

Treasure Homes Limited

Abbots Leigh Manor Nursing Home

Inspection report

Manor Road
Abbots Leigh
Bristol
BS8 3RP

Tel: 01275374669
Website: www.treasurehomes.co.uk

Date of inspection visit:
13 June 2018

Date of publication:
17 August 2018

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

The inspection took place on the 12 June 2018 and was unannounced. Abbots Leigh Manor Nursing Home is a nursing home. People in nursing homes receive accommodation for nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Abbots Leigh Manor Nursing Home is registered to accommodate up to 66 people in one adapted building. On the day of our inspection there were 57 people using the service with a range of support needs including older people and some people living with dementia. At the last inspection on 7 January 2016, the service was rated as good in the areas of Safe, Effective, Caring, Responsive and Well-led. At this inspection we found the evidence continued to support the overall rating of Good. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Abbots Leigh Manor Nursing Home on our website at www.cqc.org.uk.

People told us that they felt safe.

Staff demonstrated they continued to have a good understanding of their roles and responsibilities for identifying and reporting allegations of abuse and knew how to access policies and procedures regarding protecting people from abuse.

Risks to people were assessed and monitored during their stay and communicated with other healthcare professionals involved in their care.

Staffing levels were assessed and amended based on the needs of the people using the service and there were arrangements in place for covering if staff were unable to come to work at short notice.

The building was well maintained and there were systems in place for ensuring that regular checks of the environment and equipment were carried out.

Medicines were managed safely and people were supported to take their medicines.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were supported to make choices about their support and were able to maintain their independence.

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food and drink.

Staff were trained in subjects relevant to the needs of the people who used the service and received regular supervision which enabled them to develop in their roles. Staff said they felt supported.

Staff spoke to people respectfully and treated them with dignity and respect.

People felt that their privacy was respected and staff kept information confidential.

People were involved in planning their support.

People's individuality was respected and people's preferences were taken into account when planning their care such as religion.

There was an accessible complaints process in place which people knew how to use if they needed to however people told us that they hadn't needed to make a complaint.

People said that the registered manager was approachable and listened to them. Staff felt that the registered manager was open and they could raise any concerns and put forward suggestions for improvement.

Staff were proud to work at the service. The registered manager worked with other healthcare professionals to ensure that people received care that met their needs

Quality assurance audits completed by the registered manager were embedded to ensure a good level of quality was maintained. We saw audit activity for areas such as infection control, care planning and training.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good	Good ●
Is the service effective? The service remains good	Good ●
Is the service caring? The service remains good	Good ●
Is the service responsive? The service remains good	Good ●
Is the service well-led? The service remains good	Good ●

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.

The inspection took place on 12 June 2018. It was unannounced. Three inspectors and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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. We also reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us

We looked at care records for seven people, medication administration records (MAR), a number of policies and procedures, five staff files, staff training, induction and supervision records, staff rotas, complaints records, accident and incident records, audits and minutes of meetings. During our inspection, we observed care and spoke with 14 people living at the service and seven relatives. We also spoke with the registered manager, the provider, three trained nurses, 11 staff on duty, including members of the housekeeping team, activities team and the kitchen team. Following the inspection, we received feedback from the local authority contracts and compliance team and three health and social care professionals.

Is the service safe?

Our findings

The service continues to be safe.

Everyone we spoke with told us they felt safe at the home and said they trusted the staff. One person said, "I am safe because there are always plenty of staff around, they come quickly if I need them." Another person told us, "This is very much like home with the benefit of staff around when I need them, so I'm perfectly safe as they are thorough in all that they do."

Staff understood the provider's safeguarding and whistleblowing policies and procedures for keeping people safe. Staff told us they would not hesitate to share any concerns with the registered manager or other senior staff members. "I have had annual safeguarding training. I know about the emergency plans. I have not seen anything here to concern me and I would know what to do." The registered manager understood the requirement to notify us of any safeguarding referrals and shared information with us when safeguarding investigations were concluded.

The provider's recruitment process included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care. We looked specifically at how the provider ensured equipment was used correctly, and was maintained, to ensure people were supported safely. The provider completed regular checks and audits to ensure equipment such as hoists, walking frames and mobility slings were in good working order.

