South Coast Nursing Homes Limited

Abundant Grace Nursing Home

Inspection report

Firle Road
Seaford
East Sussex
BN25 2JE
Tel: 01323875500
Website: www.scnh.co.uk

Date of inspection visit: 9 and 11 June 2015
Date of publication: 15/07/2015

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

Abundant Grace Nursing Home provides nursing and personal care for up to 67 older people. The home is purpose-built over two floors and was built three years ago. The home was laid out in a 'racetrack' style, which meant people who liked to walk could do so without encountering barriers, and the corridors were wide enough to allow and encourage this. There were 66 people living at the home at the time of the inspection who had a range of complex health care needs which included people who have had a stroke and diabetes. People on the first floor were living with dementia and some of these also had complex healthcare needs. People required varying levels of help and support in relation to their mobility and personal care needs.

There is a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

This was an unannounced inspection which meant the provider and staff did not know we were coming. It took place on 9 and 11 June 2015.

People were looked after by staff who knew and understood them well. Staff treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. Care plans were personalised and reflected people's individual needs and preferences. These were regularly reviewed. Risk assessments were in place to keep people safe. However, these did not prevent people who chose to take well thought out risks as part of maintaining their independence and lifestyle.

Staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had a clear understanding of DoLS and what may constitute a deprivation of liberty.

Medicines were managed safely and staff made sure people received the medicines they required in the correct dosage at the right time.

There was enough staff to look after people. They had been safely recruited and were safe to work with people. Staff were well supported by the managers and colleagues. They received appropriate training to enable them to meet people's individual needs.

People were supported to take part in a range of activities maintain their own friendships and relationships.

People had their nutritional needs assessed and monitored and were supported to enjoy a range of food and drink throughout the day. Mealtimes appeared to be pleasant and relaxed occasions.

There was an open culture at the home and this was promoted by the matron and deputy manager who were visible and approachable. People and staff spoke positively of the matron, deputy manager and directors.

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?
Abundant Grace was safe.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

Risk assessments were in place and staff had a good understanding of the risks associated with the people they cared for.

There were appropriate staffing levels to meet the needs of people.

Recruitment records demonstrated there were systems in place that helped ensure staff were suitable to work at the home.

Medicines were stored, administered and disposed of safely by staff who had received appropriate training.

Good

Is the service effective?
Abundant Grace was effective.

Staff were trained and supported to meet people's individual needs.

Staff understood their responsibility in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were offered choices about the food they ate and staff supported them to enjoy relaxed and pleasurable meals.

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

Good

Is the service caring?
Abundant Grace was caring.

Staff knew people well and had developed trusting relationships with people. This enabled them to provide good, person-centred care.

People's privacy and dignity were respected.

People were involved in day to day decisions about their care.

Good

Is the service responsive?
Abundant Grace was responsive.

People's care was planned in a way that reflected their individual needs and wishes.

People were supported to take part in activities that they enjoyed.

There was a complaints procedure in place and people felt comfortable raising any concerns or making a complaint.

Good

Is the service well-led?
Abundant Grace was well-led.

Good

Summary of findings

The matron was seen as approachable and supportive and took an active role in the day to day running of the home.

There was an effective system to assess the quality of the service provided.

Staff and people spoke positively of the management team's leadership.

Abundant Grace 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 was an unannounced inspection on 9 June 2015. It was undertaken by two 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.

Some people who lived in the home were unable to verbally share with us their experiences of life at the home because of their dementia needs. Therefore we spent a large amount of time during our inspection observing the interaction between staff and people and watched how people were being cared for by staff in communal areas.

