Nellsar Limited

Abbotsleigh Dementia Nursing and Residential Care Home

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 13 November 2018 and was unannounced.

Abbotsleigh is a 'care home'. People in care homes receive accommodation and nursing or 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. The service is registered to accommodate up to 60 people. At this inspection, 46 people were living at the service.

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

At our last inspection in November 2017, the service was rated Requires Improvement. Five breaches of the Health and Social Care Act 2008 (Regulated Activities) were identified. We issued requirement notices relating to person centred care, good governance, dignity and respect and safe care and treatment. We asked the provider to take action and they completed an action plan to show what they would do and by when. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements.

At this inspection, significant improvements had been made and the provider had met all of the breaches found at the last inspection. The overall rating for the service is now Good.

The home was clean, spacious and suitable for the people who used the service, and appropriate health and safety checks had been carried out.

People's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support and their individual wishes, needs and choices are taken into account.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities about safeguarding and staff had been trained in safeguarding vulnerable adults.

People were safeguarded from the risk of abuse because staff had received training and knew how to recognise and report abuse. Staff told us that they were confident that any concerns they raised would be taken seriously by the registered manager.

Staff treated people with dignity and respect and helped to maintain people's independence by

encouraging them to care for themselves where possible.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported by the organisations nutritional therapist.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure and carried out relevant vetting checks when they employed staff.

Staff were receiving training, supervision and appraisals. Additional supervision was provided to staff around specific areas if needed.

People were offered a choice of meals and snacks. People told us there was a good choice of food and they enjoyed the food they were given. When people needed a special diet and assistance to eat their meals, this was provided.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

People's end of life wishes were recorded to ensure that their expressed needs were met during this time. Staff had received training to support people at the end of their life and keep them comfortable. Nurses in the service had received training around end of life medicines and competencies had been checked.

Medicines were managed safely and there had been no errors in administration. People received their medicines when they needed them. Medicines were stored and administered safely. Staff and nurse competency had been checked.

People had access to healthcare professionals and their healthcare needs had been met. Care records confirmed visits from healthcare professionals had been recorded.

People told us they knew how to complain. All complaints had been investigated in line with the providers policy and resolved.

Staff understood the Mental Capacity Act 2005 and were working within guidelines. Staff sought consent before carrying out any personal care.

There was an open and transparent culture within the service. The provider held resident and staff meetings.

The registered manager and provider wanted the service to be homely and for people to feel that it was their home from home. Staff shared this vision and felt it was important that people should be surrounded by things that made them feel at home. We saw peoples' bedrooms had been personalised.

The provider had an effective quality assurance process. Staff said they felt supported by the registered manager. People, visitors and staff were regularly consulted about the quality of the service via meetings and surveys.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC checks that appropriate action had been taken. The registered provider had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating is given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The rating was displayed at the service and on the provider's website.

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.

Risks to people had been identified and staff supported people to be as independent and safe as possible.

Peoples medicines were managed safely.

Staff knew how to keep people safe if they were at risk of abuse or discrimination.

Action was taken to stop accidents and incidents happening again.

There were enough staff who knew people well, to provide the care people needed.

The service was clean.

Checks were completed on staff to make sure they were honest, trustworthy and reliable.

Is the service effective?

Good

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff with the necessary skills and knowledge.

Staff understood the relevant requirements of the Mental Capacity Act 2005. Where people lacked capacity, staff acted in their best interests.

People were supported to have enough to eat and drink.

Meals were appropriately spaced and flexible to meet people's needs and people had a diet that was balanced and nutritious.

People were supported to maintain good health and had access to healthcare services which offered on-going healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

People were supported to be involved in their care as much as possible.

People were encouraged to be as independent as possible.

People were respected, their dignity was maintained.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People participated in a variety of activities.

People and relatives knew how to complain and their complaints were dealt with appropriately.

People were supported at the end of their lives

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture within the service.

The registered manager was visible within the service.

There were systems in place to monitor the quality of the service and make improvements.

Staff shared the provider's vision of good quality care.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities.

