

Northgate Healthcare Limited

Autumn House Nursing Home




Inspection report

37 Stafford Road
Stone
Staffordshire
ST15 0HG

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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:

Autumn House is a residential care home that was providing personal and nursing care to 54 people aged 65 and over at the time of the inspection.

People's experience of using this service:

Improvements were needed to ensure the newly implemented systems in place to monitor the service were imbedded and sustained. Improvements were needed to ensure medicines were consistently managed safely to protect people from potential harm. Records did not always contain people's up to date needs and preferences.

People did not always have their legal rights protected as the staff did not have the knowledge to ensure peoples care was delivered in line with the Mental Capacity Act and which people had Deprivation of Liberty Safeguards authorisations in place. People were supported by staff who had not completed training. Improvements were required to ensure peoples holistic needs were being met.

Improvements were required to ensure people received care that was responsive to their own Individual needs, including when they reached end of life. The provider operated a complaints system but improvements were required to ensure all people and their relatives had access to it.

People were supported by safely recruited staff. People were supported by staff that understood their responsibilities to safeguard people from the risk of harm. There were systems in place to ensure lessons were learnt when things went wrong.

People told us they enjoyed the food and had choices to meet their nutritional needs. Staff involved and consulted a range of health and social care professionals to ensure people's healthcare needs were met.

People were supported by caring and compassionate staff who supported people with patience. People's choices were respected in line with their individual communication needs to promote informed decision making. People's right to privacy was up held and their independence was promoted.

Feedback was gained from people, relatives and staff, which was used to make improvements to people's care. The provider had recognised that improvements were needed at the service and had started to implement changes to the way the service was managed. The provider had a clear vision for the future of the service.

Rating at last inspection:

This was the first ratings inspection since the provider registered on 25 October 2017.

Why we inspected:

This was a planned inspection to assess whether the provider was meeting the meeting the required standards and to provide a rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 ●

Autumn House 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Autumn House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Autumn House accommodates up to 67 people in one adapted building. There were two floors which had their own communal lounges and dining areas.

The service did not have a manager registered with the Care Quality Commission. There was an interim manager who was managing the service. A new manager had been recruited who would be registered with us once they had taken up their role. This means that they would be and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service.

We spoke with eight people who used the service and three relatives. We observed care and support in communal areas to assess how people were supported by staff. We spoke with six members of staff, the deputy manager, the manager and the provider

We viewed seven people's care records to confirm what we had observed and what staff had told us. We looked at how medicines were stored, administered and recorded for ten people. We also looked at documents that showed how the home was managed which included training and induction records for staff employed at the service and records that showed how the service was monitored by the manager and provider.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe, which meant there was an increased risk that people could be harmed. Regulations had been met but some improvements were still required.

Using medicines safely

- Improvements were needed to ensure medicines were consistently managed.
- There was not always enough guidance for staff to follow when people needed 'as required' medicines. Protocols were in place, but these did not always contain sufficient information.
- Topical Medicine Administration Charts (TMARS) were in place. However, there was not always sufficient information to provide staff with clear guidance on the frequency that people needed their topical creams applied.
- The manager had already identified improvements were needed to ensure medicines were managed safely. However, these had not been fully implemented and imbedded across the service.
- After the inspection we received an action plan to show how the manager planned to make these improvements. We will assess these improvements at our next inspection.

Assessing risk, safety monitoring and management

- Improvements were needed to ensure people's risks were consistently managed. Staff did not always have guidance to help them when supporting people to manage their assessed risks.
- People's behaviours that may challenge were not consistently assessed or monitored. For example; one person displayed behaviour that may challenge. Care plans did not give staff sufficient guidance on how to recognise triggers or how to support this person at these times. Staff we spoke with knew how to support this person. However, there was a risk that this person may receive inconsistent support.
- The manager and the provider had already identified that improvements were needed and were working to improve the information available to staff.
- An action plan was received to show the planned timescales for improvements. We will assess these improvements at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and looked after. One person said, "I do feel safe, most definitely." A relative said, "My relative is very safe. They [staff] keep an eye on them and are available 24 hours a day."
- People were safeguarded from the risk of abuse because staff understood how to recognise and report suspected abuse.
- The manager had reported safeguarding concerns to the local safeguarding authority to ensure people were protected from the risk of harm.