During the inspection we reviewed the records of the home. These included staff training records and procedures, audits, four staff files along with information in regards to the upkeep of the premises. We also looked at seven care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with eleven people who lived at the home, nine visiting relatives, twenty two staff members including a director, registered manager and deputy manager. The registered manager was known as matron and will be referred to as matron throughout this report.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at the home. One person we asked said, "I feel very safe here." Visitors told us, "Mum is absolutely safe here" and "Safety is very good here, their safety mat is always in place." People and visitors told us there were enough staff. One person said, "I use the call bell and they come quickly enough." One visitor told us there were enough staff but on occasions people may have to wait a bit longer for their bell to be answered. They said, "There's nearly always adequate staff, you'll always get the odd hiccup."

Staff had received safeguarding training and had a good understanding of their responsibilities in relation to safeguarding people in order to protect them from the risk of abuse. They were able to recognise different types of abuse and told us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us they would report to the most senior person on duty at the time. If this was not appropriate they would report to the relevant external organisations. They told us they would always report concerns to make sure people were safe. Staff were able to tell us how they were able to keep people safe for example, ensuring fall mats were in place and appropriate pressure area support was provided.

Risks assessments were in place to help keep people safe. These were regularly reviewed and supported people to take positive risks to remain independent as far as possible. The providers' statement of purpose included information about helping people to remain independent and, "Helping people take reasonable and fully thought out risks." We saw a number of people were at risk of falling. Where falls had occurred appropriate measures and reviews had taken place. This included sensor mats so staff were aware when the person was moving and regular checks by staff. In spite of this we saw a number of unwitnessed falls had occurred each month however people were not injured. Following a fall appropriate measures were taken to ensure the person was not injured and their care plan was reviewed and any appropriate changes to their care were implemented. The matron explained it was important to allow people to remain independent whilst ensuring all appropriate measures had been put in place to minimise risks and maintain safety.

Generic risk assessments were in place for everybody. These included, pressure areas, falls and moving and handling and were personalised to reflect people's risks. Where people had individual risks, for example people who smoked, risk assessments were in place. Information from the risk assessments was used in care plans to provide guidance for staff. Some people displayed behaviour that may challenge others. We saw risk assessments which identified possible causes of the behaviour for example one person did not like being alone and there was guidance for staff that this person liked to be with others. We observed this person in communal areas during the inspection.

Systems were in place for the monitoring of health and safety to ensure the safety of people, visitors and staff. The home was clean and tidy throughout, it was maintained to a high standard. Regular environmental and health and safety risk assessments and checks had been completed for example a fire safety inspection and call bell tests. There were regular servicing contracts in place for example gas, lifts and hoists.

There were systems in place to deal with an emergency which meant people would be protected. There was guidance for staff on what action to take and there were personal evacuation and emergency plans in place. The home was staffed 24 hours a day with an on-call system for management and maintenance. Staff were aware of these rotas and who to contact.

There were enough skilled, experienced and suitably qualified staff. There was one nurse working on each floor throughout the day and night. There were eight care staff working on each floor during the morning, seven on each floor during the afternoon and four on each floor at night. In addition there were three activities co-ordinators, a welfare manager whose role included arranging health and medical appointments for people. Laundry and housekeeping staff, a chef and two kitchen assistants, an administrator and receptionist.

The matron told us staffing levels were set by the provider and these were based on numbers of people not on dependency levels. However, she told us, and other staff confirmed if people's needs increased then extra staff would be asked to work. Matron told us when people were assessed to move into the home the assessment included

Good

Is the service safe?

whether there were enough staff to meet the person's needs. Matron was aware when people's needs increased through feedback from staff, observation and assessment of people.

Staff told us there were enough staff working at the home. They told us and we saw they were busy most of the time however they were able to spend time talking to people and care delivered did not appear to be rushed. We asked one nurse if they were ever expected to provide cover for the whole home. We were told, "No way, that would never happen, either the matron or deputy would work as a nurse, other nurses would be phoned and asked if they could work or as a last resort they would contact an agency."

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the home. Staff files showed there was appropriate recruitment and appointment information. This included references and police checks. Nursing and Midwifery Council pin checks for registered nurses had been recorded and demonstrated they had the appropriate qualifications for their job.