The registered manager submitted statutory notifications to the Care Quality Commission when these were required.

Abbotsleigh Dementia Nursing and Residential Care Home

Detailed findings

Background to this inspection

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

The inspection took place on the 13 November 2018 and was unannounced. The inspection was carried out by two inspectors, a specialist nurse 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service, and other health professionals involved in people's support. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. The feedback we received was positive, some of which and some has been reflected in this report.

During the inspection we spoke to 10 people who were living at Abbotsleigh and 12 relatives.

We spoke with a nurse, two care staff, a nutritional therapist, the recreation and wellbeing team manager, a recreation and wellbeing coordinator, the registered manager, the deputy manager and the area manager.

We looked at care records for five people receiving a service. We also looked at records that related to how the service was managed including training, staff recruitment and some quality assurance records.

We observed practice throughout the service and used a Short Observational Framework for Inspecting (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to communicate with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at Abbotsleigh. One person told us, "they make me feel safe here." A relative told us, "there is always someone here." During our inspection we heard a member of staff talking about a person living at Abbotsleigh, they said, "she always smiles at me, it's because she knows she's safe."

Risks to people had been assessed and action had been taken to mitigate risks and support people to remain independent. At our last inspection in November 2017, we found that risk assessments did not identify ways to minimise risk for people. We made a recommendation for care plans and risk assessments to be reviewed. At this inspection we found that the registered manager and assistant manager had reviewed all the care plans and that information was available to staff to allow them to minimise risk.

Risk assessments were now in place for areas such as bed rails, moving and handling, the malnutrition universal screening tool (MUST) and the Waterlow assessment for skin integrity. Staff understood risk assessments to keep people safe.

Action had been taken to reduce the risk of accidents occurring again. People's falls risk assessments had been reviewed and updated after a fall and action had been agreed with them to reduce the risk of them falling again. Some people living with dementia used alert mats to let staff know when they wanted help in their bedroom. This reduced the risk of them falling as staff helped them to walk to where ever they wanted to go.

People were protected from the risk of choking. When staff identified that people may be at risk they referred people to the organisations nutritional therapist. The role of the nutritional therapist was introduced into the organisation to provide assessments to people before they needed intervention from the Speech and Language Therapist (SALT). Guidance received about how to prepare meals, such as to mash foods or thicken drinks was used to plan people's care and followed by staff.

Staff could clearly describe their responsibilities to safeguard vulnerable adults. Staff recognised the different types of abuse. All staff said they would report any concerns they had immediately to the registered or deputy manager and were confident their concerns would be acted upon. Staff had received face to face training in safeguarding vulnerable adults from abuse which was evidenced by training certificates. People told us they would tell the staff or their families if they had any concerns. The provider had a safeguarding policy, and was working to protect people from abuse and empowering the staff to report concerns. A whistle blowing policy was in place and staff confirmed they were aware of and understood the policy.

Peoples medicines were managed safely. Medicines were ordered, stored, given out and disposed of appropriately. During our inspection we observed that providers procedures were being followed. Staff explained to people that they were being given their medicines and supported them to take them. One person told us, "They help me with my tablets and at breakfast time they give me my morning medication." When people had been prescribed medicines on an 'as required' basis such as paracetamol, there were protocols to provide staff with the guidance they needed to give these out safely. Staff giving out medicines

had received appropriate training and their competency was checked regularly.

Appropriate checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work references, a full employment history, right to work in the UK, registered nurses qualifications and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were enough staff on duty to keep people safe and support people with activities. We discussed staffing levels with the registered manager and observed staff in their roles. The amount staff people needed to support them was evaluated monthly. Any staff absences were covered by the provider's own permanent staff. Staff and people living at the home did not raise any concerns about staffing levels.

Accidents and incidents were recorded and reviewed. The registered manager and provider analysed the information gathered from safeguarding concerns, accidents and incidents and complaints. For example, recognising near misses. Any lessons learnt were cascaded to all of the providers services. The service uses this information to drive improvement and any identified lessons learnt. This formed part of reflective practice which involved all staff.