The provider's policies to keep people safe included regular risk assessments of the premises and regular testing and servicing of essential supplies and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. People had personal evacuation plans in place to instruct staff if there were individual requirements around people's mobility, to ensure they were evacuated safely.

People and their relatives were involved in identifying their needs and agreeing the level of care and support they needed. "I have seen my care plan and am happy with it; staff follow it and the care is as I want when I want it." People's care plans included risk assessments, which related to their individual needs and abilities. For example, where people lacked the ability to mobilise independently care plans explained the equipment and the number of staff needed to assist the person, and the actions staff should take to minimise risks to people's health and wellbeing.

We found risk assessments and care plans were detailed in the information provided to staff, staff had been trained to use equipment to support people to mobilise safely. We saw staff using their skills, experience and the appropriate equipment to move people safely.

The registered manager had systems in place to monitor accidents, incidents and concerns at the home. This included a database of when people had falls, and this information was analysed to see if future accidents could be prevented. We saw that to reduce the risk of falls to people, the provider used a range of

equipment such as sensor mats, and lowered beds. The registered manager also reviewed people's needs after a fall or accident, which included observations and checking their environment to evaluate how to reduce further risks of falls.

Where people required two staff members to assist them to move around safely, we saw there were always two members of staff available to support them, in accordance with their risk assessment and care plans. Staff also acted quickly when people were at risk of harm, to prevent accidents or injuries from occurring. For example, when the emergency call bell system sounded staff immediately responded to the appropriate location of the call, to ensure people were supported straight away.

We found the home was clean and well maintained. Infection control procedures were in place to prevent the spread of infection. One person said, "Everywhere is spotless, it is always like this." There were regular cleaning schedules in place at the home, and enough housekeeping staff to keep communal areas and people's rooms clean. The registered manager checked on the cleanliness of the home through regular daily walk rounds, and monthly auditing procedures.

Nursing staff adhered to current infection control guidelines to prevent the spread of infectious diseases. However, there were areas of the corridors that had slopes, which may have benefited from signage or some kind of preventative measure. When we spoke to the registered manager and the provider they both said the slopes had not resulted in any falls, but would continue to monitor this and if the slopes did present an issue they would act accordingly.

People and staff told us, and we saw, there were enough staff when they needed support and staff responded promptly when people called or rang for assistance. "I feel there are enough staff, I do not have any worries." The registered manager analysed people's abilities and dependencies to ensure there were enough staff on duty to meet people's needs. Staff told us they were busy, but said there were enough staff, which minimised risks to people's safety. "There is usually enough staff, they don't use agency."

The home had a medicine policy that had been reviewed regularly. Regular reviews of policy documents ensure that current best practice is incorporated into the policy. Staff had received comprehensive training along with a questionnaire that they must pass at 80% or above to dispense medications. Staff have regular random competency assessments. Only nurses and four non-nursing staff dispense medicines.

We checked two end of life medicines that are known as 'just in case' medicines and found both to be within date. We looked at six medicine administration records (MAR) against the pre-potted individual medicines and found them to be correct. Allergies were noted on the front sheet alongside a current photograph of the resident. Staff take the residents photograph and then that is sent to the pharmacy to incorporate into the MARs chart. Body maps detailing what topical lotion/cream should be applied to what part of the body and at what time were in evidence in people's rooms.

The home had a policy detailing the administration of medicines taken on an "as required" basis that are known as PRN medicines and a policy for the administration of homely medicines that had been agreed with the GPs. Regular medicine reviews are conducted as the GPs visit on a weekly basis and staff could request medicine reviews as necessary.

Staff conducted regular audits of medicines and a pharmacist visited on an annual basis. We saw recommendations from the recent pharmacy visit had been implemented. Bottles of liquid medicines had been labelled with the date of opening, this is important as once opened liquid medicines have a shelf life for efficacy. We observed an updated master signature list. Fridge and storage room temperatures had been recorded daily to ensure optimum temperatures.