There was a robust medicine procedure in place. Medicines were stored, administered, recorded and disposed of safely. We observed medicines being given at lunchtime, these were given safely and correctly as prescribed. Some people had been were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain PRN care plans were in place. These were clear and provided guidance about why the person may require the medicine and when it should be given. They were personalised and included information about how the person liked to take their tablets, for example one at a time. Not everybody who experienced pain was able to express this verbally, the PRN guidance included information about how this may be shown, for example restlessness or agitation. Prior to administering PRN medicines the nurse asked people if they had any pain or required any pain relief. Where appropriate they asked staff who had been caring for the person if they had displayed any signs they may have been in pain.

Some people had their medicines administered covertly. Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. There was evidence this had been discussed with the persons GP and Mental Capacity assessments were in place to demonstrate why this was appropriate for the person.

The care plans within the MAR files contained detailed information and guidance for staff to ensure people received the appropriate treatment. For example some people had health needs which required varying doses of medicine related to the specific test results. Other people required transdermal patches. Transdermal patches are an adhesive pad that is placed on the skin which slowly releases the medicine through the skin into the bloodstream. Occasionally the patches can cause the skin to become sore or irritated. To avoid this it is best to position the patch in a different place each time it is changed. To ensure this happened body maps were in place to show the patch had been applied to different areas.

Good

Is the service effective?

Our findings

People had confidence in the skills and abilities of the staff at Abundant Care, and visitors felt that they were well trained. Their comments included, "The staff are very nice and seem very capable."

"The nursing staff are good here, they know what they're doing," and, "Their training means they attain a pretty good level overall." People told us food was good and they could choose what they ate. One person said, "The food is ideal for me. I don't eat a lot, small portions. I ask for small portions and that's what I get." Another told us, "I've put on weight since I've been here." Visitors told us their relatives ate well at the home. People told us they were able to see their doctor whenever they needed to. One person said, "'The doctors get called out if we need them."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. When they commenced work at the home staff received a comprehensive induction programme. This included a workbook of competencies which they were required to complete within 12 weeks. These were checked by their mentor or matron at six weeks and support provided where required. Staff were shadowed during their first six weeks and once completed their competencies were signed off by the matron and completed in the induction workbook. In addition they received taught sessions related to essential training for example moving and handling and fire safety. This meant staff had a comprehensive understanding of their work and the policies, procedures and work practices expected of them.

All staff received essential training updates and these included adult protection, infection control and nurses received annual updates in relation to medicines. The training was documented in staff files training with accompanying checklists showing understanding of the training received. Staff confirmed they received ongoing training and told us in addition to essential training there was extra they could, 'opt into.' All staff spoken with told us they had received dementia training when they started work and this supported them to provide the appropriate care people needed.

Some staff had recently commenced further training for example distance learning training in relation to end of life and dementia. Nurses received ongoing clinical skills training for example diabetes, catheter care and wound care. Staff spoken with told us if they required training they, "Only had to ask" and it was provided. Care staff told us they were able to undertake further development for example the diploma in health and social care.

There was an on-going programme of supervision. Supervision was delegated with managers, nurses and staff responsible for supervising a number of other staff. The matron had identified to us that some staff had not received recent supervision. We spoke with one member of staff who had not received recent supervision who told us this did not have a negative impact on her work or performance. She told us, "I've not had what you call formal supervision but I have plenty of support, I am always talking to matron to discuss things. We have handovers and meetings, we communicate about everything."

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had a clear understanding of DoLS and what may constitute a deprivation of liberty. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. The Deprivation of Liberty Safeguards concern decisions about depriving people of their liberty, so that they get the care and treatment they need, where there is no less restrictive way of achieving this.

The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm.

The provider was meeting the requirements of DoLS. The manager understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty.

Staff asked people's consent before offering them help and made sure the person was happy with what had been

Good

Is the service effective?

provided. Where people were less able to communicate verbally or had varying capacity staff understood from people's body language and facial expressions whether people had agreed to the help offered.