The provider had an infection prevention and control policy. Regular checks were carried out to ensure the service was clean and staff had received appropriate training. We looked in the laundry, which was clean, large and suitable for the size of the home. People's bedrooms, communal areas, and bathrooms and toilets were clean and free from odours. Staff were knowledgeable about infection control procedures. People told us that staff used aprons and gloves when they were doing personal care. One relative told us, "They always have their gloves and blue apron on when taking care of [relative] in his room."

"Safer food better business" guidance was being used in the kitchen. This is a set of guidance provided by the National Food Agency which sets out ways to make sure that food that is served is safe for people to eat and free of bacteria. The guidelines include documents that record areas such as food temperatures, delivery temperatures, fridge and freezer temperature checks. The chef was using coloured stickers to identify which day items were delivered to help manage stock rotation, for example a blue sticker on bottle of milk meant it was delivered on a Wednesday.

Staff had been trained in fire safety and regular fire drills were carried out. People living at the service were involved in the fire drills. We saw that personal emergency evacuation plans (PEEPs) were completed as part of the pre-admission assessment. A copy of each person PEEP was kept in their care plan and there was a copy in the grab bag in the entrance hall of Abbotsleigh.

Environmental risks were being managed effectively through regular monitoring and checks, these were carried out by the maintenance person and audited by the management team. There were up to date safety certificates for gas appliances, electrical installations and portable appliances. Fire protection equipment was regularly checked and serviced. Hoists and other equipment used had been serviced regularly and were well maintained. There were environmental risk assessments for health and safety of communal areas as well as individual bedrooms.

Good

Is the service effective?

Our findings

People received effective care and support from well trained and well supported staff. One person told us, "The staff know what they are doing, I think they do good job." Another person told us, "The staff are wonderful they respect and listen to you."

At our last inspection in November 2017 we found that the provider had failed to make sure that all people received adequate nutrition. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we saw significant improvement and the provider had met the requirements. One person told us, "The food is always nicely cooked and well presented." Another person told us, "I think the food is good, occasionally there is something I don't fancy, I always tell them, and I get something else."

People were now supported to receive enough food and drink to maintain good health. People's preferences around their food and drink were recorded on sheets and stated which portion size people preferred, type of diet for example vegan or low fat, preferred drink to be kept in the bedroom, any allergies or cultural or religious preferences such as Kosher or Halal diet.

We observed one person who had a diagnosed health issue that suggested no fried foods, being offered boiled or steamed meals. The persons preferences around food and drink had been consistently tracked from their pre-admission assessment and staff knew what this person liked and what they could not have due to their health. The persons relative had suggested red wine with either lunch or supper and beer occasionally.

The amount of food and fluid that people had taken each day was correctly recorded. Another person who had diabetes had correct food and fluid charts that were completed and totalled daily. We spoke to the chef and they had a likes and dislikes sheet including diabetic information and dietary information for people on the wall of the kitchen. Puddings and mousses for diabetic people were made with sweetener. The chef had attended a conference for supporting people with food related health care conditions in care homes. As a result, they showed us they were experimenting with pureeing deserts including cakes, and adding thickening agents to food to support people who were at risk of choking to enjoy them. The chef was working with the providers' nutritional therapist to ensure people with specific conditions had access to more choice.

The provider had introduced moulds for pureed food so vegetables and meats could be presented more like they should look. Since pureed meals had been presented in a better way the chef commented that they had seen plates coming back with less food on them. Milkshakes were being offered to people with added protein for people with skin integrity issues. One relative commented in a survey, "The cook asks us if we are staying for the meal; we had Christmas lunch there last year and it was lovely; very good."

At our last inspection in November 2017 we found that the provider had failed to maintain accurate and contemporaneous record for each person. This was a breach of Regulation 17 of the Health and Social Care

Act (Regulated Activities) Regulations 2014. At this inspection we found that the provider had met this breach. At this inspection we saw significant improvements.

People's needs were assessed before they started using the service by the registered or assistant manager and continually evaluated in order to develop and maintain care plans.

