

Monarch Consultants Limited

# Autumn Grange Nursing Home

## Inspection report

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Date of inspection visit:  
28 March 2023

Date of publication:  
17 April 2023

## Ratings

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

# Summary of findings

## Overall summary

### About the service

Autumn Grange is a residential care home providing personal and nursing care to up to 54 people. The service provides support to older people, people living with a dementia and younger adults. At the time of our inspection there were 47 people using the service. The home provides care over two floors with a range of communal spaces for people to use for dining, activities and relaxation.

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

Systems were in place to protect people from the risk of abuse. Risks to people were identified and appropriate measures were in place to minimise the risk of avoidable harm. Staff understood safeguarding procedures and how to raise a concern. There were enough staff to support people safely and people's needs were met. People were recruited safely and appropriate pre-employment checks were completed. Medicines were managed safely and people were supported to receive their prescribed medicines.

People's needs were regularly assessed and staff had the appropriate knowledge and skills to support people effectively. People were supported to maintain a healthy diet and people's weights were monitored to ensure their nutritional needs were met. Appropriate referrals to healthcare professionals were made to support people's health needs. The environment in the home was safe and clean, some areas were tired and needed improvement, plans were in place to address these.

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. The registered manager promoted a person-centred, open culture to ensure people experienced positive outcomes. People told us the care people received was good and staff knew people well.

There was clear oversight to monitor the quality of the service. People, staff and professionals were regularly sought to provide feedback on the service to drive further improvement. The registered manager knew people well and focused on engaging with all people who used the service to ensure a positive culture was maintained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 6 August 2019).

At our last inspection we recommended that the provider considered guidance in relation to falls management and reviews people's mealtime experience. At this inspection we found the provider had acted on recommendations.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

### 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 effective?

Good ●

The service was effective.

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.

# Autumn Grange 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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by 2 inspectors.

#### Service and service type

Autumn Grange 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. Autumn Grange 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 reviewed information we had received about the service since the last 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 sought feedback from the local authority. We used all this information to plan our inspection.

### During the inspection

We spoke with 8 staff members including the registered manager and quality assurance manager. We spoke with 2 people who use the service, 3 relatives of people who used the service and one healthcare professional. We reviewed a range of records, including 5 people's care records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including policies and procedures.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place protect people from the risk of abuse.
- Staff received safeguarding training and staff understood how to report any concerns. One staff member told us, "I would report any concerns I had straight away to management, I would have no hesitation at all".
- There was a detailed safeguarding policy in place and staff understood how to recognise signs of abuse.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider consider current guidance regarding falls management and take action to update their practice accordingly. The provider had made improvements.

- There was a system in place to manage falls. The registered manager, assessed, monitored and identified trends in relation to people's falls. For example, one person was experiencing falls in the evening, one to one support was sought to support them during this time.
- Care plans included detailed risk assessments for staff to support people appropriately. For example, we saw risk assessments in relation to falls, skin integrity, mobility and nutrition.
- Risk assessments were in place for people with a specific health risk. For example, we saw a detailed risk assessment for a person who experienced left side weakness. The risk assessment included measures in place to reduce risks to this person and prompts for staff to use care intervention as an opportunity to promote passive exercise to promote their overall health and wellbeing.
- Personal evacuation plans were included people's care records. This meant important information could be shared in the event of a hospital admission or emergency evacuation of the building.

Staffing and recruitment

- Staff were recruited safely. Appropriate checks and a Disclosure Barring Service (DBS) were carried out prior to employment. 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.
- The registered manager reviewed staffing levels to ensure there were safe staffing levels to meet people's needs. During the inspection, we observed staff attending to people promptly.

Using medicines safely

- People received their prescribed medicines safely. There was a robust system in place for the management of medicines. For example, there was an electronic medicine live dashboard system for

nursing staff, which indicated if someone's medication had been missed. One relative told us, "[Person] always looks comfortable, their pain is under control, it's down to good care".

- There was written guidance for staff on administering medicines prescribed 'as and when required'. The electronic system in place also alerted staff to follow up people who were prescribed 'as when required' medicines. For example, a person was prescribed medication for being distressed, the system required staff to record an outcome after one dose before a second dose could be administered. This meant least restrictive practice was followed.
- Staff received training in administering medicines and regular competency assessments were completed to ensure staff remained competent in administering medicines safely.

