Treasure Homes Limited

Abbots Leigh Manor Nursing Home

Inspection report

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Date of inspection visit: 7 & 8 January 2016
Date of publication: 18/04/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was unannounced and took place on 7 and 8 January 2016.

Abbots Leigh Nursing Home is a large detached property in a quiet residential area. It provides personal care, support and nursing care for up to 66 older people, some of whom are living with dementia. There were 62 people living at the service when we visited. Extensive communal spaces are available in the service for people to meet with friends or family or carry out activities. A passenger lift is available for access to the two upper floors.

An extensive landscaped secure garden is available for people to use throughout the year. The home also has two rescue donkeys for people to visit and pet.

There is a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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.

People felt safe using the service and staff were able to tell us how they would protect people from harm and knew the signs and indicators associated with abuse. Staff knew what processes to follow if they had any concerns. People told us that they felt safe within the service.

Effective recruitment processes were in place, and staff received on going training to ensure that their knowledge was kept up-to-date and in line with best practice.

People's medication was effectively managed, stored securely and audited on a regular basis.

People had choice and control over their daily routines and staff respected and acted on the decisions people made. Where people lacked the mental capacity to make certain decisions about their care and welfare the provider knew how to protect people's rights.

People said they liked the food that was available. People were offered a choice of meals. Appropriate meals were available for people with specialist dietary requirements.

Staff adopted a kind and caring approach towards people and offered reassurance and support where needed. Staff were responsive to people and families told us they felt confident their relatives were being well looked after. The atmosphere within all floors of the home was very cheerful and staff had time to chat with people and their visitors.

People, relatives and visiting professionals spoke very highly about the support and care that was given. They said the dedication and attitude of the managers and staff was "over and beyond the call of duty". People told us they received care that was personal to them. They felt staff understood their specific needs well and had good relationships with them.

People were settled, happy and contented. Relatives told us they only had positive experiences within the home and praise for the staff. Staff treated people as individuals with dignity and respect. Staff were familiar with people's life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively.

When people were nearing the end of their life, the management and staff made sure their dignity was maintained and they received the specific care to meet their needs. The managers and staff had a strong commitment to providing support to people, and their family members, to ensure a person's end of life care was as peaceful and pain free as possible.

A wide range of activities were available, based on people's suggestions and requests, which people's family and friends were invited to take part in. Spontaneous activities took place and entertainment was provided. During our inspection people were entertained by completing a reminisce book and by poetry readings. People joined in the poetry readings and with the making of the book. People were supported to do what they wanted when they wanted. People and relatives thought they led a fulfilled and meaningful life. Staff spent quality time with people to give them emotional support and comfort. Staff reminisced with people about their life and discussed what was happening in the world.

The manager and staff engaged well with people and their families and had made changes following recommendations being made. People told us that they would complain if they felt they needed to and felt confident that they would be listened to.

The registered manager completed quality audits of the service which produced actions and changes that needed to be made. This contributed towards the delivery of good quality care and support.

There was a strong emphasis on continually striving to improve. The manager recognised, promoted and regularly implements innovative systems in order to provide a high-quality service. They looked into new and creative ways to include everyone in developing and improving the service.

Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. Safety checks were done regularly throughout the building and there were regular fire drills so people knew how to leave the building safely.

Summary of findings

Everyone we spoke with which included, people who lived at the service, staff, relatives and healthcare professionals involved with people, told us Abbots Leigh Nursing Home provided very good or excellent care to people who lived there.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise and report abuse.

There were sufficient numbers of staff on duty to ensure people's safety.

Medication was managed safely and people were given their medication as prescribed.

Is the service effective?

Good

The service was effective.

People were well cared for by staff that were trained and had the right knowledge and skills to carry out their roles.

Staff had a knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional care needs were well documented and supported by staff.

People were supported to access appropriate services for their on-going healthcare needs and to ensure their well-being.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected and staff were kind and attentive.

People were well cared for and appeared at ease with staff. The home had a relaxed and comfortable atmosphere.

People were included in making decisions about their care whenever this was possible in order to promote their independence.

People were consulted about their day to day needs.

Is the service responsive?

Good

The service was responsive.

Staff had an excellent understanding of people's individual needs.

People received consistent, personalised care, treatment and support.

