team. The registered manager and deputy manager assisted people throughout two days of the inspection when they asked for assistance. The registered manager said that it had been assessed an additional member of staff was needed to reflect people's increasing support needs and that recruitment for the post was underway. Staffing rotas reflected the accurate number of staff who were on shift on the days of our inspection. Staff vacancies were covered by flexi staff and agency staff, some of whom worked regularly at the service, which helped ensure consistency of care.

Staff recruitment practices were robust which protected people from the risk of receiving care from unsuitable staff. Appropriate checks were carried out which included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Accidents and incidents and near misses were recorded, tracked and monitored using a spread sheet that summarised what had occurred, outcomes and actions. Near misses are events that might have resulted in harm to a person but the problem did not occur because of timely intervention. This was so any reoccurring patterns or trends could be identified. For example, one person who had a chest infection had started to choke and staff offered immediate assistance. Their doctor was called for advice and a soft diet was given to minimise the reoccurrence. The registered manager carried out monthly audits of all events to identify possible trends or patterns to help minimise the risk of repeat occurrences. It had been identified they had had a number of falls and that these mostly took place in their bedroom. They had been referred to the falls clinic and a sensor mat was in place to alert staff when they got out of bed. Their care plan and risk assessment contained this information and that staff needed to supervise the person when walking with their zimmer frame as they were unsteady on their feet.

Regular checks of equipment and services took place so the environment was safe for the people who lived and worked at the service. This included moving and handling equipment such as hoists and the shaft lift, checking the water supply to prevent Legionella, and safety checks on the supply of gas and electricity and firefighting equipment. Daily walk arounds were undertaken to identify any hazards and any repairs were reported to the maintenance person. Staff had received training in fire safety and staff leading each shift were fire marshals. Fire marshals had been trained to know what to do if a fire occurs, to use a fire extinguisher and to take the lead to so people and staff remain safe. Each person had a personal emergency evacuation plan (PEEP). PEEPs set out the specific requirements that each person had, such as staff support or specialist equipment, so they could be evacuated safely in the event of a fire. It had been identified that some people would need to use a fire evacuation chair to leave the premises and most staff had received training in how to use this equipment. Fire drills took place on a regular basis so all staff had practical experience of knowing what to do in the event of a fire.

Each person's care plan contained information about their support needs and the associated individual risks to their safety. This included the risk of a person falling, of malnutrition, developing pressure areas and of deterioration in their health or medical condition. Guidance was in place about any action staff needed to take to make sure people were protected from harm. For people who were at risk of falling, guidance was in place about any specialist moving and handling equipment they required when moving around the service, transferring and when moving in bed. The specific type of hoist and individual sling was identified to help avoid any cross contamination. Where people required bed rails to keep them safe when they were in bed, potential risks had been identified and the person's family had been involved in the decision. For a person who had been identified at risk of constipation, their food and fluid intake was monitored and relevant medicines had been prescribed. All risk assessments were regularly reviewed to ensure actions to minimise risks were still effective and appropriate.

Relatives said the service was clean and it was clean on both days of our inspection. The team worked hard so that any odours were dealt with promptly. All staff had received infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. A laundry assistant was employed each day who was enthusiastic about their roles and responsibilities. They washed, pressed and returned clothes to people's rooms and dealt with bed linen and towels. Any soiled laundry was washed at the required temperature to ensure it was clean and hygienic.

Good

Is the service effective?

Our findings

People said that staff responded to their needs and their health needs were met. They said that if they felt unwell or required medical assistance that staff contacted their GP. Relatives said that the service kept them informed about any changes in their family member's health and well-being. One relative told us, "The staff let me know about her and if anything changes, such as if she is unwell". Another relative said, "Mum's blood pressure is quite low. One day they got her taken to hospital and they rang me. I'm assured that if there was ever anything wrong they would ring me". People said they were offered food and drink at regular intervals throughout the day. One person told us, "Lunch is at twelve; tea is at three, then something about eight o'clock. You can get a cup of tea or a drink whenever you want". The majority of people were positive about the food provided. Comments included "The food is excellent"; "The food here is good"; and, "The food is lovely, if you don't like it they will get something else".