People were supported to have enough to eat and drink, their nutritional needs had been assessed and regularly reviewed. The mealtime appeared to be a very pleasurable occasion, with lots of relaxed chatting. Staff enabled people to eat at their own pace. People were talking to each other and engaging with staff. Where people had been assessed as not eating or drinking or losing weight the care plans and risk assessments reflected this and were updated to provide guidance for staff. Where a need had been identified staff monitored how much people ate and drank each day to ensure they received appropriate nutrition. Where concerns had been identified the GP had been informed for further advice.

There was a dining room on each floor of the home and people were able to choose whether they wished to eat their meals in their bedroom or in either dining room. People required a range of support with their meals. This included, prompting and encouraging, support with cutting food or full support. Staff were attentive and encouraging and there were enough of them to ensure people received their meals in a timely way. People were provided with the meal of their choice. One person had changed their mind and an alternative was provided. We observed one member of staff supporting a person to eat in their own room. Although the person did not want to eat, the staff member offered very gentle encouragement and spoke kindly and warmly to the person. There were choices of lunch shown on blackboards in the centre of tables. People were asked their choices the day before. Staff told us although some people may not remember what they had ordered they had chosen, with staff knowledge and support, a meal they liked. A staff member added, "If they change their mind, we'll get them something else anyway." We observed staff showing people a drink or meal to help them choose. One person had been offered a choice of cold drink, it was clear the person was unable to make a choice so the staff member poured two juices and showed to the person who was then able to make their own decision.

Staff had a good knowledge of people's dietary choices and needs. For example some people required a soft diet and others a diabetic diet. There was information in the kitchen about people's dietary choices and needs. We spoke with the chef and a bank chef. They were passionate about providing good quality, nutritious food for people. The chef spoke about pureed vegetables and said, "People enjoy pureed vegetables like they do in restaurants now. Its restaurant quality and it should look good." People had two main choices of meal at lunchtime but, "about 10 alternatives were also available including omelettes and sandwiches." There was also a 'grazing' fridge where staff could access snacks for people at any time. We observed staff offering people a choice of hot and cold drinks and snacks throughout the day. Even though staff knew what people liked to drink they continued to offer choices.

People were supported to have access to healthcare services and maintain good health.

People's physical and mental health and wellbeing, including dementia was monitored on a day to day basis and staff were pro-active in identifying when people were unwell or need medical attention. We observed staff informing the nurse when someone was unwell and the nurse contacted the doctor for further advice. We saw from the care files other external healthcare professionals were involved in people's care. This included, speech and language therapist, mental health team, dietician and tissue viability nurses. This meant people received healthcare from the appropriate professionals. Visitors we spoke with told us their relatives received the healthcare the needed. One visitor said, "There's no problem whatsoever in getting to see a doctor." Another visitor told us their relative had a pressure sore and added, "They called in a specialist team of nurses to advise them."

A member of the care staff had the role of welfare manager and was responsible for ensuring staff were aware of appointments people were due to attend. This included liaising with the hospital, GP, dentist and optician. This helped to ensure people did not miss appointments and staff were available to accompany people when required. There were regular health professionals who visited the home including chiropodist, dentist, and optician. People were able to use these services if they chose to. These appointments were also co-ordinated by the welfare manager.

Communication within the home was seen as vital in supporting people to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People said that the staff at Abundant Grace were warm, caring and friendly. One person said, "The staff are nice, friendly and helpful." Another told us, "The staff are smashing, really nice." Visitors told us, "The staff are excellent, they keep (my relative) lovely and clean" and "The caring is first class." Visitors told us their relatives were treated with dignity, one person said, "They're very good on dignity, they ask mum every time they want to do something."