People's care and support was reviewed, with their input.

People were fully engaged in activities that were meaningful to them.

There was a complaints procedure in place, and people were encouraged to provide feedback and were supported to raise any concerns.

Concerns and complaints were always taken seriously, explored thoroughly and responded to in good time.

Summary of findings

Is the service well-led?

Good

The service was well led.

There was clear leadership and support from the manager and provider.

People, staff and relatives were encouraged to be involved in developing the support and care provided.

People, relatives and staff were encouraged to provide feedback about the support and care provided.

Quality assurance audits were carried out to ensure the safe running of the home

Abbots Leigh Manor Nursing 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 7 and 8 January 2016 and was unannounced. It was carried out two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The provider therefore provided us with a range of documents, such as copies of internal audits, action plans and quality audits, which gave us key information about the service and any planned improvements.

During our visit we spoke with 16 people who lived at the home. We were able to spend time observing care and support being delivered in the communal areas, including interactions between staff members and people who used the service. In addition we spoke with six relatives and one professional who were involved in the service, the registered manager, the provider and 12 members of the care team. We looked at the records maintained by the home, which included seven people's care records, seven staff recruitment records, policies and procedures, medicines records, and records relating to the management of the service. We also conducted a tour of the building to look at the décor and facilities provided for people living in the home.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe. People's comments included; "I'm safe, it's fine for me" and "Oh yes, we're safe". People told us that they "Took their safety for granted and never thought about it". Relatives also told us that they felt their family members were safe; "[name]'s safe here", "[name]'s definitely safe here", and "'[name] has always been really safe and comfortable here and there always seem to be people around."

Both relatives and people using the service commented that personal possessions were kept secure. One person said "I'm safe and my belongings are safe." A relative said "She's safe, and her things are safe."

We observed there was enough staff to maintain people's safety and wellbeing. The staff rotas for the home reflected the numbers of staff on duty during our inspection. Staff told us there was very little sickness or other absences leave amongst staff, which was reflected in the rotas. Staff told us this helped to ensure continuity of care for people. The management team looked at the dependency needs of the people using the service and assessed the levels of staff required to provide safe care. We saw that people's care and support needs as well as their social and emotional support needs were met by the staffing levels in place. Staff had sufficient time to talk to people and check if there was anything they needed. When a person required some support this was provided promptly.

Staff had the necessary knowledge to keep people safe and protected from harm. Staff showed that they had a good understanding of safeguarding and the different types of abuse that could occur. They were also able to tell us what indicators may be evident where abuse is taking place; for example one staff member said "people could become quiet, withdrawn or there may be marks like a bruise."

Staff told us that they would feel confident in reporting any concerns and knew what processes to follow. Comments from staff included "I would go to management with any concerns" and "I'd take any concerns to the nurse, or If she's not in I'd go to manager, and if it concerned the manager I would go to the local authority or the Care Quality Commission."

There was an effective recruitment policy in place. The staff files we looked at contained a minimum of two references and a check completed by the disclosure and barring service (DBS) before staff were able to start work within the home. DBS checks are carried out to check on people's criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults This helped ensure that staff were of good character and were suitable for their role.

Personalised risk assessments were in place and included areas such as skin integrity, falls and fluid intake. These were reviewed on a monthly basis. They provided information to staff on how to manage the level of risk presented by an individual's needs and detailed what actions needed to be taken to minimise risks to ensure people remained safe. People had personal emergency evacuation plans in place which provided information for staff on the safest way of assisting people out of the building in the event of a fire.

The home used a specialised medicines system supplied by a local pharmacy. This provided individual medicines in accordance with a GP's prescription for each person. People were registered with a local GP practice. A GP from the practice, the registered manager and a pharmacist reviewed each person's medicines every six months or earlier if their needs changed. We found that ordering, storage and disposal of medicines were all in accordance with the home's policy. Medicines which required refrigeration were stored safely in fridges whose temperatures were checked and accurately recorded. The home had "a homely remedy" policy (a homely remedy is another name for a non-prescription medicine that is available over the counter in community pharmacies) and a policy for the administration of covert medicines although no one at the home at the time of our inspection required covert administration of medicines. The arrangements in place ensured that people received medicines when they needed them and in a safe manner.