At the time of our inspection, no one was having their medicines administered covertly but we found staff were knowledgeable regarding the process that must be undertaken if covert medicines are considered necessary for the people's wellbeing.

There had been no medicine errors in the previous six months. Staff could tell us what action they would take in the event of an error to prevent recurrence and share learning.

People who wished to take their own medicines had a risk assessment to ensure their safety and stored their medicines in a locked safe box in their room that they have a key for, "I brought my tablets with me and they are kept in my drawer, I have been taking them for a long time so I know what to do."

The home had a portable oxygen cylinder for use in emergencies and a syringe driver for the administration of end of life medicines.

Abbots Leigh Nursing Home benefits from a large well used garden. We observed people being assisted to go outside and sitting in the gazebo with staff. The registered manager told us they had Shetland ponies that people loved to pet as well as a house cat that was free to roam and people benefited from stroking it.

Is the service effective?

Our findings

The service continued to be effective.

People who used the service received care and support from well trained and well supported staff. People told us, "Staff are very well trained, caring and efficient, some are slightly older, very experienced," They are very competent at what they need to do; manager keeps a close eye on things." Relatives commented, "They must have been well trained because they are very good at knowing what is needed." A health and social care professional told us, "This is one of the better care homes."

Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. New staff completed an induction to the service, which included an overview of the organisation, role and responsibilities, and policies and procedures. One staff member said, "...I applied for another role here and then changed my mind and was offered a trial in caring and really enjoyed it and then I was offered a job as a care assistant. My induction involved an induction mentor; you basically work alongside them as 'shadowing' and they introduce you to all the basics and do your manual handling." All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Staff received regular supervisions and an annual appraisal "I get supervision every three months usually with the registered manager or an RGN." A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

People's needs were assessed before they started using the service and continually evaluated in order to develop care plans.

People told us, "There is plenty of food, we get excellent meals, plenty of choice, there is always something I like," and "There is an incredible variety of food, most of the time it is good and we get plenty of vegetables." Where people required support with their meal, this was offered in a dignified manner, staff taking their cue from the person in an unhurried way. We observed a member of staff explaining to a person who is visually impaired what food was on the plate, where it was and what it looked like. Staff told us that people were encouraged to have their meals in the dining room; however, meals can be served in people's rooms if they wish.

The registered manager had recently introduced 'taste tips'. This tool enabled staff to identify what food people liked. People using the service were allocated a key worker and they were responsible for observing what people were eating and how much and would speak to the person and family members to understand preferences and record these in the person's care plan.

We observed two different types of food and fluid documentation in use. The first was a simple account of food and fluids taken and the second was more detailed and used when people were losing weight or appetite. People we visited who were being cared for in bed had more detailed fluid and nutrition charts

completed. Staff were aware of people's individual dietary needs and where required, referrals had been made to dietitians and speech and language therapists (SALT). This guidance was documented in people's care records.

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 their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager, and staff we spoke with, were aware of their responsibilities with regards to the MCA. Our checks showed the service was working within the principles of the MCA and conditions on authorisations to deprive a person of their liberty were being met.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits to and from external specialists.

Is the service caring?

Our findings

The service continued to be caring.

People and relatives told us that staff were kind. One person told us, "Staff are very kind and caring and are so sweet to us, we have a good relationship and they will stop for a chat and although we like to be as independent as possible, they are there for us when needed." Another person said, "All very kind, they wouldn't employ them if they weren't, you can talk to them about anything, I have carers of both gender and it is all the same." A relative told us, "I think the staff are very loving, for example they put their arms around my wife".

The registered manager gave us examples of people who have benefited from living at Abbots Leigh where they have thrived with staff care and have either returned home following staff and the Enablement Team working together to facilitate this or become settled and feeling at home and an active part of the Abbots Leigh community because of personally designated staff support and care that has been given to them.

People and staff knew each other well and shared positive relationships. People's care records contained a section, which was given to family to complete with the person that contained information about their previous lives and hobbies etc. Staff could use this information to engage people in meaningful conversations. One relative told us that once when their loved one was unable to leave their room and "Strictly Come Dancing" was the entertainment; the staff invited the ballroom dancers into their bedroom because they knew it was important to them.

