

HC-One Limited

# Augustus Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Augustus Court is a residential care home providing personal care for up to 58 people. The service provides support to adults, some of whom may be living with dementia. At the time of our inspection there were 57 people using the service.

### People's experience of the service and what we found:

Risks to people were not always identified, assessed or mitigated. Safe infection control practices were not always followed in relation to the wearing of personal protective equipment (PPE) and cleanliness. Care plans were not always up-to-date and reflective of people's needs. Quality assurance processes had identified some but not all of the issues we found at inspection. However, the provider acted promptly in response to issues we raised and brought in additional senior staff to support the new manager and arranged further training, support and guidance for staff.

There were enough staff to meet people's needs and keep them safe. People's privacy and dignity was respected. People were provided with a variety of food and drinks. People were generally happy with the care they received and spoke positively about the staff who supported them. Staff knew people well and were kind and caring. Activities were provided and people were supported to keep in touch with family and friends. People had access to healthcare services.

The home was well decorated and comfortably furnished, although improvements were needed to make the environment more dementia friendly. The provider had a refurbishment plan in place to address these issues. Staff received the training and support they required to meet people's needs. Staff were recruited safely, with appropriate checks carried out.

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 manager started in post on the first day of our inspection. They were responsive and proactive in addressing issues we raised. Staff said they had already noticed an improvement in communication since the manager started.

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

This provider was registered with us on 31 August 2021 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 6 September 2018.

### Why we inspected

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

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Augustus Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement [and Recommendations]

We have identified breaches in relation to regulations 12 and 17.

Please see the action we have told the provider to take at the end of this report.

#### Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Augustus Court

## 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 team consisted of two inspectors, a medicines inspector 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.

#### Service and service type

Augustus Court 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. Augustus Court is a care home without 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 not a registered manager in post. A new manager started on the first day of the inspection.

#### Notice of inspection

The inspection was unannounced. Inspection activity started on 7 November 2023 and ended on 21 November 2023. We visited the service on 7 and 15 November 2023.

### What we did before the inspection

We reviewed information we had received about the service since the provider registered. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

### During the inspection

We spent time with people in the communal areas observing the care and support provided by staff. We spoke with 10 people who used the service and 4 relatives about their experience of the care provided. We spoke with 11 staff including the manager, area manager, care staff, including seniors, and the chef. We spoke with a visiting healthcare professional.

We reviewed a range of records. This included 10 people's care records and 10 people's medicine records. We looked at 2 staff recruitment files. A variety of records relating to the management of the service were reviewed. We provided feedback to the registered manager and senior managers following both days when we visited on site and at the end of the inspection.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement

### Assessing risk, safety monitoring and management

The provider did not always assess risks to ensure people were safe. Staff did not always take action to mitigate any identified risks.

Risk assessments were not always in place. Those that were did not provide guidance for staff on how to mitigate risks in relation to falls, distressed behaviour, monitoring bodily functions and skin integrity. Care records showed several incidents where people had displayed distressed and aggressive behaviour towards staff and other people. Our observations raised concerns about staff understanding and competence in supporting people when these incidents occurred. We witnessed one person who had a fall and were concerned about how this was managed by staff prior to the manager being involved. The provider took action to address these concerns immediately, bringing in specialist senior managers to support staff and arranging additional training, coaching and mentoring. Guidance relating to managing stress and distress events and falls was provided to all staff.

### Learning lessons when things go wrong

The provider did not always learn lessons when things had gone wrong.

Incidents were not always being recorded and reported. Lessons learned from incidents were not always acted on. For example, an action following a fall was for staff to check sensor equipment (to alert staff if the person got out of bed or walked around in their bedroom) was on and in the right place. The manager checked and found one of the sensors had been incorrectly placed. We saw another person in bed, who did not have their crash mat next to their bed. This had been an action to mitigate the risk of injury following a previous fall.

We found no evidence that people had been harmed. However, risks to people were not always assessed and managed which placed them at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to the inspection findings and provided assurance they had taken steps to address these shortfalls.

### Preventing and controlling infection

People were not always protected from the risk of infection as staff were not consistently following safe infection prevention and control practices.

Risks relating to a person with an infection had not been identified or addressed. We saw some staff were not wearing PPE correctly and there were issues with cleanliness and odours in some areas of the home.

We found risks associated with infection prevention and control were not always assessed and managed which placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took action to address these issues and we noticed an improvement in all these areas when we visited on the second day.

#### Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance. Overall people and relatives told us they could visit when they wanted. Two people said they could not have any visitors at mealtimes. The manager told us they discouraged healthcare professionals from coming at mealtimes so people could enjoy their meals uninterrupted, but there were no restrictions on family and friends.

#### Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm. Systems were in place to ensure allegations of abuse were reported, investigated, and acted on. Staff had received training and understood how to identify and report abuse. People told us they felt safe at the service and relatives agreed. One person said, "I feel safe and secure here because [staff] are here all the time. When I was living at home on my own, I was frightened of falling at night." A relative said, "[Person] is looked after well, from getting up to going to bed. I know he is safe here, it's a massive relief."

#### Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff. Most people and relatives we spoke with thought there were enough staff, although 3 people disagreed. Comments included, "At the weekend they take a bit longer to come" and "Staff are very good but there's not enough of them." Dependency calculators showed staffing was above recommended levels. We found staff deployment and oversight needed to improve. We saw communal areas were frequently left unattended. The provider took action bringing in a senior manager to support, coach and mentor staff in how to manage, deploy and lead their team. New systems had also been implemented to support the manager's oversight of staff deployment.

Recruitment records showed staff had been recruited safely with appropriate checks and a formal induction process.

#### Using medicines safely

People were supported to receive their medicines safely. Medicines were stored safely and staff had medicines completed training. Medicines records were generally well completed. Information about how to safely administer medicines was in place, although more detail was required when a variable dose was prescribed. Comprehensive audits had been completed. The provider had already identified and started to address the issues we raised during the inspection and improvements were ongoing.



# 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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement.

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

The provider was not always working in line with the Mental Capacity Act.

Some people were subject to restrictions without appropriate assessments or consent gained prior to their implementation. For example, people who had sensor equipment. The manager said action would be taken to address this issue. No one in the service had a DoLS authorisation, although records showed appropriate applications had been made to local authorities.

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

People's needs were assessed prior to admission to the home. A 'moving in' assessment was completed which captured people's background, history, medical condition, needs, wishes, preferences and abilities.

Staff support: induction, training, skills and experience

Staff received induction, training and support in their roles. Records showed the majority of staff were up to date with training and receiving supervision. New staff confirmed they received a thorough induction and shadowing period. Staff said training in managing the needs of people who displayed distressed and aggressive behaviour would be helpful. The provider has put in place additional training and support to address this area.

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

People were supported to eat and drink enough to maintain a balanced diet.

People were provided with a good variety of food and drinks. Catering staff were aware of individual dietary requirements and provided appropriate meals and snacks to meet people's needs. People told us they enjoyed the food. One person told us how much they had enjoyed their bacon and tomato sandwich for breakfast saying, "I love it. It's the best meal of the day."

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 effectively with other organisations to ensure people were supported to access healthcare services and support. Records showed the involvement of a variety of healthcare professionals including GPs, district nurses, palliative care team and occupational therapists.

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

People's individual needs were not always met by the adaption, design and decoration of the premises. People lived in a spacious and comfortable living environment with access to their rooms and a variety of communal areas. Some improvements were needed to make the environment more dementia friendly. For example, some people's rooms did not have their name or picture on the door, only a room number. On each floor there was a central hub with four corridors leading to people rooms. There were no distinguishable features to help people orientate themselves and find their bedrooms. The manager told us there was an ongoing refurbishment plan.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

People were well supported and their privacy, dignity and independence was promoted. People and relatives spoke positively about the staff who they described as kind and caring. One person said, "They are all nice to me. They listen to me, they are good." A relative said, "The staff are lovely, kind and thoughtful. They are really caring."

Staff supported people with their appearance ensuring they were comfortably dressed and wearing appropriate footwear. People looked well groomed. Personal care was carried out in private and people said staff maintained their privacy and dignity. One person said, "[When supporting me with personal care] staff always close the door and the curtains."

Supporting people to express their views and be involved in making decisions about their care  
People were supported to express their views and make decisions about their care. People told us their views and choices were respected. Comments included, "I can do what I want" and "I can come and go where I like." A relative said, "They leave [person] to have a lie in if he wants to. He had a lie in yesterday as well. Nine times out of 10 he gets up and goes for a full English breakfast. He can do what he likes. They check on him to get him up but if he wants to stay in bed he can."