All medication administration charts (MARS) we looked at had details of the person's allergies, an up to date photograph and next of kin contact details. They were all accurately recorded. On the MARS chart a key was used to identify why a medicine had not been taken or if it had been declined. This included if a person was on leave from the home, in hospital, experiencing nausea or vomiting, sleeping or if the medication had been destroyed. This ensured a reason was clearly identified if medicines were not administered and action taken if necessary for example contacting the Gp.

Good

Is the service safe?

We observed medicines dispensed in a sensitive and caring way. People were informed what the medicine was and why it had been prescribed. When people required a blood test prior to the administration of certain medicines, this had been done. Water jugs were available in all the rooms and changed twice a day so this ensured people always had water or fruit juice to help swallow their tablets. One person told us "I'm very well looked after; I get my medicines on time. I feel I am treated with respect and dignity. If there is anything I don't agree with I speak up and they respond."

We observed the signature list of all the staff that dispensed medicines; this meant that the member of staff who has dispensed the medicines could be quickly identified should there be any errors. We saw the nurse who dispensed medicines wore a red apron that reminded people not to disturb them as they were conducting the medicine round. This ensured focus and concentration and avoided unnecessary interruptions. We observed the nurse dating each new medicine bottle that was opened. This ensured that an accurate record was maintained detailing when the medicine was first used. If a person required creams they were kept in the person's bathroom cabinet and gloves, wipes, aprons and the appropriate disposal bags were all available.

Staff we spoke with felt that the medicines administration system was safe and worked well.

There had been no medicine administration errors in the previous six months. Medicine audits were conducted monthly by the registered nurses. This system ensured that the nurses were not auditing their own areas of responsibility. In addition, three people's records were randomly selected from each floor of the home and checked. The checks included; MARS chart signature, if stock levels were correct and if the photo was a true likeness. On going staff medicines training included annual updates via eLearning and peer competency assessments.

People felt the service was clean and well-looked after; "They hoover every day", "It's cleaned and maintained well". There were soap dispensers available in the toilets and staff had access to disposable gloves and aprons, which we saw were being used appropriately to maintain hygiene and minimise the risk of infection. Records kept by the registered provider showed that Legionella checks had been completed as required.

Good

Is the service effective?

Our findings

People received effective care and support from staff that had the skills and knowledge to meet their needs. One relative told us in their opinion; staff were appropriately trained and skilled to provide care and support to their family member.

Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities to an appropriate standard and to meet people's needs. One staff member told us, "The manager delivers some of the training. We have received a lot of training and it is really informative." Another staff member said, "The training here is very good. The majority of the training has been delivered by the manager. It is the best training I have had. Everything is clearly explained and you don't feel stupid when you ask questions." The provider's staff training records were reviewed and these confirmed what staff had told us.

We saw that all newly appointed staff had some work days focused only on training. This ensured they had time to watch training DVDs required as part of the provider's mandatory training. Topics included, fire safety, safeguarding, The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberties Safeguards (DoLs). Staff then completed a quiz to check their understanding. This ensured that all staff had the necessary training as soon as they started work within the home.

Records showed that staff had received a thorough induction, which included the providers mandatory training, fire safety, safeguarding, moving and handling and staff spoken with confirmed this. Additionally, the manager told us that opportunities were given to newly employed staff to 'shadow' a more experienced member of staff for several shifts. Staff spoken with verified this and stated that was important as it meant staff only supported people when they felt they were competent and safe to do so.

Training records included expiry dates of training for each member of staff. This ensured that staff were aware of when they needed to update their training. In addition, the home's administrator was responsible for checking the training records each month to ensure staff were accessing training as required. This ensured that people were being cared for by staff that were suitably trained. All staff spoken with felt that the home offered a variety of training in different formats that supported their role which helped with confidence and competency. Newly appointed staff that were new to a caring role were offered the opportunity of completing The Care Certificate and were in the process of completing it. These are industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support over several weeks. The home has approved in house assessors who can support staff completing it. Staff also said the home had supported members of staff who wanted to undertake a National Vocational Qualification (NVQ) and is also an approved location for student nurse placements. The home also offered work experience for young people over the age of 16 from a local sixth form.