At the last inspection on 6 October 2016 it was recommended that the service sought advice about sustaining an effective supervision schedule as staff supervisions had not been taking place. At this inspection a supervision matrix was in place which ensured that staff received regular formal supervision and an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff said they could speak to a senior staff or a member of the management team at any time if they required additional support. They said communication was effective in ensuring staff knew about changes in people's care needs. Handovers took place between each shift to give staff a review each person's needs and communicate important information to ensure consistency in peoples care. Senior staff were responsible for allocating staff to which group of people they were responsible for on each shift.

People's day to day health needs were managed by the staff team with support from a range of health care professionals such as district nurses, GP's, dietician and community mental health team. Health professionals told us the service contacted them straight away if they had any concerns about a person. They said staff knew people well and any records they required were easily obtained. Health professionals said they worked in partnership with the service and that there was good communication. They said the service acted on their advice and knew where to obtain any information about a person that they required. People's health needs and medical history were recorded in their plan of care, together with the action staff or other professionals needed to take to maintain their health. In the care plans for people who had diabetes there was information about the symptoms and what to do if people had too much or not enough sugar in their blood stream. For people who used a catheter, there were clear directions and responsibilities for who needed to change and empty the bag and for night time care. Some people at risk of malnutrition had been prescribed fortified food. There were clear directions as to how much milk powder to add to fortify their food. Clear records were kept of all appointments and contact with health care professionals including the date and time when they were contacted and the outcome of any consultation.

Staff spoke with people each day after breakfast to ask them about their food choices at lunchtime. If people did not like what was on offer they could choose something else. The lunch menu for the day was displayed on the wall of the both dining rooms with pictures to assist people living with dementia

understand what food was available. At lunchtime people had a wait for a while before lunch was served, but staff engaged some people in conversation and other people remained content. The food was delivered in a trolley to ensure it remained hot. A staff member served each person and checked to ensure they were given what they had asked for. The meal took place at people's own pace and no one was rushed. People were asked if they had finished, encouraged to eat some more and assistance offered to do so. Where people declined assistance this was respected.

People's needs in relation to food and fluids were assessed using a specialist tool, and the support they required was detailed in their plan of care. Food and fluid charts were used to monitor people's daily intake when there were concerns about their health. These recorded what proportion of their meal people had eaten and the measurement of liquid they had drunk. People were weighed monthly and a record kept of how much weight they had gained or lost together with the action taken as a result of any changes. This included making a referral to the dietician, having their food fortified and being weighed weekly to more closely monitor people's weight. These actions were reviewed by the registered manager to ensure appropriate action was taken in a timely manner. The cook was notified of people's likes, dislikes, allergies and specialist requirements, such as if people were diabetic. People who had been assessed as requiring specialist equipment to eat used this equipment at lunchtime.

New staff completed an induction which included reading the service's policies and shadowing a senior staff member to gain more understanding and knowledge about their role. Staff then started to work through the Care Certificate. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised. Staff were encouraged to complete a Diploma/Qualification and Credit Framework (QCF). All senior staff had completed level 3 and most care staff level 2 or 3. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

Staff said they had received the training they needed for their roles and that additional training in areas of interest was available. A training matrix was in place which identified when staff had received the training they required for their role. This helped to ensure that staff training was refreshed on a regular basis. Training was provided by e-learning and in a classroom environment and included health and safety, food hygiene and moving and handling. A senior staff member was a 'train the trainer' in moving and handling and so were able to give staff any additional support they required and to observe staff were moving people safely. Specialist training had been provided in pressure area prevention, dementia care and end of life care. Staff were completing a twelve week course on supporting people living with dementia. This included a presentation by a person living with dementia, which gave staff a practical insight into what it is like to live with dementia. There were plans in place for all staff to become Dementia Friends. A Dementia Friend is someone who has completed training to help them understand dementia and things that could make a difference to their quality of life. Some staff had commenced a twelve week distance learning courses on end of life care to improve the skills of the staff team. Other staff had undertaken training in supporting people with specific medical conditions such as epilepsy, Parkinson's and diabetes care. This helped to ensure that staff had the necessary skills and knowledge to support the people in their care.