Throughout the inspection we observed staff treated people with kindness and understanding. Interactions and conversations between staff and people were positive and constant. Staff made time to talk to people whilst going about their day to day work. It was clear staff knew people well but equally people were familiar with staff and happy to approach them if they had concerns or worries. One person told us they, "felt miserable today." We spoke with staff about this who told us this person was sometimes in low spirits on waking. We observed staff speaking with this person and offering support. Later in the day we saw they were smiling and engaging in conversation with other people.

When people required support this was observed to be provided appropriately and with care and compassion. It was clear from our observations that staff were able to engage effectively with people who were less able to communicate verbally due to their dementia. Staff were attentive and aware of people's physical and psychological support needs. They provided comfort to people through verbal reassurance and displayed an empathy with people's mental health needs. Staff spoke with people calmly and patiently and gave them the time they needed and when appropriate spoke with them discretely about their personal care needs.

Although the home was busy the atmosphere was calm and relaxed. People were getting up and spending their day in a manner that suited them. Some people chose to stay in their bedrooms, others in the lounge, activity room or garden. We observed one person had decided to spend the day in bed as they wanted to rest. Staff supported them to do this and ensured they received appropriate support and attention when they required it. We observed staff 'popping in' for a chat with this person. We saw some people enjoyed knitting, we observed them sitting together socialising and chatting whilst clearly enjoying themselves, whilst others spent time in the garden.

During our inspection people and staff were taking advantage of the sunshine and sitting outside and in the orangery for afternoon tea. Staff were attentive, ensuring people were not too hot or too cold and moving people accordingly, ensuring they had a drink and snack of their choice. People were smiling and engaging with each other and told us they enjoyed their time outside.

Staff knew people well and treated them as individuals and people were involved in decisions about their day to day care and support. Staff were able to tell us about people's choices, personal histories and interests. They understood how people's dementia affected them on a day to day basis. Care plans contained information about people's choices, likes and dislikes but staff continued to offer people choices. We observed one staff member asking a person what they would like to drink. They said, "I know you usually have tea, but just to remind you, you can have something different if you like." One staff member told us, "We are different so the residents are different." People told us staff knew what they liked. One person said, "I like to have the door wide-open all night, I can see the night staff go back and forth, they know and let me do it." A visitor said, "The staff know him as a person, they know his likes and dislikes."

As part of their induction staff covered privacy and dignity, and the provider had policies and resources available for staff which provided guidance and advice. Staff had a clear understanding of privacy and dignity and these were embedded into everyday care practice. One member of staff told us, When providing personal care, they made sure the door was closed and the person was covered up." A member of staff told us, "We always knock and await an answer before we go into people's rooms." People confirmed staff upheld their privacy and dignity. Throughout the inspection, people were called by their preferred name. Staff gave us examples of how people liked to be addressed. Some people liked to be called by a chosen name rather than a given name, other people preferred their full title. People were dressed in clothes that were well presented. Staff supported the choices of clothes that people had made for themselves.

Good

Is the service caring?

People were supported to maintain their independence as far as possible and care plans informed staff to encourage, remind and prompt people to undertake daily tasks for themselves. One person said, “Now I’m doing quite a bit for myself, they leave me and then come back. I had a shower this morning, all I do is tell them and they arrange it.” Visitors told us how they had seen their relatives encouraged to become more independent. One visitor told us how staff had supported their relative to practice their walking to regain their strength and confidence.

People’s rooms were personalised with their belongings and memorabilia. People showed us their photographs and other items that were important to them. There were photographs or pictures on people’s doors to remind them where their bedroom was. These had been chosen by the person as something they related to. For example some people had a photograph of themselves in their younger days, others had a picture of something that was important to them.

Good

Is the service responsive?

Our findings

People were involved in deciding how their care was provided and received care that was responsive to their needs and personalised to their wishes and preferences. Everyone was treated as an individual and all support was personalised to their needs and wishes. People told us there was a range of activities available and they were encouraged to join in. One person told us, "There's enough going on, I'm quite happy, I join in some of the activities." Another person showed us some artwork they had created and another person told us about the gardening they had done. Visitors told us there were a lot of activities and their relatives joined in if they chose to.