Since the last inspection all care plans had been reviewed. Care plans now contained detailed information about people's care needs and the information was captured in an assessment form that had been completed prior to them joining the service. People's needs were assessed and delivered in line with current standards, for example each person's initial assessment included information such as their life history, communication, sexuality, religious beliefs, health needs, social and physical needs, personal safety and end of life.

Detailed information was included in care plans about people's specific medical needs, such as diabetes, epilepsy and Parkinson's. This included guidance for staff about signs to watch for that indicated people's condition were not stable and what action they needed to take.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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 had the appropriate legal authority and were being met.

At the last inspection in November 2017, we made a recommendation for the provider to review the DoLS applications and ensure that the information that they contained was correct. At this inspection we found that this had been completed.

Staff understood the principles of MCA and supported people to make choices. They provided information to people in ways they understood. For example, we observed a staff member offering one person a choice of three different meals at lunchtime. They placed the meals in front of the person and explained what each one was. The person chose which one they wanted.

We observed staff asking for consent before carrying out any support task and people we spoke to told us this happened. On person told us, "the staff always ask for your consent before they do anything."

Staff monitored people's health and when changes occurred action was taken and people were referred to healthcare professionals to support their changing needs. People were supported to access healthcare as required and the service had good links with other healthcare professionals, such as GPs, dentist and optician. The registered manager told us people were supported to attend health appointments and family members were involved if appropriate.

People were supported by a well-trained staff team. Records showed that staff had received training relevant to their role to support people they looked after. This included manual handling, safeguarding

people, equality and diversity, food hygiene, dementia and infection control. Staff told us, "Training is much improved. We have our mandatory training plus some of the training that are relevant here."

Staff were supported in their role and received regular supervisions and an annual appraisal. 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. Staff training was up to date, new staff completed an induction. One person told us, "I feel they are confident when they move me with the hoist." Nurses working had registered onto the gold standard framework and were continuing to work towards the qualification.

The registered manager told us that staff received additional supervision around a specific area if it was needed. For example, a recent management audit identified that kitchen staff needed support around high fibre diets. Through supervision a new menu was put together that incorporated this and staff knowledge was updated to support the improvements.

Handover discussions took place at the end of each shift and staff change, where staff passed on important information about each person care needs and support provided. The handovers gave staff an overview of how people were and if there were any appointments or other arrangements they needed to know about or things they needed to do for people. We observed a handover and saw that staff provided each other with information about how to support people. One staff member told us, "I use handover to tell staff how people are feeling that day and what we can do to make them feel better."

Some of the people who used the service were living with dementia. We looked at the design of the premises for people with dementia and saw it was suitably designed to aid people's orientation around the home. Clear signage was in place and bathroom and toilet doors were easily identifiable from bedroom doors. For example, bedroom door frames were painted blue and bathroom door frames painted orange. There was accessible garden space with many seating areas and people had space for privacy when they wanted it.

Good

Is the service caring?

Our findings

People told us they received good care from a kind and caring staff team. People told us staff respected their privacy and dignity and would ask for their consent before carrying out any tasks. One person told us, "There all so kind, I don't think I could be anywhere nicer." Another person told us, "Staff treat me with dignity and respect, nothing is too much trouble."

At our last inspection in November 2017 we found that the provider had failed to support people in a way that upheld their dignity. This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that the provider had met this breach and we saw significant improvements.

Staff knocked on bedroom doors and asked permission before entering people's rooms. One person told us, "They knock when coming in and they ask you how you would want to be helped and they listen, they do not allow anyone to come in if they are doing personal care." Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff. When we spoke to people about dignity they told us that staff made sure they felt dignified. One person told us, "They make sure I was not exposed to others." One staff member told us, "We know we have to respect people's privacy."

People we saw were well presented and looked comfortable in the presence of staff. People were helped by staff in a patient and friendly way and we saw and heard people had a good rapport with staff.

