Golden Age Management Limited

Attwood's Manor Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on the 8 July 2015 and we gave 24 hours' notice to the management team. This had been agreed in advance as some of the the newly formed management team were not based at the service and wanted to be involved in the inspection. We last inspected the service over two separate dates on the 16th and 26 January 2015. Following this inspection we rated the service inadequate and identified a number of breaches with the regulations. We also served a warning notice to the provider to ensure that the relevant action was taken. Following the inspection we received a detailed action plan from the provider telling what actions they had undertaken to become compliant. We also met with the provider to discuss actions they had taken and to meet with staff specifically employed since the last inspection to raise standards in the home, including an acting manager who was supporting the registered manager.

The service can accommodate up to 65 older people who require care and accommodation. They do not provide nursing care. At the time of our inspection there were 45

Summary of findings

people using the service. The home had a newly registered manager who at the time of inspection had just gone on a period of planned leave and an interim manager was in place.

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

The home was shabby in parts and we identified some risks to people using the service in relation to the environment.

However, overall we identified significant improvements to the service. Staffing levels were appropriate. Staff were visible throughout the day and weekly dependency tools helped the provider assess how many staff were necessary to match the dependency levels of people using the service.

Risks to people's safety were assessed and audits showed us how many falls had occurred and what actions they were taking to actively reduce these. We identified one person who choked at lunch time. This was discussed with the manager to establish the facts and immediate actions were taken to balance the risks with the person's right to choose. No harm came to this person.

Medicines were given safely by competent staff and audits helped to identify any shortfalls so immediate actions could be taken.

Staff had sufficient knowledge of how to report concerns and actions to take if they suspected a person to be at risk of harm or abuse. There was information for staff, people using the service or members of the public so they would know who to contact if they felt a person to be at risk of harm or abuse.

Staff practices were good and staff were being supported through direct observation of their practice, supervision and training. This was on-going. The homes recruitment processes were adequate.

Staff were supporting people appropriately and giving them opportunity to make appropriate choices. The manager had worked in conjunction with the Local authority and other agencies to ensure people who lacked capacity to make decisions about their care and welfare were appropriately supported.

People were supported to eat and drink in sufficient quantities. People's dietary needs were documented in their care plans and essential, need to know information was in people's care plans.

We identified good communication with other health care professionals which ensured people's changing needs were quickly recognised and acted upon to ensure people's condition did not get any worse.

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?

Requires Improvement

The service was mostly safe.

Risks to people's health and safety were assessed to ensure appropriate steps could be identified to minimise risk. We asked the home to assess people's risk of aspiration to ensure people's safety.

The home had begun detailed audits of events affecting people's health and welfare such as falls. However, data was not available over 6 months making it difficult to assess if control measures were adequate in reducing the level of risk.

During our inspection we identified minor environmental hazards and issues with soft furnishing which we brought to the providers attention.

There were enough staff to meet people's assessed needs.

There were systems in place to ensure people received their medicines safely.

Is the service effective?

Good

The service was effective.

Systems were in place to ensure staff were supported in their roles and had adequate induction and training to meet the needs of people using the service. Staff's performance was being monitored so bad practice could be addressed and good practice recognised.

People made decisions about their care and welfare. Where people lacked capacity to make decisions about their care and welfare the staff acted lawfully to ensure people were appropriately supported to make decisions.

People were supported to eat and drink enough for their needs.

Staff monitored people's health and referred people to the appropriate health care professional when necessary.

Is the service caring?

Good

The service was caring.

We observed kind interactions between staff and people using the service.

People were appropriately supported to maintain their independence and dignity.

People were consulted about their care and how the service should be provided according to their needs.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People's needs were assessed and a plan of care was put into place. This was kept under review to ensure it remained appropriate to people's needs. Records showed what care was given but there was a potential for error as the service had two ways of recording information. A paper system and a computerised record. Neither were comprehensive.

Activities were provided for people and events were planned throughout the summer.

Is the service well-led?

Good 

The service was well led.

The service had a registered manager who was instrumental in bringing about many positive changes. This had been strengthened by a new senior management team who were visible in the home and actively supported staff.

Audits were used to determine how people's health, safety and welfare were being met and what needed to be in place to improve this. This included direct observations and feedback from people, staff and visitors on how the service was being delivered.

Attwood's Manor Care Home

Detailed findings

Background to this inspection

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

The inspection took place on the 8 July and was announced. We gave 24 hours' notice to enable the members of the management team to be available for feedback.

The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service. Our expert had experience of supporting older people. We also reviewed the information we already held about the service including previous inspection reports, and notifications. A notification is information about important events which the service is required to send to us by law. We also made contact with the Local authority and other agencies. Prior to our inspection we received some concerns relating to the provision of care. We also looked at feedback received from whistle blowers, people using the service and the Local Authority.

We spoke with 12 people using the service, eight staff and four relatives. We observed the care being provided, and looked at records.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on the 16 and 26 January 2015 we found that people were not receiving safe care. We identified breaches in relation to the safe administration of medicines. We were concerned there were not enough staff to meet people's needs and there was no system to determine how many staff were needed in accordance with people's dependency levels.

The home sent us a detailed action plan stating what they were doing to address our concerns. At this inspection we observed there to be enough staff and this was only compromised if staff rang in sick at short notice. Agency staff were used to cover vacancies and urgent absence cover.

We asked staff and visitors if there were enough staff. One relative said "Yes but there are not enough staff normally there are only 2 in here (red lounge) and sometimes when there is only 1 you cannot get out."

One person using the service told us, "They use agency staff for back up care and it is worse at the changeover of day and night staff and when they are getting people to bed and during handover." By worse they told us they meant not enough staff around. This meant they felt there were not always enough staff at particular times of the days.

One staff member said, "Staff levels are appropriate and we have do appropriate staffing."

Since the last inspection the provider has introduced a tool which helps them determine the number of staff they need by determining people's dependency levels. Staffing levels were appropriate on the day of inspection and people's needs were met in a timely way. Agency staff were filling staff vacancies and the provider was actively trying to recruit permanent and bank staff. The acting manager told us that at the weekend there was reduced management presence but there was always a deputy manager on duty. They were supported by an out of hours call system and back up of agency staff if required.

In addition the manager said they were doing spot checks and had done a number at night to see if care was being delivered effectively. They had also started to clearly document falls to see if they could identify any trends or themes. They said more falls occurred at night which could be indicative of insufficient staff. Currently there were four night staff but the home was not full. They said they would closely monitor this.

The rotas were appropriate and showed the right number of staff. The manager had ensured they had the right skills mix and that staff were deployed correctly at the busiest times of the day. For example at lunch time most staff were designated to stay in the dining room and this was protected time so they were not permitted to do other things until the meal was finished.

One person told us, "There are lots of agency, but they are alright, and they are busy at meal times and with toilets before the meal." A number of staff had left since the last inspection but the home were working hard to recruit additional staff.

We observed and spoke with staff administering the medicines in the home. Medicines, including controlled drugs, were well managed safely. We observed staff supporting people to take their medicines in a patient and caring manner. We saw they checked the medicine they were giving against records and watched while it was taken before signing to say it was taken. We randomly checked five people's medicines and records and saw that they were correct and recorded properly. Where people needed medicines only occasionally (PRN) there were no protocols to inform staff when to use them. However, the staff we spoke with were knowledgeable about the people's medication and health needs and were able to tell us about recognising when people needed PRN medication and what steps to take and how to record it. PRN protocols will need to be developed. Records showed that staff had received the appropriate training to enable them to administer medicines and spot checks were carried out by the manager to check practice.

One person told us "I would give it, (the home) 6 out of 10 and I feel safe to a point. Lots of people have got dementia and they touch everything but they never go into my room it is locked."

People's safety was promoted because there were staff in the communal areas and they were quick to respond to people's needs and help maintain people's safety. Call bells were accessible and those that were activated during our

Requires Improvement

Is the service safe?

inspection were answered quickly. People told us that they did not have to wait too long for assistance when they called for help. One person said, "If I call for help it doesn't take long for someone to come."

Individual risk assessments were in place. The acting manager kept information of anything that had the potential to affect people's health and well- being. For example the falls register showed what measures and support was in place to manage people's falls. The home took into account if people had infections, what medicines they were on, environmental factors and ill health, which all might be contributory factors in the risk of falls.

During our inspection we observed one person who choked on their food. Their records stated they required a soft textured diet and this was known by staff. The person had been seen by a speech and language therapist who had not identified a risk of chocking. Staff gave them soft food but the carrots, although very soft were whole. Staff said this person would have been observed and would ordinarily mash their food and ate independently. On this day they did not mash their carrots. The acting manager said they would immediately assess this person in terms of their self-determination and risks associated with eating independently. They had already had input by speech and language. The risk of aspiration would be looked at for each person using the service.

Staff were knowledgeable about people's needs and said they were aware of how to report concerns if they though people were at risk from potential harm or abuse. Staff received training in the protection of adults and policies were available to staff to help them determine what actions they should take. Management were visible in the home so were observing care practices and ensuring people's needs were being met.