Before people moved into the home the matron carried out an assessment to make sure they could provide them with the care and support they needed. Care plans included information about people's likes and dislikes and how they would like their care provided. Where people were less able to express themselves verbally the matron ensured the person's next of kin or advocate was involved. This meant people's views and choices were taken into account when care was planned.

Care plans were personalised and reflected the individualised care and support staff provided to people. We saw some people had complex care needs in relation to their health needs and behaviours that may challenge others. We asked staff about the care some of these people required and saw care plans reflected the care people received. People had their care reviewed regularly this included any changes that related to their health, care, support and risk assessments. There was evidence that people and, where appropriate, their relatives were involved in the reviews. Staff were regularly updated about changes in people's needs at handover and throughout the day. They told us, "If anything changes we're told, we're always talking and updating each other."

People and visitors we spoke with confirmed they were involved in care planning decisions. Visitors, told us they were updated with any changes in their loved ones health or care needs. One visitor told us their relative had been prone to falling. They said, "After every fall I'm contacted, they tell me what happened and what they are going to do about it, they really do everything they can." For another person who could become disorientated and prone to falls when in a new area, staff had rearranged the bedroom to replicate their room at home so they felt familiar and this had also reduced the risk of this person falling.

People were able to maintain relationships with those who mattered to them. We saw a continual stream of visitors to the home. They told us they were always made to feel welcome and felt involved with their relatives care. We observed that staff knew the regular visitors well and there was an open, professional relationship between them.

Information was available on people's life history, their daily routine and important facts about the person. This included their food likes and dislikes and what remained important to them but the quality of these varied. The matron explained this had been identified and activities staff were working with people to develop and improve these. One staff member told us, "Initially, the information we have is dependant of what relatives tell us."

It is important that older people in care homes have the opportunity to take part in activity, including activities of daily living that helps to maintain or improve their health and mental wellbeing. There was a dedicated activities team of three staff at Abundant Grace. There was a wide range of lively activities taking place throughout the day. This included crafts, bingo, games and music. Staff and people had worked together and created a raised bed in the garden. This, and some further pots had been planted out by people and one person had taken responsibility for watering and tending them. Information about people's social needs were recorded in their care plans. For example one person did not like being alone and although they did not actively participate in activities they liked to sit and observe.

In response to peoples need to walk around staff were seen enabling them to be as independent as possible, whilst ensuring their safety. Each floor was a 'racetrack' formation with bedrooms, lounges, staffing areas off the corridors. Due to the layout people were able to walk around the floor safely without encountering barriers. A key pad system meant that people living in the dementia unit on the first floor (and subject to DoLS authorisations) could not leave unless accompanied. The key pad number was given to those who were able so they could access all areas of the home. We observed staff asking people on the first floor if they would like to spend time in the garden and supporting them to do this. The corridors were wide and

Good

Is the service responsive?

included seating areas. People were able to walk around, spend time in the lounges or sit in the corridors as they chose. This was effective for people who were restless and staff were readily available for support and reassurance. There was a selection of pictures and paintings some of which were bright and others were reminiscent. People were seen looking at the pictures and commenting on them. We observed people sitting in seating areas observing and engaging with staff and other people as they passed.

Staff had recognised that although there was a varied activity programme in place there were limited activities for people who remained in their rooms or didn't chose to participate. Staff told us they were reviewing and introducing more one-to-one and reminiscence type activities. The activities staff showed a depth of understanding of what constituted an activity and explained how each interaction should be meaningful for people. For example one person didn't participate in group activities or one-to-one activities. The staff member said, "We can make sure they still receive the one-to-one experience. When we provide support with personal care or at mealtimes we make sure we talk with this person and they will engage with us. It's about making every contact meaningful."

