

Treasure Homes Limited

Abbots Leigh Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Abbots Leigh Manor Nursing Home is a residential care home providing personal and nursing care to up to 69 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 62 people using the service.

People's experience of using this service and what we found

People received care that was safe and met their needs. People told us staff were kind and caring and there were enough staff to meet their needs. When staff were recruited, procedures were followed to ensure they were safe and suitable to work in the home.

People were protected from the risk of abuse because staff received training in how to identify and report concerns. The registered manager worked closely with the local authority to ensure people were safe and well supported.

When people required support with their medicines, this was done safely. Medicines were stored safely and securely.

The service was well led. People received person centred care which met their needs. People, relatives and staff all gave positive feedback about the culture of the service and the support they received from the registered manager.

There were systems in place to monitor the quality and safety of the service and this included regular audits. The Director and Nominated Individual spent time at the service maintaining oversight and working alongside the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We did discuss with the registered manager how best interests decision making would benefit from more detailed recording. They told us this was something they had identified and were going to be introducing a new form for this purpose.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 August 2018).

Why we inspected

We inspected the service due to the length of time since the previous comprehensive inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbots Leigh on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Abbots Leigh Manor Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Abbots Leigh Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbots Leigh Manor Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed all other information available to us including notifications. Notifications are a legal requirement to inform CQC of certain events that take place in the service.

During the inspection

We spoke with 5 people in the home and 2 relatives. We spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 1 nurse and 2 care staff. We checked records for 3 people using the service and looked at records relating to the running of the service such as audits and staff records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home and that staff were kind and caring. Comments included, "Staff are wonderful, very kind and considerate" and "Staff are wonderful". A relative told us they, "Have every confidence" in the home.
- People were protected from the risk of abuse because there were systems in place to identify and report concerns. Staff confirmed they had received training; they had no concerns about practices in the home but confirmed they would report any issues if they did.
- There were policies in place to support staff in raising concerns if necessary. We saw email communications with the local authority as evidence that the provider worked with safeguarding team to investigate concerns and ensure people were safe.

Assessing risk, safety monitoring and management

- People had risk assessments in place which ensured staff had clear guidance to follow to ensure people were supported in a safe way.
- Nationally recognised tools were used to assess people's risk of pressure damage to the skin. If a risk was identified, care plans were in place to manage the risk. If a person required support to reposition, records were kept of this. Records showed that people were supported to reposition regularly and in line with their care plan.
- There was a fire risk assessment in place and evacuation procedures to follow in case of emergency. People had individual action plans in place to describe the support they would need to evacuate the building.
- We discussed with the provider how more signage would be beneficial to direct people towards fire escape routes.
- Environmental checks were in place in relation to legionella and water temperatures were checked regularly.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Applications had been made to the local authority for people who required them
- When a person lacked capacity to make a particular decision, records were kept of the assessment and decision making process. We discussed with the registered manager how in some cases, more detail would be useful in these recordings so that it was documented clearly how decisions had been reached. The registered manager told us they had already identified this as an issue and amendments were being made to the forms in use.

Staffing and recruitment

- People and staff told us there were enough staff working in the home. One person commented that when they were in their room there was, "Always someone (staff) walking past". A relative said, "The call bells don't ring for long".
- A dependency tool was used to assess how many staff were needed to ensure people's safety and wellbeing.
- Suitable checks were in place when new staff were recruited. This included carrying out a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were safe procedures in place for administration of medicines. Staff were trained and their competencies checked prior to administering medicines.
- There were suitable arrangements in place for storing medicines securely. Temperatures of medicine storage areas were taken to ensure they remained effective.
- Medicine Administration Records (MAR) were used to record administration. We reviewed a sample of these and found them to be accurate.
- We did note one area of practice that potentially posed a risk of errors being made, whereby staff took two people's medicines together on a tray, to administer in their rooms. No error was made on this occasion, and we highlighted this with the registered manager. They confirmed this wasn't usual practice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were able to visit the home without restriction.

Learning lessons when things go wrong

- There were systems in place to record and monitor accidents and incidents. Appropriate action was taken following an accident to ensure people's wellbeing. For example, post fall check lists were completed and care plans updated when a person experienced falls.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive person centred culture in the home. People were happy with the care they received. One person told us how staff supported them to get dressed in the morning at a time that suited them. One person had stayed at the home for respite care and told us it had been "very good". A relative told us it was "Very evident they understand people's needs".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their role to be open and transparent. Notifications were made as necessary. A notification is a legal requirement to tell CQC about certain events that take place in the service.
- A relative commented that communication with the home had been good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were systems in place to monitor the quality and safety of the service. Regular audits were undertaken to monitor the home and take any actions necessary to improve.
- Staff told us the outcome of audits were discussed with them, and this ensured a culture of continual improvement.
- The Director and Nominated Individual for the provider was regularly at the home, meaning they maintained oversight and worked alongside the registered manager to ensure the smooth running of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt well supported. Comments included, "(Registered manager name) is so supportive; communication is good, we have one or two meetings a month and we are able to bring up any problems or issues".
- A relative told us the registered manager was "very approachable" and that "they sought our opinion and listened to mum". They confirmed they had been shown a copy of their relative's care plan.
- The registered manager told us they were looking at ways of involving the local community in the home. They told us for example, they were looking at recruiting volunteers to spend time with people, particularly

those who did not have regular visitors. One volunteer already attended the home and supported a person with doing crosswords. The registered manager was also exploring links with the local church and students.

Working in partnership with others

- The registered manager told us they worked closely with the registered managers of other homes in the organisation as a means of sharing ideas and good practice.
- The registered manager told us they also had positive relationships with the local authority and healthcare providers.