We looked at the homes recruitment processes for new staff and these were satisfactory. Checks were carried out before staff were offered a contract of employment. This was to check if staff were suitable and included job references, a background check, an application with checkable work history, proof of identity, nationality if required and address.

We observed and identified a number of concerns in terms of cleanliness and minor repairs around the home which could compromise people's health and safety .A relative said their family member's room was not kept clean. They said it was, "Full of dust, everything is covered in dust". Some areas of the home under closer inspection were not very clean. For example, a number of carpets were buckled and could increase the risk of people falling. A room being refurbished was left open and had broken tiles could be hazardous to anyone entering. Cigarette butts were left discarded outside and ashtrays were seen to be overflowing. The homes own daily and monthly audit had identified issues with the environment. We also identified ill-fitting sheets on mattresses and pillows which did not have protectors on. In response to this the acting manager said they would order more bedding and would carry out a mattress audit to ensure bedding and mattresses were in good order.

The floor at the back of the sluice room upstairs, opposite bedroom 55, was bare wood where appliances had been removed. This is an infection control risk because staff would not be able to effectively clean the wooden floor to ensure it was infection free. However, the building was clean and smelt fresh. We saw no cleaning products were left unattended. Overall feedback was given to the acting manager at the time of inspection in relation to the cleanliness of the home and assurance was provided that these areas were being addressed.

Good

Is the service effective?

Our findings

At the last inspection we found this area required improvement. Staff did not have the necessaryskills to meet people's needs. People were not always appropriately supported to eat and drink enough for their needs and there was poor monitoring of this which could place people at risk.

At this inspection we observed staff and their care practices were good and they demonstrated a familiarity of their job role and the needs of people using the service.

The acting manager showed us records which indicated staff supervisions and staff training were being updated and these were planned ahead. However, the frequency of supervisions were not as frequent as the acting managers would have liked and this was being addressed with supervisions being shared out between senior staff. Likewise, training was being updated, the matrix was not quite up to date, but we saw training was planned.

New staff were being supported through a nationally recognised induction and shadowed more senior staff until they felt confident. In addition to induction and supervision, staff practices were observed to ensure they were competent. Annual staff appraisals were also being planned.

The acting manager said staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberties, (DoLS) and knew how to support people appropriately. Staff spoken with confirmed this. People's needs were documented in their care plans. Applications had been made to the Local Authority to deprive people of their liberty. This meant people were not free to leave under their own free will because it would not be safe for them to do so. However, staff used the least restrictive option to keep people safe. Main doors were restricted but staff assisted people to access the garden or the wider community. By making an application to the Local Authority they could decide if the deprivation was lawful and keep the decision under review. This meant the home were acting lawfully.

People told us they enjoyed the food offered to them. They said they had enough to eat and were able to make choices between two different main meals offered at dinnertime. One person said, "The food is good, there's always choice and if you don't like it they will always make you something else." Another person told us, "The food is good and I get enough." Another said "The food is wonderful, you can have extra if you want it and I have a cooked breakfast every single morning, I would give it 20 out of 10"

There were pictorial menus on all the tables and staff offered people choices when serving up their food.

People were supported to eat in an unrushed and positive way, with staff sitting next to people and chatting to them while they ate.

The home had responded to advice given by dieticians, and speech and language teams in response to people's individual dietary needs. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight.

Recognised professional assessment tools, such as the Malnutrition Universal Screening Tool, were used to identify people at risk nutritionally and care plans reflected the support people needed. Staff had received training to enable them to understand and use these tools. People's weights were monitored so that staff could take action if needed. For example, they would refer people to the dietician or increase the calorific content in food and drinks for those people losing weight.

Staff told us they had seven people who needed assistance with their meals and this was done in a timely, appropriate way.

We asked people about their health care needs, one person told us they had a sore shoulder and was due to see the physiotherapist. One family member told us, "My relative went to hospital two months ago. The carer stayed with them, they were good and phoned us regularly and when they got back here they had dinner and they settled them and they rang and told us everything."

A staff member told us, "We have got other services involved now; speech services, continence services, GP's, nurse practitioners and district nurses. For instance when someone comes from the continence service a staff member is allocated to go around with them."

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. People had regular contact with their GP who provided

Good

Is the service effective?

support and assisted staff in the delivery of people's healthcare. People were supported to attend hospital, dental and optician appointments, including diabetic eye checks.

The acting manager was trying to establish closer working relationships with other health care professionals to benefit people using the service and to try and reduce risks to people's safety. An example was a more detailed analysis of falls which showed active referrals directly to the falls prevention team rather than going through the GP first. Meetings with the district nurses had taken place and the falls prevention team were coming in to speak with and provide training for staff.