The home had purchased a defibrillator, this is a piece of equipment that is used in cardiac emergencies and training had been given to staff on site. This ensured that in the event of an emergency situation requiring the use of the defibrillator, staff on site were trained in its use and would know what to do.

Staff told us, and records confirmed that they received good day-to-day support from work colleagues, formal supervision at regular intervals and quarterly appraisals. These meetings looked at the member of staff's training needs, appropriate use of time, teamwork, link/carer activities, attitude towards people and confidentiality. This ensured that staff were given regular feedback on their performance and what was expected of them in their role. Staff told us that supervision helped support them to improve their work practice. Staff told us that they felt supported by the provider and the manager. We saw that the manager and night manager kept a record of interactions between staff and people they observed during regular daily/nightly walkabouts.

Staff had a clear understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The 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

Good

Is the service effective?

their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff told us that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training.

Staff understood how people's ability to make informed decisions could change or fluctuate. Records showed that people had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Appropriate applications had been made to the local authority for DoLS assessments and were being processed; therefore people were not being restricted unlawfully.

People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what to wear, where they ate their meals and whether or not they participated in social activities.

We observed attractive dining areas with tablecloths, napkins, glasses, cruet sets and flowers on the tables. Menus were available on all the tables offering a choice of two main course meals; menus had pictorial illustrations of the food on offer. This helped people as they could also see a picture of each meal. A card identifying which foods could cause allergic reactions was available on each table.

People told us that they liked the meals provided. One person told us, "The food is very good." and "The food is wonderful; you get a menu in each room at the beginning of week." Another person told us, "The food is good. In fact sometimes there is too much." and "The food is excellent, the variety is quite amazing." Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner. People were not rushed to eat their meal and positive encouragement to eat and drink was provided.

Staff had a good understanding of each person's nutritional needs and how these were to be met. We spoke with one of the chefs and they were aware of people's specific dietary needs, such as those people who were diabetic and the people who required their meals to be fortified as they were at risk of malnutrition.

People's nutritional requirements had been assessed and documented. Food and fluid charts were kept in people's rooms. These charts have been developed by the service and depicted a plate symbol so that the person's food and fluid intake could be illustrated visually against target levels. Some visiting professionals have been impressed by this and had asked if they can use this form in other services.

People told us that their healthcare needs were well managed. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person accessed local healthcare services and healthcare professionals to maintain their health and wellbeing, for example, to attend hospital appointments and to see their GP. Where appropriate, referrals had been made to suitable healthcare professionals, such as a Dietician or Speech and Language Therapist to ensure and maintain the person's health and wellbeing.

One relative confirmed that they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments. Completed questionnaires from healthcare professionals recorded positive comments about people's healthcare. One health care professional spoken with commented "I compare every home I go to, to this one and I am often disappointed, I think the staff and manager here provide an excellent service and I am find them brilliant to work with."

Good

Is the service caring?

Our findings

People we spoke with were complimentary about the care they received. One person said “The staff are so patient.” Another person said “The staff are really good; they come to me when I need them.”, and, “We are treated with great dignity and care here”. A relative told us “I can’t praise the staff enough they are so kind and caring, I never have to worry.” One relative said “I'd like to come and live here!.” Another told us “I have the highest regard for the staff here including the reception staff that rarely get a mention but are excellent, it really is very very good here.”

People had a photograph of their allocated link worker in their rooms so they know who was designated to look after them. People told us that staff consistency was excellent as the home did not use agency staff to cover absences, they used existing staff and bank staff. People and their relatives had built up a good relationship with staff because of this. Comments from people included “Staff know me and I know them” and “They know me well”.

Staff were kind and polite towards people and their relatives. Staff clearly demonstrated that they knew people well, their life histories and their likes and dislikes and were able to describe people’s care preferences and routines. People looked comfortable and well cared for, with evidence that personal care had been attended to and individual needs respected.

We saw instructions detailing how hearing aids should be cleaned daily to prevent wax build up and how the batteries should be checked and, if necessary, changed weekly. This ensured that people with hearing problems were able to listen to family, friends and staff and not feel isolated because they were unable to hear what people are saying to them.

We spent time in the lounge. Staff approached people in a sensitive way and engaged people in conversation which was meaningful and relevant to them. There was a calm, positive atmosphere throughout our visit and we saw that people’s requests for assistance were answered promptly. Staff were respectful when talking with people calling them by their preferred names. Staff knocked on people’s doors and waited before entering, ensuring people’s privacy was respected.