There was a complaints policy at the home and this was seen to be followed. People and visitors said they did not have any complaints at the time but they were happy to speak to the matron or other staff. One person said, "I definitely feel happy about raising things. It's acted on quickly and well." A visitor told us, "There have been one or two issues but when it's brought to the attention of (matron or deputy) they are sorted out. If I raise an issue in the evening or at the weekend they phone the next morning." Another visitor told us about a complaint they had made and said, "I got a response in writing. I'm happy to tell them about any problems." The matron told us whenever people raised a concern she asked them if they would like to make a formal complaint to ensure they were aware of the process.

Good

Is the service well-led?

Our findings

People and visitors knew the matron of the home. They also knew the name of the nurse in charge of the floor they were living on. People, visitors and staff were positive about leadership at the home. One person said, "I think it is exceptionally well run. If the night shift have time they will help the day shift, teamwork that works well here." Another person told us, "I think the staff are happy working here." One visitor said, "What holds it together is good leadership." Another told us, "I think it is well run." Staff told us they enjoyed working at the home, one said, "This place is very well run and the residents are very happy." Staff told us the matron was "Very supportive" and, "The directors are approachable and they come frequently and we are never refused equipment etc." The atmosphere at Abundant Grace was calm and relaxed, with good relationships between the people living there and the staff.

There was an open culture at the home and this was promoted by the matron and deputy manager who were visible and approachable. There was a manager on duty six days a week and matron's shifts overlapped with the night staff to ensure all staff teams had access to management support. The matron knew people well and had a good understanding of their needs and choices. She told us her goal was to provide good quality person-centred care. She had worked hard to develop an open and welcoming home for people, their relatives and staff.

There was a clear management structure at Abundant Grace. Staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff said they felt well supported within their roles and said they could talk to the matron or deputy manager at any time. The matron was seen as approachable and supportive and took an active role in the day to day running of the home. People appeared very comfortable and relaxed with her and people were observed to approach her freely.

Staff told us Abundant Grace was a good place to work, they felt supported and encouraged in their roles. One said, "It's an amazing place to work, it's hard work but I go home smiling. We have a good management team and good staff, everyone's supportive." They told us they were supported by the management team but also by each other. One said, "If one of us needs support, we're always there for each other." Another said, "If we have any problems we go straight to see (matron)."

People, their relatives and the staff were involved in developing and improving the service. We saw a recent survey which had been sent to people and their relatives. Feedback was very positive with people and relatives commenting on the good standard of care and the caring attitude of staff. We saw minutes of a staff meeting which complimented the staff on the positive feedback received in the surveys. There was also information for staff about upcoming training and a reminder about correct safeguarding procedures to follow if they identified any concerns.

There was some feedback about the activities provided and people and visitors felt more variety was required. The matron told us this had already been identified and was being addressed through the new activities staff. We saw a new schedule was being developed and an audit had identified what activities people participated in. It also identified people who participated in a limited number of activities. Activities staff were also working to improve the information held about people's life history and this would be used to improve activities for individuals.

There were various systems in place to monitor or analyse the quality of the service provided. The provider had not received a PIR so we asked the matron and deputy manager about areas of the home that had improved over the last year and areas that required further development. The matron identified the work that had commenced in activities had started to enhance people's lives at the home. She also told us that due to staffing concerns staff were now allocated a floor to work on. This was decided before the start of each shift so staff were clear where they were working. This had led to a better understanding of individual responsibilities. Where possible staff were assigned to their preferred floor however this was dependant on people's needs.

Regular audits were carried out in the service including health and safety, environment and care documentation. The matron had identified areas for improvement. This included a more robust medicine audit and care plan audit, a room chart audit and the introduction of a topical medicine chart to ensure there was a record people received their creams as prescribed. We saw these audits

Good

Is the service well-led?

had been in place for a number of months. Where shortfalls or concerns had been identified action had been taken to rectify. This demonstrated the matron and deputy manager were continually working to improve and develop the service for the benefit of people who lived at Abundant Grace.