People were supported to maintain important relationships. Staff supported people to maintain contact with relatives and friends. No restrictions were placed upon visitors. People could receive visitors whenever they chose. Staff made visitors feel welcome. We were told by a relative, "I am often invited to stay for lunch when I visit." Relatives and friends were invited to quarterly meetings and to social events at the service including parties etc.

People had their privacy respected by staff. One member of staff told us, "Everything is respectful here." We observed staff knocking on people's bedroom doors before entering. People told us "Wonderful staff, they encourage me to do what I can, there is never any embarrassment and they respect my dignity."

Staff maintained the confidentiality of people's personal information. Care records were kept on password protected computers and paper files were kept in secure locations and away from where they could be seen by visitors. The service had clear procedures for the sharing of information with other agencies and health and social care agencies on a need to know basis. Staff and the registered manager were familiar with these.

People received the support they required to meet their personal care needs. Care records stated how people wanted to have their personal care needs met. For example, one person's care records said they

preferred their personal care to be provided by a female member of staff. Records confirmed this happened.

People's cultures and religions were respected. People who chose to had access to ministers of faith from many religious institutions. Care records noted people's religions and the support they required with their spirituality.

Is the service responsive?

Our findings

The service continued to be responsive.

People told us about activities in the home. We saw a wide and varied programme of activities, seven days a week led by two activity Co-ordinators and from outside entertainers for music and exercise. There were three activity sessions during the day and one to one sessions with people in their rooms during the evenings. On the day of our inspection, a person's birthday was celebrated with a birthday cake made by the kitchen staff. We observed a "Music and Movement" session during the morning, attended by 10 people and two relatives, run by an outside consultant, everyone appeared to enjoy it. During the afternoon there was a 'Name that tune' followed by tea and birthday cake, then a quiz. One person told us "There is enough for me to do here, I join in all activities, I enjoy them." One relative said "My relative goes to all the activities which I am pleased about because it is good to mix with other people."

Activities included talks by the local civic society and visits by a Male Voice Gospel choir, as one person who lives at Abbots Leigh used to sing with them and the service and their family arranged for them to visit. The activity co-ordinators were also hoping to facilitate an English Literature group for people and run by a mature university student. "The service arranges for one person to go to Bath once a month so they can continue as a member of their longstanding book group, and another two life-long members of Bristol City Football Club to attend every home match. A Mindfulness Therapist has been holding monthly sessions at Abbots Leigh for four years. The registered manager told us that these sessions have improved people's memories and recall.

People who chose to remain in their rooms were all visited by the activity co-ordinators daily to prevent social isolation. People told us the children from the local school had visited, which they enjoyed. There was a newsletter, which contained much information and was available in large print if required. This contained photographs of people involved in outings as well as announcing forthcoming events.

The care plans contained individual information regarding people's personal preferences for their care and they were clear and easy to follow, for example, one person who required continence products had the details in their care plan, and end of life wishes were always recorded in detail. People and their relatives told us they had been involved in the care planning.

We observed staff interacting with people in a friendly informal manner, and they had time to listen and respond to requests. It was apparent that staff knew the people well, their interests, likes and dislikes. People told us staff were friendly and chatty, and they always talked while doing personal care, and sometimes come into their room and 'just chat'. Staff come in and chat and ask me about my life and pastimes," and "Lovely carers come in, one came in and showed me holiday photos of a place I had visited." We noted that it was not just care staff and the nurses took time to chat with people, the housekeeping staff and kitchen staff also took time to speak with people.

People and their relatives were confident to speak with staff if they wished to make a complaint and minutes of their meetings showed the registered manager checked if they were happy with the service. People thought there was a copy of the complaints procedure in folders in their room, we checked this and it was there. No one we spoke to had ever used the complaints procedure and told us if they had any concerns they would speak to the registered manager. One person told us "I complained about my mattress this morning because it is too soft, they said it will be changed before bedtime tonight." The service had had one official complaint that had been dealt with following the provider's policy and resolved to the complainant's satisfaction.