People were asked what they wanted to do and staff listened. Staff explained what they were doing, for example in relation to giving people their medicines . When staff carried out tasks for people they bent down as they talked to them, so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner.

People were able to spend their day as they wished. Some people took part in communal activities and others preferred to spend time in their rooms. People we spoke with told us that they were asked about their preferences. We saw people’s bedrooms were personalised with their own furniture and possessions or family photographs.

Staff told us they had received training in providing end of life care. Staff told us they received excellent support from the nurses and the local GP practice. One member of staff said “We always make sure there are extra staff on duty to attend to people at the end of their life. It’s a privilege to support someone during their final days” We saw an advanced care plan/end of life care plan for one person which included information about the relevant people who were involved in decisions about this person’s end of life choices and details about anticipation of any emergency health problems. This meant that healthcare information was available to inform staff of the person’s wishes at this important time, to ensure that their final wishes could be met. Staff told us and we observed, that when someone died, the staff felt it was important to say good bye and acknowledge their passing and so ensured that as many staff as were able lined up outside the building to show their respects as the deceased person left the building.

The home welcomed advocates and Independent Mental Capacity Advocates (IMCAs) into the home when needed, we saw that there were posters in communal areas advertising their availability and saw evidence in care plans where they had been used. An IMCA supports people who have no friends or family to speak for them and who lack the capacity to make decisions for themselves. This ensured that there was always someone identified as taking responsibility for decisions when a person is unable to do so themselves.

The manager told us they promoted an ‘open door policy’ for people and their relatives. During the day we saw visitors coming and going; they were offered a warm welcome by staff.

Good

Is the service responsive?

Our findings

Before people moved to Abbots Leigh Nursing Home, the manager met as many people as possible in order to carry out a comprehensive assessments to make sure their needs could be met. If the assessment indicated that they would not be able to give the support that they needed then people and their relatives were guided and supported to look at other options. Trial stays and visits were offered to people who wanted to move in. People told us, "I came here for a couple of weeks and it was so good I decided to stay" and "The manager came to see me. They found out all about me and the care and help that I would need. They were very thorough. I like to do as much as possible for myself and the staff now do what I can't. It works perfectly".

Relatives told us, "Staff are really responsive. [name] was in hospital before she came here and we wanted to get her into the care home. The Manager made it her priority to get [name] here as soon as she could. She went to the hospital and followed up the paperwork so quickly, going into the hospital to urge them to hurry up." This demonstrated that the manager recognised that the best environment for the person was in the home and not the hospital.

During the assessment process, extensive information was gathered so staff knew as much as possible about the person, their life and background to ensure a smooth transition into the service and this was available in people's rooms and many life stories had been made into books and were kept in the communal lounges. This included information about people's lives preferences and choices as well as their likes and dislikes. This helped staff organise people's care. It helped staff to understand people and the lives that they had before they came to live at Abbots Leigh. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. One person stated, "(I told them) I do my own personal care and just ask if I need help. I get up and make my own bed." People and their family members were asked to complete a booklet about their lives so staff could build up a 'picture' of the person. We saw these were kept in every bedroom and people could add to them as things changed.

People's rooms were decorated prior to arrival to people's preferences and they were able to change them as they wanted. The service provided equipment to help maintain peoples' independence, like toilet frames, raised toilet seats and grab rails. This was all made ready for when the person moved into the service.

The provider had developed their own bespoke computerised case management system, which were accessible to all staff. We saw that care, treatment and support plans were seen and used by staff, who had access to computers, every day. Staff spoke about care plans positively and said they were seen as being fundamental to providing good person centred care. The care plans were thorough, extensive and reflected people's needs, choices and preferences. People's changing care needs were identified promptly, and were regularly reviewed with the involvement of the person and any changes to the care were implemented. The manager and staff consistently tried to involve relatives at every review by having prompts in people's bedrooms inviting them to book a review at a time convenient to them.

There were effective systems to make sure that changes to care plans were communicated to those that needed to know. People received their personal care in the way they had chosen and preferred. There was information in their care plans about what people could do for themselves and when they needed support from staff. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, continence, skin care, eating and drinking and detailed guidance about how to move people safely using specialist equipment like hoists and slings.