Some people presented behaviours that may challenge themselves or others and staff had received training in this area. They completed a record to identify the potential triggers for the behaviour, the nature of the behaviour, what action they took to resolve the situation. The aim was to use this information to identify any consistent triggers and strategies that worked well and to update their care plan accordingly. Staff gave examples of how they supported individuals who may become distressed or showed behaviours which could challenge. They demonstrated they knew what may upset a person and what they could do to calm them. For example, they explained that one person did not like people entering their personal space and

that playing a specific kind of music had a calming effect on them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in the best interests and as least restrictive as possible. Staff understood that it should be assumed people had capacity to make their own decisions. They gained consent from people before supporting them with any tasks such as supporting them to mobilise and giving them their medicines. When people did not accept people's support, staff respected their wishes. They understood that sometimes people changed their minds and sometimes returned to people to offer the same assistance. Best interest meetings had been held with a person's family members and representatives, in order to make a decision for someone, who had been assessed as not having the capacity to make a specific decision. These outcomes of these meetings were recorded in people's care plans and staff were aware of them and acted on them.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Applications to restrict people's freedom had been submitted to the local authority for people. These were in relation to people who needed continuous supervision and who would not be safe to leave the service on their own and for people for whom it had been assessed was in their best interests to receive their medicines without their knowledge. A system had been put in place to identify when people's DoLS authorisations were due to expire and needed to be reapplied for, to ensure people were not unlawfully deprived of their liberty.

The service had taken into consideration some of the recognised design features which benefitted people living with dementia. There was clear signage to toilets, bathrooms, lounges and dining rooms. Toilet seats were painted dark blue as a visual aid. Areas of the home had been decorated with distinct themes that had meaning to people. One area had a musical theme with long-playing records and a guitar on the wall and a painted keyboard. Another area had a beach theme with a brightly painted beach hut and seating area. The beach hut was also a practical consideration as it held the house cat's food and water so that people would not trip over it. In a stairwell the theme was London transport and there was a picture of a London bus and underground sign and the wall was painted red. Activities such as word searches, puzzles and colouring sheets were arranged on tables in the dining room for people to use. The corridors gave people the opportunity to go for a circular walk. Each lounge had a kitchenette where people who wished and were able could make a drink or wash up. The garden had a number of seating areas including a smoking area for people. It was well-maintained and contained a number of features for people to look at including a beach hut and pebbled beach garden, a pond and vegetable garden.

Good

Is the service caring?

Our findings

People, relatives and professionals were positive about the support staff provided. They said staff were kind, caring and considerate and knew people well. Comments from people included, "Staff are very good. They have lots of patience"; and "Staff are lovely. They are friendly, helpful and kind." A relative told us, "The staff are excellent and very caring. There is a homely feeling here and that is what drew us to it to choose it for Mum. It is always like this whenever I come and I come at different times of the day".

The value of showing people kindness and consideration permeated throughout the staff team. Non- care staff such as cleaning staff and the maintenance person showed consideration to people. They took time to talk with people and put them at ease if they appeared confused. The service had received a number of compliments about the kind and caring nature of the service. Comments included, 'I would like to thank you for the love, care and understanding you gave to my mum'; ' It has meant the world knowing nan was in such safe and caring hands every day'; and 'Thank you so very much to you all for your dedication, hard work and kindness that you have shown towards mum. It was a difficult decision to place mum in your care, but we feel that we made the best decision. You showed nothing but kindness, consideration and respect'.

Staff had built positive relationships with people and showed patience and understanding. One person wanted to stand up, but was having difficulties in doing so. A staff member offered the person assistance but they declined in strong terms. The staff member remained with the person as they were concerned that they were unsteady on their feet and gave advice and help in a calm and supportive manner. Staff asked another person to stand when they were seated at the dining table. The person was confused and did not respond to the request although they asked them a number of times. Staff remained calm, patient and encouraging and then asked another member of staff to assist. This member of staff was successful in their request and the person stood up.

Staff valued people and their contributions. An activity session was in progress and another person came to join in. The staff member said, "I am glad that you have come to join us. I was hoping that you would". After lunch one person started to clear away some plates and a staff member said, "Thank you. You are helping". During an activity where people made pizzas the staff member valued each person's contribution. For example, they humorously described one person's pizza as 'the leaning tower of Pisa' and joked with another person that they had started to eat the topping before they had completed it and put it in the oven!

Staff knew how to communicate with people according to their individual needs. Staff ensured they were at the same level as people and gained eye contact when communicating with them so that people could understand. They used understood signs and pictures when communicating with people who were hard of hearing. When staff met people walking in the corridor who appeared confused, they asked them if they were okay and guided them to where they wanted to go.

People said staff treated them with dignity and their privacy was respected and their independence promoted. A relative told us that people were always dressed smartly and people's doors were closed when undertaking personal care. People were supported by staff who maintained their physical independence by

providing verbal instructions to assist them to stand up and walk with their walking frame. After lunch one person washed up a few plates. They did this with one hand whilst holding their shoe in their other hand, and staff respected their independence.