People were asked if they were happy with all aspects of the home including the laundry service, activities and if they could discuss concerns in an annual survey. The home had received many compliments from relatives, comments included, "Just wanted to say thanks for how you are looking after [name]", "We are so pleased we got [name] into Abbots Leigh" and, "Just to say thank you for all the care, help and attention you gave Mum while she was with you."

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Relatives told us that families were supported to be at the service as much as they wished, "During the last week of my relatives' life, the Home made a bedroom available to the family and this meant that we were able to be with them at short notice."

The registered manager told us that 12 staff, so far, have attended the six-session training course delivered by St Peter's Hospice and the service has designed our own End of Life booklets for staff from symptom control to dignity and choice following death and when someone passes away staff from all departments stand in line as the undertakers depart to say goodbye in a respectful manner.

Is the service well-led?

Our findings

The service continued to be well led.

The service had a positive culture that was open and friendly. People told us "There is a lovely friendly atmosphere here; I felt at home from the first moment I arrived, it would be difficult to find anywhere better." and "This is a very happy place with beautiful gardens staff at all levels were approachable and keen to talk about their work." There was a management structure in the service, which provided clear lines of responsibility and accountability. People appeared at ease with staff and staff told us they enjoyed working at the service, "Its lovely, the best home I have worked in."

People's care records were kept securely and confidentially, in line with the legal requirements. The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. They were fully aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission.

People and staff told us if they had concerns, management would listen and take suitable action. The registered manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when they felt it was appropriate.

People were empowered to contribute to improve the service. People and their relatives had opportunities to feedback their views about the service and quality of the care they received. People and relatives all described the management of the service as open and approachable. They told us, "This place is well managed, the manager is always available, she is a good listener and her main aim is to make sure we are all happy" and "This home is very well run, it is mind-blowingly lovely, the staff are marvellous; people know what they are doing because there are good systems. [Name] the manager, is easy to talk to and always available."

There were regular meetings for people and their families, which meant they could share their views about the running of the service. They stated, "We are free to make suggestions, the manager listens and takes things seriously, these meetings are good; we can air any grievances, they will do what they can to change things."

The registered manager looked at ways to improve the service through involving all the staff in the service. For example, team meetings for all staff plus individual meetings dependent on their role in the service, i.e. nurses, care staff, and housekeeping staff. Staff said that everybody had the opportunity to have their views heard and considered. The provider also had a staff reward system. Staff who were judged to be performing outstandingly were given a monetary bonus. We were told and records confirmed that staff meetings took place regularly. Staff used this as an opportunity to discuss the care provided and to communicate any changes.

Staff we spoke to were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation.

Feedback surveys were given out to people's relatives and staff. The registered manager collated the responses and identified any areas for action.

Quality assurance systems monitored the quality of service being delivered and the running of the service, for example audits of infection control, health and safety and care records. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development. The registered manager provided regular feedback to the provider to ensure operational goals were being achieved.

During our visit, we were told that the provider was based at the service. We were told that any areas requiring action were discussed with the registered manager and senior staff members.

Accident and Incident forms were completed. These were checked by the registered manager who analysed them for trends and patterns. Regular safety checks were carried out including those for the fire alarms, fire extinguishers, water temperatures and portable electric appliances. Staff told us that any faults in equipment were recorded in the maintenance book and were rectified promptly.

The provider arranged for the maintenance work and repairs to the premises. There was a maintenance person in post with responsibility for the maintenance and auditing of the premises and the providers' other services. Any defects were reported and addressed in a timely manner. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use. We were told by the chef that Abbots Leigh Nursing Home had achieved "a 5-star food rating" at their last check.

The registered manager said relationships with other agencies were positive. They told us they worked with a large, local retirement living complex supporting them by providing respite care for people who lived there. They also had links with volunteers from the Hearing Impaired Support Scheme (H.I.S.S.) who have trained some of the staff to make simple hearing aid repairs. One health and social care professional told us "We worked together to develop the dose system of repeat medication to avoid missed doses and regularly undertook medicines reviews for patients to ensure they were receiving the correct medication for their conditions" and "I believe Abbots Leigh Nursing home demonstrates Gold Standard older peoples care."