There were detailed care plans to prevent peoples' skin from becoming sore and breaking down. Special pressure relieving equipment was in place for people identified at risk, like air flow mattresses and cushions. Staff knew what signs to look for and responded quickly if any concerns were identified. They made sure people received the intervention and care they needed to keep their skin as healthy as possible.

Everyone had a support plan that described the best ways to support them, for example a person with dementia needed specialised equipment to support them with daily living tasks. Staff said that these were helpful and accurate and helped them to support the person in the way that suited them best.

Good

Is the service responsive?

There were detailed records in care plans of visits and outcomes from, doctors, dentists, chiropodists and other professionals. There were monitoring charts that were accurately completed and meaningful to staff and professionals. For example, if a person was identified as losing weight or not eating and drinking enough this was recorded. They were weighed regularly and what they ate and drank was recorded and monitored to make sure they stayed as healthy as possible. Staff were able to track what people ate and when and how this related to any weight gain or loss. They then adjusted their support accordingly. We saw that this was effective as people had regained and maintained their weight.

The home employed a dedicated activities team. Activities were provided seven days a week. There were always two activities staff on duty every day. One person ran the communal groups whilst the other visited people in their own rooms for one to one activities. One person told us "I have been to a concert. Yes, they have incredible things on, there is always something on." A relative commented, "There are activity girls who are here seven days a week, it's great. There is a timetable of activities on a board downstairs and residents get an individual schedule of events. They do group activities and singing and musicians are brought in. People talk to [name] on a one-to-one."

The activity coordinator met with people three times a year in order to discuss what they would like to do in the future. The coordinator then "costed" trips that had been suggested and then people decide if they want to proceed. We saw that mobility risk assessments had taken place for people who were going on outside trips and that their mobility needs were clearly identified including what support/aids they would require. Previous trips included cream teas on a steam train, mobility sailing – (a cruise followed by a pub lunch) and a visit to local attractions. People said they have requested a trip to Weston Super Mare Pier followed by a fish and chip supper in the spring.

A vast array of activities were on offer within the home which included music therapy, light therapy, aromatherapy movement therapy, mindfulness relaxation (which was also available to staff), carpet bowls, gardening club, quizzes, various games, sing a longs, poetry, flower arranging, balloon volleyball, reminiscence and history. Hand massage is offered and widely appreciated by people as it represents a tactile experience that is not related to personal care.

The home had a bar in the lounge which was opened following suggestions from people. There was also a piano in the lounge, which was used by people, invited singers and musicians. We saw an original 1960s record player with vinyl records in one of the activity rooms, which people said they liked using. There were numerous DVD films (both current and vintage) and the home offered Saturday morning film shows with a sweet trolley and ice creams available. All the various activities for the week were widely advertised. There was also an extensive library, music collection and assorted games. The home had newspapers delivered daily. People told us keep fit sessions were also offered including 'dancing in wheelchairs' and "learn then listen" sessions, learning about classical composers and then listening to their music were also very popular.

Spiritual needs were provided for with people taking a lead in the fortnightly services and visiting clergy were invited to the home to administer Holy Communion. Pastoral care involved volunteer visitors provided by the local church. This enabled some people who were unable to mobilise to have regular visits, conversation, prayer and someone to listen to them.

All of these activities contributed to peoples' well-being and helped prevent isolation by offering choice and opportunities to engage with 'new' activities and other people. The team were in the process of developing computerised records of individual activities that will be available for people's family and friends to both read and contribute to.

Staff told us and we saw that they used handover meetings between shifts to share information about people and to inform each other about any changes that affected peoples' wellbeing or health. The staff cared for people in a consistent way because they knew the most up to date information about their needs.

All complaints were dealt with effectively. People were listened to and taken seriously at all times and every effort was made to resolve any concerns people had raised. The complaints procedure was displayed around the service and each person was given their own copy. We heard staff asking people if everything was alright for them and checking that they were satisfied and comfortable. All the people we spoke with said they had nothing to complain about. When asked if there was one thing would change if they could, they could not come up with anything. Two

Good

Is the service responsive?

people commented “I have no complaints about this home, I don’t think there is a thing to complain about here” and “There is nothing to change at all, I can't think of anything that they could.”