One person had been out and had not eaten anything during their outing. On their return staff made a real effort to present a sandwich to the person. When it was served one staff member said, "You sit and enjoy your sandwich and cup of tea." The other staff who had brought the person back to the home put their arm round them and explained why they were going to do something else and gave them a hug. The person was finding it extremely difficult to focus on food and remember what to do with food. Staff sat with the person as they completed their paperwork and made jokes with the person. When these didn't help the person to eat the staff asked, "Tell me what it's like as I'm having it for my tea." Other staff members also tried to encourage the person and redirect them. Staff patiently attempted on repeated occasions to support this person to eat using kindness and good humour. We saw the person ate some lunch.

Staff knew people well including their preferences for care and their personal histories. We saw care records contained all the information staff would need to know people, what is important to them and their likes and dislikes. We saw that people were supported as individuals to follow their routines and maintain their independence. Care records described what people could do for themselves and what they required support with. One person told us "I like to brush my own teeth and wash some parts of my body and they help me with the rest, Staff were very keen to make sure people had choice and options over their life and could build on their independence." One staff member told us, "We offer choice to people so they can choose what they like and be independent."

People were supported and encouraged to maintain relationships with their friends and family whilst staying at the service. Relatives could visit at any time if they wished to see people, and staff also arranged to take people to visit their relatives. One relative told us, "They make you feel very welcome when you come, you are offered tea or coffee on your arrival, and you can sit and have lunch with people."

The service were using a digital activity programme. The programme involved the use of a specific tablet where people's information about their lives, likes, life history, family and photographs were stored. The service worked closely with relatives and friends who brought in their loved one's photographs of their younger days and when their families were younger, as well as grandchildren. Films could be uploaded as well as different types of music, for example, church music and music by decades according to people's interests and preferences. This meant that staff could tap in to the activities people enjoyed based on their life history through the tablet.

The tablet could be taken to people's rooms when they were cared for in bed, to engage them in activities which suited their interests and reduced social isolation. Staff showed us how the tablet worked by giving a demonstration and showing examples of people's individual profiles. It stimulated conversations. We observed this to be an extremely enjoyable experience for people. All staff were trained to use the tablet, including domestic staff so any staff could engage people with it.

People were supported with their religious and spiritual needs where required and these were documented in their care records. A weekly church service took place at the home. We spoke to the staff about the service and if people living at Abbotsleigh enjoyed them. One staff member told us, "The vicar is great, they make the bible applicable to today."

Bedrooms were personalised with people's belongings, such as ornaments, family photographs and small pieces of furniture.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Good

Is the service responsive?

Our findings

People now received personalised care that was responsive to their needs. People could take part in a range of planned activities, either with the service or within the community. These included art, music, exercises and trips.

At our last inspection in November 2017 we found that the provider had failed to consistently provide person centred care plans or support to people in a person centred way. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that the provider had met this breach. At this inspection we saw significant improvements.

Since the last inspection all care plans had been reviewed and were now based around the individual support needs of people. Care plans were all up to date and were evaluated on a monthly basis. People and their relatives were involved as much as possible. The deputy manager reviewed care plans with the person or their relatives and this was recorded. When people or their relatives requested changes, these were made and staff were informed at handover. Some changes had been made following guidance from health and social care professionals such as the safeguarding team. Where possible this had been discussed and agreed with the person or their relatives.

Peoples care plans were personalised. For example, one person had a description in their care plan to take in to account their individual lifestyle when offering care and ensure their hair and clothes were as they liked. People's preferences for frequency and type of personal care were explained. One person was not keen on showers or baths so was only offered these once a week, but had been supported to have daily washes and was clean and presentable. Staff had been informed that the person could make their own decisions around what to wear when shown a choice of two clothes; only on occasions where the person was confused or unable to decide were staff instructed to make the decision for the person based on the weather and occasion.

There were care plans for social, cultural and spiritual values. These contained detailed personalised information about people. For example, one person had a family tree with their mother and fathers' occupations, children's life story and their own life history. Staff reading the plan would know where the person travelled, where they got married, how the person likes to dress.