We observed the majority of staff engaged well with people offering them choices and listening and acting on their wishes. However, we saw some staff did not offer people a full choice, particularly in relation to food and drink options. The manager assured us they would take action to address this issue.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated requires improvement

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

People were not always supported as individuals, or in line with their needs and preferences. People did not always receive the care and support they required. For example, 2 people required support with their continence needs. This was not addressed by staff until the inspector raised concerns with senior management. Care records were not always up to date or accurate. We found a lack of detail and guidance for staff regarding managing behaviours that challenge, meeting people's continence needs and skin integrity and wound management.

People and relatives were generally happy with the care provided. One person said, "I would say they care and look after you." A relative said, "I am here a lot, so I do get involved with [person's] care. I can raise anything and they do sort it out." The provider's improvement plan had identified shortfalls in the care records and action was being taken to address this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

People's communication needs were not always understood and supported.

Communication plans were in place, however improvements were needed. For example, there was no clear guidance regarding communication with a person who had a hearing loss. Staff said they used a loud voice, although this did not always work. They said they were not aware any other communication options had been considered or discussed with the person. The inspector found the person responded to written communication when they engaged with them.

We found people's care records were not always accurate in reflecting their current needs and the support they required. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's improvement plan had identified shortfalls in the care records and action was being taken to address this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

People were supported to maintain relationships, follow their interests and engage in activities that were important to them. Wellbeing co-ordinators facilitated a variety of activities which people said they enjoyed. One person told us, "There are loads [of activities] every day. They had a gentleman singer, keep fit classes and quizzes. Everyday there is something."

One staff member organised a quiz and armchair exercises which had people laughing and joining in enthusiastically. They made sure the activity was inclusive for all. We saw some people liked to go outside into the garden which was accessible. We saw people had access to mobility aids they needed. One person said, "I went for a walk around the garden, to get some fresh air. It's up to you, you can go out when you want to."

#### Improving care quality in response to complaints or concerns

People's concerns and complaints were listened to, responded to and used to improve the quality of care. The provider had systems and processes in place to ensure formal complaints were investigated and responded to.

#### End of life care and support

People were supported at the end of their life to have a comfortable, dignified and pain free death. Staff worked closely with palliative care teams to ensure people's pain was managed and they were comfortable at the end of their life. Information was recorded in relation to people's clinical care such as, Do Not Attempt Resuscitation forms (DNAR). However, care plans were not always in place to show people's preferences or wishes regarding their care and support as they approached the end of their life.

# 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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care

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

The provider did not have a fully supported management structure. The provider's system did not always effectively monitor the quality of care provided to drive improvements. Quality assurance processes had identified some of the issues we found at the inspection. The provider had an improvement plan which showed action was being taken to address the shortfalls. We found inconsistencies in oversight and monitoring of the service. Following the first day of inspection additional senior management were brought in to support the manager who started in post on the first day of the inspection. Staff spoke positively about the improvements the manager had made since starting and said communication had already improved.

The provider had not consistently created a learning culture at the service which meant people's care did not always improve. Care plans had some person-centred information, but other information was not up to date. We found gaps in some care records, including food and fluid charts and night care records. This meant it was difficult to closely monitor people's health and well-being.

We found systems to assess, monitor and improve the service were not sufficiently robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team were responsive to the inspection findings and provided assurance they were taking steps to improve.

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

People and relatives were generally happy with the care provided. Comments included; "I am happy here. I can't think of anything that's a problem, it's all good" and "It's good accommodation and they take care of all of [person's] needs." Minutes from residents and staff meetings showed their involvement in making decisions about the running of the home. One person said, "They do have a residents' meeting to discuss your world. I feel they listen and do what you say." Satisfaction surveys had been completed by people and relatives and gave positive feedback.

Working in partnership with others

The provider worked in partnership with others. The management team and staff understood the importance and benefits of working alongside other professionals. Care records showed staff contacted other professionals when they had concerns about people's health.

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 provider understood their responsibilities under the duty of candour. The manager provided assurance they were open and transparent when things went wrong and whenever an accident or incident occurred they reviewed if the duty of candour applied.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not assessed, mitigated or monitored. Infection control risks were not assessed or managed. Regulation 12 (2)(a)(b)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective systems were not in place to assess, monitor and mitigate risks to people or to improve the quality of the service. Regulation 17 (1)(2)(a)(b)