The registered manager talked about the importance of listening to people’s comments and feedback and acting on them. They had made observations and recorded any comments and complaints. There were clear records of all complaints with the investigation, resolution and the person’s satisfaction recorded. All complainants were responded to and kept informed. The manager tracked complaints in case there were any common themes so that improvements could be made. The manager saw complaints as a learning and development opportunity for the service. The manager said “All comments and complaints are taken very seriously as things, however small, affect peoples’ daily lives. It may be small to us but it is big to them so we address it at once".

The home had received one complaint in the previous six months. We observed that learning had taken place following this complaint with communication and actions both in evidence.

Good

Is the service well-led?

Our findings

From our discussions with people living in the home, relatives, staff, the registered manager, provider and our observations, we found the culture at the home was open and relaxed. Care and support focused on providing assistance for the people living at Abbots Leigh Nursing Home needed and wanted. Relatives and staff said the manger was always available and they could talk to them at any time. People told us "[The Manager] is charming, she could not be nicer." We observed the manager sitting with people and talking to them.

Relatives said the management of the home was very good; they could talk to the manager when they needed to and staff were always very helpful. One relative said, "The home is well led, the manager is always here and keeps any eye on what is going on." Another relative stated "You can't walk up the four floors of the home without members of staff welcoming you - I feel we will be friends after our relative has gone."

Staff said the management structure was supportive, fair and transparent. One staff member said, "The manager is very knowledgeable and approachable." People and their relatives, as well as the staff, told us the home was well managed. The staff understood their roles and said the communication between themselves, the nurses and the registered manager was good. Staff said duties were allocated well and they knew what was expected of them during their shift. They said the views of all staff, including those not directly involved in providing personal care, were valued and listened to. We saw records of meetings that supported this.

Quality monitoring systems had been developed by the manager and provider. Monthly audits were carried out to review health and safety practices such as fire safety, equipment checks, medicine audits and analysis of incidents such as falls in order to try to identify any trends and prevent them re-occurring. From records seen, any incidents were investigated and an action plan or additional support put in place where needed. For example, a person was continually falling whilst trying to stand up unaided so a pressure mat was placed by their chair to alert staff when they tried to get up on their own and they could then support them. The provider also carried out their own audits, which were fed back to the manager so any improvements could be made. The manager confirmed they met regularly with the registered provider to discuss these issues.

Relatives felt they were able to talk to the manager and staff at any time and the relatives meetings provided an opportunity for them to discuss issues and concerns with other relatives, friends and management on a regular basis. One relative said, "If I have a problem I just talk to the staff or manager and they deal with it."

The manager said they had an "open door" policy for people, their relatives and staff to discuss any issues of concern or to make suggestions about improvements in the home They explained and we saw that every three months the home had a Quality Action Team (QAT) meeting that was chaired by a relative and involved people living at the home , the manager, chef, housekeeper, relatives, trained nurses and carers. This enabled people to raise any issues and make suggestions for change. For example, at a previous meeting people had asked for gravy to be served in jugs and not just poured over food by staff and this was now happening. The manager felt that this regular meeting helped to 'nip things in the bud' by identifying potential problems early on and responding to rectify them.

Staff told us they were involved in discussions about people's needs and were encouraged to put forward suggestions and opinions during the daily meetings and staff meetings. Staff said, "We are encouraged to be involved in developing the service here, I think that is very good considering we are the ones who actually provide the personal care for people." "I think we work as a team, the manager keeps any eye on everything and picks us up if we do anything she doesn't like, which is only right" and, "I feel sure that if I speak to the manager about anything, something will be done about it, I don't just mean complaints, suggestions are encouraged as well and they listen to us."

The manger stated that she was qualified to teach and support student nurses within the home. Thisdemonstrated to usthey was supporting the wider community and developing good, up to date practices within the home.

The manager was aware of their responsibilities relating to their duty of candour. The duty of candour places requirements on providers to act in an open and

Good

Is the service well-led?

transparent way in relation to providing care and treatment to people. The manager attended care conferences and forums to explore new developments in care and legal matters and to share good practice. The manager had notified the Care Quality Commission of all significant events which had occurred in line their legal responsibilities.