Good

Is the service caring?

Our findings

At the last inspection we found improvements were needed in this area. Staff did not always promote people's dignity and independence. The care provided was very task focussed and not based on the individual needs of people using the service.

At this inspection the atmosphere in the home was calm on the day of our inspection and staff met people's needs in a kind, calm way. We observed staff talking to people as they passed through and were observant about where people were and how they were.

One relative told us, "Care wise you cannot fault them. My relative is always clean and tidy and nails painted and hair done." Through our observation we saw that people were appropriately dressed and were presentable.

One person said, "The staff are really helpful, on the whole they are fantastic." Another said "My daughter wanted me to come here. I wasn't sure, but I am happy now."

We observed good care practices. The acting manager told us how they monitored staff practice and identified and addressed poor practice. Some of the daily records did not record people's needs in a person centred way and the terminology used was not helpful in describing people's needs. However, we saw that staff gave care according to people's individual needs and it was person centred rather than task focused. The acting manager said they had worked hard to support staff and some staff had left because they were not suitable.

We asked people about the care given to them and if staff promoted their dignity and independence. One person told us that staff assisted them with washing but always asked them to do what they could for themselves. Another said, "Staff, they are very good, you only have to say what you want and they go and get it for you, they are very good."

People were consulted about the service. We saw that posters were displayed around the home giving details of a residents meeting and a relatives meeting later the same day. We were told that the relatives meeting was planned for the early evening to allow families to get home from work. However, at the last meeting none of the relatives came. The manager said they were starting to compile email details for everyone so they could email them directly and keep them up to date with changes in the service or their family member's needs. They said they would also send out minutes for meetings.

Resident meetings were planned every six weeks. We asked for minutes of the last meeting and these were dated 21 April 2015. The areas of conversation including the quality of the food, an update of the service and the complaints procedure to see if people were aware of how to raise concerns. In addition weekly surgeries were to be introduced between 6-8pm for people, family and friends to discuss any aspect of the service. This was in addition to an open door policy.

Good

Is the service responsive?

Our findings

At the last inspection we found the home was not responsive or meeting people's needs in respect to their health and welfare and we asked the provider to improve. We found improvements had been made to address these concerns at this inspection.

We asked people if staff were responsive to their needs. One person said, "Three months ago I fell out of the bed around 4am and I reached for the buzzer and they came within 5 minutes at the most."

Another told us "Bed, I normally go to bed late, 11ish and I sit in here (Bistro) and the staff are always going through and they ask do I want a cup of coffee." And "Mornings, it varies, the night staff would get you up at 7am but you can choose to get up at 9.30 which suits me."

We saw activities being provided throughout the morning to keep people mentally stimulated.

There was a basketball net in the garden and one person told us, "I play basketball on the decking and they recently put up a gazebo to protect us from the sun. You can go out there on your own or I go with the activity girl. I do it occasionally." Another person said they went out to town with staff.

We asked people what they thought of the service, one said "I like it here, they look after me. I'm suited here." Another said "I'm OK, I'm kept comfortable."

We saw when we arrived at 10am that there were a few people still in bed, based on their personal choice, the majority were up and people had finished breakfast and the medicine round was completed on our arrival. People were looking clean and well dressed. People were engaged with each other and their surroundings. There was one main person providing activities but they were supported by a part time member of staff. There were activities going on, both individually and in small groups, there was an activities coordinator who was working with people doing art work around the table. Planned activities were advertised on the notice board, which included entertainers and religious services.

We spoke with several people about activities. One person said there was enough to do during the day but he tended to spend the evenings in his room, because it was quiet.

The gardens looked well maintained and inviting with ample seating in accessible areas. Gazebos and umbrellas had been put up to protect people from the danger of direct sunlight.

The home had recently joined FANS, which is a friends and neighbours scheme and puts volunteers in touch with people in the home based on their interests and hobbies and would benefit from some support. This was something the home had recently done and to date had one volunteer supporting the home. The manager said when they were fully staffed they would look at employing another part time person to provide activities in the evening.

We looked at five people's care records. Care plans were person-centred and detailed. The service had paper and electronic care records that were in the process of being updated. Not all of the paper records had been updated and showed discrepancies from the electronic care records. We were assured that new paper care records would be produced, this meant that staff, who did not have access to the electronic records, would not have update and accurate information about the people they supported. The acting manager assured us that they were addressing this and that they were in the process of updating both the electronic and paper care planes. In the paper records we saw that people had signed their care plans and had participated in compiling their care plans and that they, and their family, participated in their review meetings.