#### Preventing and controlling infection

- The home appeared clean and tidy. Some areas of the home were tired and in need of improvement, however, this did not pose any risk. The registered manager showed us development plans in place to address these areas.
- 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

- The provider's approach to visiting was in line with government guidance and there were no restrictions to visiting at the time of inspection.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Since the last inspection, the provider developed a robust system to monitor accidents and incidents. For example, falls were monitored to identify trends, actions were then taken to minimise the risk of people falling.
- Following issues identified in relation to people becoming distressed and exhibiting behaviours, the registered manager focused on clear effective communication with families to ensure families understood this area and people were supported safely.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were completed to assess people's needs and choices. An effective electronic care planning system was in place to assess and record people's needs and choices.
- Assessments of people's needs were comprehensive identifying people's risks and support needs. This meant staff had key information to support people effectively.
- Care plans were person-centred and included social and cultural care information on people's social history, preferences and things that were important to them. For example, we saw a person's care plan which detailed their previous occupation and like for country music.

Staff support: induction, training, skills and experience

- Staff received regular training and were competent in their roles. One staff member told us, "We get enough training and if we request further training, we get it. If you want to progress in the role, [management] support you".
- Staff knew people well and we saw kind and caring interactions between staff and people. One healthcare professional told us, "The team are efficient and friendly".
- New starters completed a comprehensive induction and had the opportunity to shadow experienced staff to build on their knowledge and skills.

Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection we recommended the provider reviewed the meal time experience, to ensure sufficient staff and equipment was available to provide individualised support to people. The provider had made improvements.

- People were supported to maintain a balanced diet and people enjoyed the food. People's care plans included their nutritional preferences and details of their support needs. One person told us, "I like it here and I like the food".
- People's weights were monitored regularly and appropriate referrals were made for people who were at risk of malnutrition. For example, we saw a referral to a GP for someone who experienced consistent weight loss and a deterioration in health.
- There was a variety of food choice to cater for different diets. Kitchen staff understood people's nutritional needs well and engaged with people to ensure they were happy with their choice. A relative told us, "Since being at Autumn Grange, [person] has put on weight and their diet has improved, I'm very happy".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with a wide range of professionals to ensure people's outcomes were met. A healthcare professional told us, "It would be my choice of home if I had to choose for someone. We have a very good relationship, any actions given are always done".
- The registered manager facilitated a 'weekly ward round' with the community matron. This provided an opportunity to discuss people's health concerns weekly and where any issues were identified, prompt action was taken.
- People were supported to access the community. One person who used the service told us, "We went to the theatre yesterday and it was nice".
- Regular outings were arranged for people, for example, shopping and theatre trips. People were also supported to visit their loved ones.

Adapting service, design, decoration to meet people's needs

- The environment was appropriately adapted to meet people's needs and included good signage to help people orientate around the home.
- People's bedrooms were personalised with family pictures and memorabilia. There were also spaces for people to sit and relax in the home, for example, there was a Bistro people could use to relax and spend time with family.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider worked within the principles of the MCA. People's capacity was assessed and reviewed. For example, we saw a capacity assessment for person with an advanced dementia, their assessment was thorough and included documentation in line with their best interests.
- Staff received training in MCA and DoLS and the registered manager understood their responsibilities in relation to MCA and DoLS.

# 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 requires improvement. At this inspection the rating has changed to 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager focused on meeting people's diverse needs and promoted an open and inclusive person-centred culture within the home.
- People, staff and relatives were involved in reviews through open regular communication. One relative told us, "They are brilliant, [person] loves it there. Can't fault them at all, they always tell me what they are doing and if there are any changes".
- People were supported to feel empowered and included, for example, one person was able to have birds in the care home, due to their passion for birds.
- Staff felt supported and empowered by the registered manager, comments from staff included, "The manager here is really approachable, I love it here, it's like a little family", "It is nice to feel supported", "I have a really good manager who is very supportive and approachable".
- Feedback was sought from people using the service, staff and professionals. Surveys were regularly sent out and analysed and a quality assurance report was produced highlighting the areas of improvement identified.

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

- The provider and registered manager understood their responsibility to act with candour and statutory notifications were submitted to us in a timely manner.
- There was clear oversight of the service, both the provider and registered manager regularly completed audits of different aspects of the home. For issues identified, actions were taken to drive improvement. For example, we saw a care plan audit which identified some detail was not included in a care plan, this was communicated to staff and changes were made promptly.
- Since the last inspection, a robust process was in place for falls management which included identifying triggers, themes and trends to reduce the risk of re-occurrence.

Continuous learning and improving care

- The registered manager was committed to continuous learning and improving care.
- The provider and registered manager completed a range of audits of the service. An analysis of themes and trends for each area were completed to drive improvements. Examples of these audits include, falls,

wounds, safeguarding and service user and staff welfare.

Working in partnership with others

- The provider worked with a range of healthcare professions, for example, GP, community matron and district nurse to ensure people's health needs were met.