People were involved in making decisions. They were able to choose when to get up, what to eat and how to spend their time. They were consulted about things that affected their day to day lives such as the décor in the home and the menu. The cook was new in post and was arranging with the activity coordinator to meet with each person to discuss their individual choices.

The provider operated a wish appeal as it had recognised that some of the things that older people wished for were not extravagant and funds could be raised to meet them. One person wished to attend their child's wedding. The service had raised money to buy them smart clothes and arrange a taxi so they could attend. This person was accompanied by two staff members so they were able to be cared for throughout celebrations.

Treatment and support plans were in place for people receiving end of life care and the service had a good working relationship with the local hospice would could be contacted for additional advice and training. Plans included people's wishes with regards to pain relief and ensuring the relevant health care professionals were involved in their care. For people who had been discharged from hospital a copy of their advanced care plan was available which gave guidance about the action staff should take in relation to their needs such as eating and drinking, pain, breathlessness and pressure care. When a person was at the end of their life, family members were notified so they could spend time with their loved one in their last hours.

Good

Is the service responsive?

Our findings

People, their relatives and professionals said the service was responsive to people's needs. People said there were a range of activities on offer that they could choose to join in. One person told us, "They have a quiz. I like the quizzes and I like a bit of a dance"; another person said," I join in the quizzes if I can, but I'm getting older so it's not easy".

People were offered a range of activities. A relative told us, "There are activities for my relative to do. Sometimes she wants to do them and other days she does not". The activity coordinator arranged and developed activities for people during the week. Activities were planned in advance and advertised on a notice board in pictorial format. There were pictures of people taking part in activities in the entrance hall. This included including board games, baking, dominoes, arts and crafts, card games, sing-a-longs and movies. Sensory games had been introduced to provide stimulation. This included putting a number of items in a box and people feeling the object and guessing guess what it was. During the inspection there were arm chair exercises, pizza making, darts, music, bingo, singing and dancing. The activity coordinator made each activity fun and enthusiastically encouraged people to take part, whilst respecting the wishes of people who preferred to watch or not join in. They adapted the activities to the needs of people taking part. A clear explanation was given so people knew what was expected of them and the next step. During the exercise session people were encouraged to join in with funny words so everyone could participate and to make the experience enjoyable so they may want to take part next time. Days out had been arranged in the summer to the seaside for fish and chips. Outside entertainers were booked such as singers and a choir and pantomime at Christmas.

People were supported to follow their faith. A relative told us, "Mum is catholic and the priest comes to see her". The service had links with the local Sikh temple which was situated opposite. People had visited the temple and on occasions had used the running track, which was part of its sports centre, to go for a walk.

People and relatives said if they had any concerns they felt confident to talk to a member of staff or the registered manager. One person told us, "If I didn't like something, I would tell the Governor". Comments from relatives included, "If I had anything I was worried about I know I could talk to the manager or anyone about it"; and "If I had any concerns I would talk to a member of staff. If it was a complaint I would go to the office". A social care professional told us that staff knew people well, communicated any changes with family members and were very 'person-centred' in their approach to caring for people. The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. It contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the local authority. The complaint procedure was displayed in the communal areas together with feedback forms that people or visitors could complete about any ways the service could be improved. Complaints had been acknowledged, investigated and the outcome of complaint communicated.

Before people came to live or stay at the service, a member of the management team visited the person and/or their relatives or obtained information form the local authority, to make a joint assessment as to

whether the service could meet their needs. Assessments included information about people's health, social and personal care and this information was developed into a written plan of care. Care plans contained basic guidance for staff about the support people required in relation to all daily living, including mobility, nutrition, continence, skin care and social and faith needs. Care plans were reviewed on a monthly basis to ensure the information they contained was up to date.

Care plans contained information about people's personal history so that staff could provide personalised care. Most people had a 'This is me' profile which had been completed which included what the person would like to be called and their past interests and jobs, routines, things that upset them and people who were important to them. The service planned to improve the information obtained about people's past histories by holding a meeting with each person and their family member and develop a one page profile. The one page profile contained information about people's likes and dislikes, what was important to them, what people liked about them and how they wanted to be supported. Once this was in place details of what people liked to do would be used as a basis for developing the activity programme. There were also plans to develop staff profiles so staff and people with shared interests could be matched in order to provide personalised care.

Good

Is the service well-led?

Our findings

People and their relatives knew the management team and said they were approachable. They said that the registered manager and deputy manager were approachable, that the door to their offices were usually open and that they contributed to the calm and welcoming atmosphere at the service. The management team were each person well and took time to ask them how they were and to engage them in conversation. A professional told us that the service passed the 'Mums Test' and that they would be happy for their mum to move to Edward Moore.

The registered manager was also responsible for managing another of the provider's services which was nearby. They divided their time equally between the two services. They were supported by a deputy manager who was based at the service. The registered manager had been post for over a year the deputy manager had managed the service for nine months. They led by example and were very 'hands-on', proving care and support for people and taking time and an interest in people's well-being. One person visited the registered manager's office on a number of occasions and the registered manager involved them in a conversation which had meaning for them. The deputy manager supported people when they required assistance. Each manager's office was located on a separate floor so they were available to the whole staff team.

The managers were enthusiastic and passionate about providing care for people living with dementia and looking at ways to improve the service. The deputy manager had just completed a dementia care coach's course. A dementia coach is someone with expertise in effective care giving for people living with dementia. They have received training to cultivate a dementia friendly environment, create strategies to minimise the effects of people's symptoms through interventions rather than medicines and to help family members understand their relative's condition. The provider had developed a number of dementia coaches within the organisation and planned for them to meet to share good practice and ideas. The assistant manager said they were excited about rolling out their knowledge into practice for the benefit of people. They had already discussed with the activities coordinator developing scrapbooks and memory boxes for each person at the service.

The service worked in partnership with other organisations to ensure they were following current practice. The registered manager attended a number of external meetings and training. This included the local dementia forum, Alzheimer's and Dementia society support group, end of life locality committee and they had attended a care home collaboration event with the local clinical commissioning group. This helped them to have a greater understanding of the needs of people, which they disseminated to the staff team. The registered manager had also attended a 'Love later life' event at a local school which involved giving a presentation to help children understand what older life is all about. The service had developed a relationship with a local college who provided training for students in health and social care. The service was providing these students with a twelve week work placement by working alongside the activity coordinator to support and provide additional activities for people. The registered manager understood their responsibilities and had submitted notifications to the Commission about important incidents and events that had taken place at the service in a timely manner.

Staff understood the values of the service and how to put them into practice. 'Our core values of care, compassion and companionship are reflected in all that we do'. Meetings were held with all staff, the management team, senior care staff and auxiliary staff. These meetings were used as a forum to discuss issues such as the management of workload, disseminate information and to discuss a range of issues and what could be done to resolve them. The provider was re-introducing a scheme to recognise and acknowledge staff who have completed qualifications, long service and gone above and beyond their job role in delivering the service.

People and their family members were asked for their views about the service in a variety of ways. Resident and relative meetings were held where people were able to voice their views and relevant information was given to people. At the last meeting in June 2017, people reflected on the 50th anniversary party that had been held for the organisation and a trip to the Sikh temple. People responded they liked all the activities on offer, were content with the cleanliness of the service, felt listened to and spoke highly of the care staff and how friendly and responsive they were. At the relatives meeting in August 2017 people were informed of the on-going decoration throughout the service, agreed funding for the refurbishment of some bathrooms and planned events, including looking at taking some people to a local coffee shop. The views of people about the menu were regularly sought and these were being acted on. For example, people said they would like a traditional fish and chip tea. The cook had sourced greaseproof paper with newsprint on and said they were going to wrap people's fish and chips in this paper and provide a pot of mushy peas on the side as people had requested. People, staff and relatives were given a survey to complete and the staff survey had recently been sent.

There was an effective quality monitoring system to identify issues in service delivery and areas for improvement. The registered manager completed monthly audits and sent a report to the provider which included accidents and incidents, infection control, care documentation, medicines, catering and health and safety. The provider's area manager assessed the services compliance with a different aspect of the service at each of their visits so that all necessary were reviewed over a period of time. Any shortfalls were rated red, amber or green to highlight the importance to the safety of people in completing the necessary action. When any shortfalls were identified, action was taken to remedy them. For example, it had been identified that staff surveys had not been sent out to gain their views and this had now been completed. Also that slings were not checked on a regular basis to make sure they were safe to use. An inventory of all hoist slings was now in place so it could be assured they were all checked regularly.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area and on their website.