People had also signed documents to give consent to for certain activities, such as receiving care and having their photograph taken. The care plans were reviewed monthly and formally once a year unless there were changes to the person's circumstances when they were reviewed at the time of need. People's care plans were reflective of their health needs and contained information about how they communicated and their ability to make decisions about their care and support.

We identified one person where we felt their mental health was not effectively managed. For example we could not see any recent input from mental health services and they were by chose isolated in their room. We felt they might benefit from an advocate or volunteer. They were visibly distressed when we were speaking to them. The acting manager agreed to look at this to see if any more support could be provided. The person expressed confidence in the 'new management.' And said, "They are trying to change things."

Good

Is the service responsive?

Some of the areas of the service had been decorated since our last inspection, but we noted that there was nothing to orientate people round the home and to point people to their bedroom. Although they had photographs, there were no memory boxes which might help people familiarise themselves with their room and subtle signage and use of colours, which might help people distinguish between different rooms and their purpose.

There was evidence that complaints and suggestions were acted upon because this was documented. For example the last complaint was about personal belongings going missing, the record showed clearly how this had been investigated and concluded. The complaints procedure was not displayed around the home. The acting manager said this was being updated and asked for it to be printed off and displayed.

Good

Is the service well-led?

Our findings

At our last inspection we found the home was not well led and we told the provider to make the required improvements by serving a warning notice. Since the last inspection there have been significant improvements in the way the service was being managed.

We asked people about the service, One person told us, “The new acting manager is good. She is the only person that comes around and she is trying to change this place. I see her quite often.”

We spoke with staff about the changes they had observed since the last inspection. One staff member said, “I like it here and the management is very good and very approachable. I have had no problems.” Another said, “The new management are trying to implement change and some staff are finding it difficult.”

Another said “A few staff members, who have left, were not flexible and we have got a new manager now and with all her experience, she really talks to the staff and gets to know them and she is getting to know the residents and their families and we have a more positive attitude within the home from all the staff.”

The acting manager had introduced a staff recognition scheme, employee of the month helped recognise staff that were demonstrating the right aptitude and values of the organisation. People, their families and other staff could nominate staff they felt were worthy of the award. There were also systems in place to monitor staffs practice and help to promote positive practice where identified and stamp out poor practice. Staff we spoke with felt this was a good change and one who had been awarded the first award, joked with the one who had won it that month, saying they were going to make sure they won it back next month.

Staffing levels were being addressed by recruiting new staff, supporting existing staff appropriately and taking necessary actions against staff who were not delivering, safe, effective, compassionate care.

The home had a more robust quality assurance system. At the entrance to the home the inspection ratings were clearly displayed and these had been discussed with relatives. They had been given the opportunity to comment on the service and we saw examples of praise given to the staff for the good care their relatives had received. There was a suggestion box, a comments book and surveys which were circulated to staff, people using the service and relatives. These were circulated at different times of the year. We were unable to see collated results, but individual feedback was noted. However, the acting manager said they were introducing a board telling everyone what feedback they had received and what they had done as a result of this feedback. This would make them far more accountable and show people how they were responding to feedback.

The acting manager was making improvements in the way they involved and consulted with people such as regular surgeries and meetings for relatives and residents but these were not properly established at the time of our inspection.

The acting manager said they were in the process of updating policies including the statement of purpose and service user guide and would make these available to people and the CQC when they were ready.

Improvements had been made in terms of auditing the service. The acting manager had undertaken recorded spot checks. These identified any remedial actions required and what had been done to address these. The acting manager also did a daily walk around, which was detailed and took note of what was happening in the home at any one time. These audits showed who was spoken with and if the home was well presented, clean, safe and if people were receiving appropriate care. Weekly audits and monthly audits were in progress. However, it was too early to assess their effectiveness as they are still in development as the manager had only completed one full monthly audit because they had only been in the service since the last week in May. We found that some data such as accidents, incidents and falls had been pulled together for June 2015 with actions to reduce these. However we were not provided with data before June 2015 to see if measures introduced were effective at reducing the number of events in the service.

The homes own audit identified areas of concern with certain aspects of service and had put in plans to address this. However, we identified two concerns in relation to cleanliness and choking assessments which should have been picked up during the provider’s own audits.

Good

Is the service well-led?

The laundry person said that they try to get every ones clothing back to people quickly and to that right person. Although on person's relative told us that, "I always sew my [relative's] name in all their clothing, but things still go missing." Also, "Look my [relative] is wearing someone else's trousers now." And "I bought in a footstall for my [relative] and when I came again, someone else was using it."