Staffing and recruitment

- People and relatives told us there were enough staff available to meet their needs. One person said, "I am quite independent but I like that staff are on hand if I need them and they come quickly when I need support." Another person said, "I think there is enough staff, they come to me when I need them and they never rush me. It's nice that we have a chat when they are helping me with things."
- We saw there were enough staff available who were deployed effectively to ensure people received support when they needed it.
- The manager had implemented a staffing tool, which took account of people's dependency levels, to ensure there were enough staff available to meet people's assessed needs. This had been effective in increasing the staffing levels at the service.
- The provider followed safe recruitment practices to ensure people were supported by suitable staff.

Preventing and controlling infection

- People told us the service was always clean, which confirmed what we observed.
- Staff followed the provider's infection control procedures which ensured people were protected from the risk of cross infection.

Learning lessons when things go wrong

- The manager analysed incidents that had occurred at the service. This ensured action had been taken to lower the risk of further occurrences. Staff were informed of changes to people's support, which ensured lessons were learnt when things went wrong.
- The provider had recognised that changes were needed to the way the service was being monitored and managed. These changes had been fed back to staff and they were in the process of making improvements to the way people received their care.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 Act 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 Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff were unable to explain what this meant for people living at Autumn House Nursing Home. One member of staff told us, "I've not had any training."
- Records we saw contained conflicting information about whether people had capacity to make decisions about the care they received. The manager told us they were aware records required reviewing.
- The manager told us if people were being deprived of their liberty they had made applications to the authorising authority to do so legally. One person had an authorisation in place to deprive them of their liberty, however staff were unaware of this. This meant people may not be in receipt of the care required by the law.
- We saw people being given choices about the care they received and staff involved them in making decisions about their daily routines.

Staff support: induction, training, skills and experience

- Staff did not always have sufficient training in some areas to support people effectively. We identified significant gaps in the training records of some staff, for example, Mental Capacity Act and Health and Safety.
- Staff told us whilst they had received some training, but there were gaps in their knowledge as they were waiting for further training to be delivered.
- Despite this, people told us staff were well trained in other areas. One person said, "They [staff] know what they are doing. They move me without my legs hurting and they communicate with each other." We saw staff moving people safely during our inspection.
- New staff received an induction before starting their role. This involved shadowing more experienced staff. A senior member of staff told us "If they are confident we pair them with a good buddy, if not confident

enough they can shadow longer."

- Staff told us they felt supported in their role, through regular supervisions and they were able to speak with the provider if any concerns as they visited Autumn House Nursing Home regularly.

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

- People's needs were assessed prior to moving into Autumn House Nursing Home.
- We saw some of people's protected characteristics under the Equalities Act 2010 formed part of this assessment such as religion. Other characteristics such as culture, ethnicity or sexual orientation were not included. This meant people may not receive care in line with their cultural needs or ethnic background.

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

- People told us they enjoyed the food and had choices at each mealtime. One person said, "The food is very good, very impressed, the food is absolutely brilliant".
- We saw people with special diets were catered for to ensure their nutritional needs were met.
- When people were at risk of malnutrition or weight loss we saw staff monitored their food and fluid intake on a regular basis.
- We observed a lunchtime meal and saw staff were available to support people where needed and people were offered choices.
- Throughout the inspection we saw drinks were available for people in both public areas and in their own rooms.

Staff working with other agencies to provide consistent, effective, timely care

- Healthcare professionals told us staff followed the guidance they had given which helped people to recover and maintain their health.
- We saw staff held meetings with health professionals to ensure the care people received was effective.

Supporting people to live healthier lives, access healthcare services and support

- People told us they could access support from other health professionals when they needed it. One relative told us they supported their family member to all medical appointments which helped them to feel involved in the care of their loved one.
- Records contained some guidance for staff to follow when they had certain health conditions. However, in one case we saw this conflicted with the persons wishes. The manager told us they would correct this following our feedback.