The registered manager had introduced new aprons for the staff to wear during the day. There were prints on the aprons such as cat and dogs or floral patterns. The registered manager told us that people liked the aprons and had commented on them since they had been introduced. When we were talking to one person they said, "Have you seen their apron when serving food, it is lovely."

The recreation and wellbeing coordinator's were visible and were seen to be positively attempting to encourage people to join in activities, although choices were always respected if people preferred not to participate. A range of activities were available for people. One staff member told us; "Activities are better now; we have three activities co-ordinators, interactive me and they sometimes bring dogs here and the

residents really loved it. We've had children come here and recently a firework display and Halloween party. One day they made bread here and it is much improved. People go out now. One day they went to Nando's and another time they went for a boat trip. There is also an activities co-ordinator at the weekend."

Activities schedules and information about activities were clearly displayed around the service. Staff involved people in tasks to encourage them to maintain their independence in the areas they could. On the day of the inspection, there was nice relaxing music playing at a low level throughout the morning. People were reading newspapers and magazines. Staff were available in the lounge throughout the day. Staff took people down to have their hair done at the on-site hair salon. During our inspection we saw the hairdresser talking to people about what they would be having done when they visited the salon. The hairdresser knew people well and knew their preferences.

On the day of the inspection we saw people living at the service being taken out in the organisations mini bus. People had decided that they wanted to go to the local garden centre to do some shopping and have lunch. We saw people were excited about the trip and then saw them speaking to staff about "The lovely time" they had while they were out. Risk assessments were carried out for the trip that were person specific. The service always provided people going out with wristbands which had their name and the telephone number of the service on them in case they ever got lost.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw that the staff were very good at ensuring people were able to communicate in whatever form they found comfortable. One staff member told us, "Some people struggle with speech but we can understand from body language what they want. For example, one person holding back of trousers means he wants the toilet and we know their needs."

Following the inspection the registered manager shared documents with us that were being introduced at the service. One example that was shared was a pictorial form of the complaints procedure, this included pictures of the manager and assistant manager as guides for who people could talk to and happy and sad faces that indicated why they may need to talk to these people. This showed the service was acting within the guidelines of accessible information for people.

At our last inspection we made a recommendation for the provider to review all of the complaints that had been received and make sure that they had been responded to. At this inspection we found that this had been completed and all relatives were happy with the responses that they had received. A new procedure had been implemented following the last inspection.

Complaints were being recorded on a complaints and compliments register. There had been 10 complaints and concerns in the calendar year. Each complaint and concern raised had been recorded with a date the complaint was raised, the name of the complainant, a summary of the complaint and the action taken. For example, one complaint we tracked had been investigated by the registered manager and learning had been identified around the allocation of carers; this learning was shared with nurses to ensure that newer staff were not working together in a pair.

There was a complaints policy which reflected the latest legislation and set out the correct procedure for people to expect their complaints to be dealt with. Where people were dissatisfied with the response to their complaint they were signposted to the local government ombudsman. All complaints had been resolved in line with the provider's policy.

The provider had received lots of compliments from people and their relatives. Some were in relation to events such as birthday parties put on by and held at the service and others were from relatives stating how happy they were with their relative's care. Comments included 'Whenever we visit we are always greeted with such a smile and such courtesy. It really makes a difference, I cannot praise [your home] enough.'

The service supported people at the end of their life to have a comfortable, dignified pain free death. End of life wishes were reflected within people's care plans and people were supported to make choices about their death and the plans they wished to implement before dying. For example, we saw evidence of discussions that took place regarding where a person wanted to spend their end of life, Do not attempt resuscitation (DNAR) decisions, assessment, care planning and review, coordination of their care, delivery of high care services; care in the last days of life and care after death. Details of funeral plans were also recorded.

The registered manager had identified that after a person had passed away there was often a long waiting time for a doctor to arrive at the service to verify the death and complete the death certificate so the funeral directors could be contacted. The service worked with the local GP, and nurses working at the service completed death verification training. This enabled them to verify expected deaths and complete paperwork, to reduce the time families had to wait at, what is already, a very difficult time. The registered manager told us that this had allowed families to be comforted at this time.

Good

Is the service well-led?

Our findings

People, relatives and staff were very complimentary of the registered manager and how the service was run. One staff member told us, "Our manager is very experienced and knows what they're doing." Another staff member told us "[registered manager] has invested time, energy, love and passion into improvements." One person living at the service told us, "The manager is great, they have time to listen, is friendly, approachable and always acknowledge you when they sees you."

The provider demonstrated good management and leadership through having an experienced registered manager.
The registered manager was supported by a management team, which included an area manager, assistant manager, a practice development manager and two unit managers. The management team provided support to the staff team at the service. The registered manager understood their responsibilities in providing effective care to people and fulfilling the requirements of their CQC registration. The management team had regular meetings where they supported each other, shared information and discussed plans to improve the service.

Staff said they had good support from the management team and the provider. Senior staff were approachable and listened to their feedback about the service. The registered manager had been in post for 12 months and there had been a number of changes implemented during that time. One staff member told us, "We have had a lot of changes and they were needed. It was a bit hard but we were happy to do it because I know we're going in the right direction." Another staff member told us, "The difference [registered manager] has made makes you tingle with excitement." The registered manager told us, "I am proud of my team and what we have achieved over the last 12 months."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us they were happy working at the service and they felt they had a good team, with plenty of support. One staff member said, "I'm grateful to work here now. The morale is good and staff are not stressed and it's a nice place to work." The registered manager said, "If I don't look after my staff, how can I expect them to look after the people living here."

People were actively involved in improving the service they received. The provider gathered people's, relatives and staff views through surveys. In addition, they held meetings with people and relatives to discuss the running of the service and to get their feedback.

At our last inspection in November 2017 we found that the provider had failed to ensure that quality monitoring was effective in highlighting and rectifying shortfalls in the service. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that the provider had met this breach. At this inspection we saw significant improvements.

At the last inspection we found that audits had not identified areas of concern. The registered manager now had robust quality monitoring systems to continually review and improve the quality of the service provided

to people. They carried out regular audits, for example, on people's care plans, accident and incidents, health and safety, and environment. They used the information to provide them with a good oversight of the service and to see where they could make changes or improve the experience for people living there.

The area manager carried out checks to make sure that audits were identifying any shortfalls. The provider had introduced a new quality assurance planner. The registered manager fed information into the system and this could be accessed remotely. The area manager was able to identify trends from the new system. For example, the provider has been able to see an improvement in peoples weights, via the system, since the nutritional therapist was employed.

The registered manager also kept a 'lessons learned' folder using incidents and events to discuss with staff as learning opportunities to avoid reoccurrence.

At our last inspection in November 2017 we found that the provider had failed to ensure that the Care Quality Commission had been notified of incidents without delay. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that the provider had met this breach. At this inspection we saw significant improvements.

The registered manager ensured that any notifiable incidents were reported to the CQC in a timely and appropriate fashion. During our inspection we checked that we had been informed of all incidents as required.

The registered manager had spent time making links with health professionals to ensure people living at the service got the best outcomes available. For example, linking with the local GP, district nurses and relevant professionals to support people with any health needs. The registered manager and staff worked closely with the local community to make sure that people living in the service were not isolated. For example, people living at the service had made a Guy Fawkes for the village bonfire and had made poppies and donated them to the local church for Remembrance Day.

The registered manager worked in partnership with other organisations such as CCG's, skills for care and local care home forums to make sure they were following current practice and provided a quality and safe service for people.

Staff shared the manager's vision for the service. The staff team were committed to providing good quality care to people living at Abbotsleigh to make sure they had a positive experience. The organisations values were used daily and were used within interview questions to make sure that people that were employed were able to show the values needed. The values were the six C's - compassion, communication, competence, commitment, courage, and caring.

Policies and procedures emphasised the importance of people's rights to make their own choices, to be respected and to privacy. Information and guidance was displayed publicly as well as in the form of a brochure which described the sort of lifestyle people could feel they were entitled to.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating is given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The rating was displayed at the service and on the provider's website.