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

- We saw the service did not have any signage which would be suitable to support people living with dementia to navigate their way around the home. There were some adaptations for people with dementia, such as contrasting colours on toilet seats, however this was not consistent. The provider told us there were plans to improve this.
- We saw the building had wide corridors which meant people living with dementia and wheelchair users could access other areas of the building easily.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring and compassionate staff. One person said, "The staff are very nice. I get on with them well, they are all very helpful." Another person said, "It's a home from home here. Staff are so helpful and everyone knows each other. I enjoy life here."
- People were supported to maintain relationships that were important to them. People and relatives told us there were no restrictions to visiting and they were always made to feel welcome by staff.
- Staff showed patience when supporting people and ensured people were comfortable throughout the inspection. People were happy to see staff who allowed people to express themselves. One person greeted a member of staff by singing to them and we saw the staff member joined in with the song. The person smiled and laughed with the member of staff.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to make choices in the way they received their care and people's choices were respected. People told us they could make choices to live their life as they preferred. One person said, "There are no restrictions here. I like the fact that I can choose how I spend my day and staff don't make me do anything I don't want to do. It's great."
- Staff understood people's individual methods of communication and support plans were in place to give staff guidance on the most effective way of communication to help people express their views.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and they felt their dignity was maintained. One person said, "All the staff are respectful toward me, which gives me respect for them too." Another person said, "Staff always knock on my door and are respectful of my privacy. I like to keep my door open but they ensure they respect my privacy by waiting to be asked in."
- Staff respected people's wishes when they wanted to spend time in the privacy of their own rooms. Staff supported people to access their rooms when they wanted to.
- People were supported to maintain their independence. One person said, "I am still quite independent. I like to do my own thing and staff respect my wishes. I know when I need help and staff do too."

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Although people told us they were involved in the planning of their care we found this was not always evident.
- Staff we spoke to were not always aware of people's choices and needs. For example, one person told us about the care they preferred and staff were not aware of this person's choice which meant they may not always be in receipt of care which met their personal choice.
- Records contained conflicting information and were not always up to date and reflective of people's current needs. We brought this to the attention of the manager who acknowledged improvements were required in planning people's care.
- The provider employed three activity coordinators. People told us they spent their leisure time doing activities they enjoyed.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain. One person said, "If I had any problems, I would tell them." However, we found the complaints policy displayed in an area where not all people could access it. The Accessible Information Standard requires information to be easily accessed by people using the service.
- We saw the provider had a system in place for people to make complaints and any complaints received had been investigated and action taken to improve the service?.
- We saw the provider had kept a record of compliments received by relatives and people who used the service.

End of life care and support

- The manager told us one person was in receipt of end of life care. We looked at this person's care record and it did not contain sufficient information about their wishes to ensure they received the care and support they wanted at this time. This meant this person may not receive the care and support they would like at this time.
- When required, we saw staff had worked with other professionals such as district nurses and doctors to ensure this person received a comfortable and pain free end of 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider had recognised that improvements were needed to the service and to the quality assurance systems in place. However, these had not been fully implemented across the service.
- The manager had implemented an improved method of ensuring medicines were managed safely. This had been completed on the first floor of the service and was effective in ensuring staff had sufficient guidance to administer and manage people's prescribed medicines. However, this had not been commenced on the ground floor and improvements were still needed.
- The manager told us they had only been at the service for five weeks prior to the inspection. They were in the process of introducing further audits to ensure there were effective quality assurance systems in place.
- The provider had a good oversight of the service which ensured improvements were being made as required. The manager's action plan showed progress and the areas that had been identified as still needing improvement.
- We will assess the effectiveness of the planned improvements at our next inspection.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Records were not always up to date and accurate. Records had started to be updated by the management team. However, the improvements had not been fully implemented to ensure people's records contained an accurate and up to date reflection of people's needs and preferences.
- People and relatives felt able to approach the manager and the provider. One person said, "The manager is very good, I know the owner too as they come and have a chat with me." A relative said, "We can see improvements being made with the new owner and we have confidence in them."
- Staff spoke positively about the management team. Staff told us they were approachable and supportive. One staff member said, "The management has really improved. I feel I can go to the manager, deputy or provider as they are all approachable." Another staff member said, "I have confidence in the manager and know they will act on anything I raise."
- Notifications had been submitted to us (CQC) as required by law.
- The provider had a clear vision for the service. They were aware of the improvements needed but were keen to promote person centred care. The provider's planned improvements were in place to ensure this vision was fully implemented and followed by staff.

Engaging and involving people using the service, the public and staff

- Feedback was gained from people through questionnaires and resident/relative meetings. People told us the meetings held at the service were useful and gave them an opportunity to raise any issues. The information gained was used to make improvements to the service people received.
- Staff told us meetings were held, which gave them the opportunity to discuss any concerns or suggestions. The manager listened to suggestions made and acted on them to make improvements.

Continuous learning and improving care

- The provider had a long-term plan in place to make sustainable improvements at the service. They used information received from people, relatives and staff to continually learn and improve the service provided.

Working in partnership with others

- The manager worked with other professionals, which ensured people received safe and effective support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing.