

Barchester Healthcare Homes Limited

Austen House

Inspection report

Kilnsea Drive
Lower Earley
Reading
RG6 3UJ
Tel: 01189 266 100
Website: www.barchester.com

Date of inspection visit: 19 and 23 February 2015
Date of publication: 14/04/2015

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



Overall summary

We carried out an unannounced inspection of Austen House on 19 and 23 February 2015.

Austen House provides nursing care for up to 79 older people who are frail or are living with dementia. At the time of our inspection 63 people were using the service.

The home had two floors and consisted of four communities known as Bourne, Kennet, Loddon and Thames. We spent time in all the communities.

Communal lounges and dining rooms were available for people on all floors. Stairs and a lift provided access between floors. A range of communal areas, including a hairdressing salon, were available for people's use.

A registered manager was not in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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

Summary of findings

about how the service is run. A new manager had been appointed in December 2014 and they had started the application process for becoming a registered manager with the CQC.

At the last inspection in June 2014, we asked the provider to take action to make improvements to people's daily care records and to ensure staff knew and supported people to get up at their preferred times. Improvements were also required to ensure the provider gained lawful consent from people or their legal representatives before care was agreed. The provider sent us an action plan and told us they would make these improvements by 30 August 2014.

During this inspection we checked whether the provider had taken action to address the three regulatory breaches we found during our last inspection.

We found the provider had taken action to understand and address the regulatory breaches and concerns raised. There had been some delay in getting this work started due to management changes, but it was evident that action had been taken since December 2014 following the appointment of a new management team. The provider had made the required improvements in two of the regulatory breaches. People's care plans now reflected their waking-up routines and consent was lawfully gained before care was agreed. However, further improvements were required to people's daily records to ensure people consistently received high quality care that met their needs. We also identified some minor concerns with staff recruitment checks and medicine records relating to the application of people's skin creams as directed by the GP.

The provider was working towards improving the service. Additional staff and management resources had been made available to support the improvements identified. The provider had implemented a comprehensive system of quality and risk checks to support the manager to monitor the service and drive improvement. The provider had identified similar concerns to those we found during this inspection. Comprehensive action plans were in place to address these shortfalls. However, it was too early to assess the effectiveness of these systems in promoting sustained improvement in the quality of the service people received.

The provider had identified concerns relating to safe staff practices. Staff had been re-trained and arrangements put into place to ensure people were transferred between their beds and chairs safely. Systems were in place to identify, report and respond to safety incidents appropriately, and action had been taken to prevent these incidents from re-occurring. People and their relatives told us they felt safe in the home and thought people received safe care.

People had care plans in place to support them to stay healthy with the input from appropriate professionals. However, nurses could not evaluate from people's daily records whether the care plans they had instructed staff to implement had been effective. These daily records did not accurately reflect the care people had received.

People's individual needs were assessed and their preferences recorded. Care was provided accordingly. However, people living with dementia did not always receive the support they needed to make their lives interesting and stimulating. We have made a recommendation about supporting the needs of people living with dementia.

There were enough staff to meet people's needs however during busy periods, including meal times, staff were not consistently available and some people had to wait for their meal time support. The provider was working towards improving the deployment of staff during busy periods. Recruitment practices were not sufficiently robust to protect people as far as possible from individuals who were unsuitable to deliver care to people.

The provider had identified shortfalls in staff practice and had re-trained staff to make sure they were supported in their roles and knew how to care for people in line with good care practice. Staff told us they had received regular supervisions. Where staff performance had fallen below an appropriate standard the provider had taken action to address these shortfalls.

People and their relatives were encouraged to be involved in the planning of their own care. Where people did not have the capacity to consent to their care, arrangements were in place to ensure consent was sought lawfully and protected people's rights. We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Summary of findings

People were cared for by staff who were kind and respectful of their needs and wishes. Their dignity was promoted through thoughtful consideration. The complaints process ensured people's concerns were addressed appropriately.

People and relatives were encouraged to give their views about the home and their feedback was used to make improvements. People living at the home and their relatives were complimentary about the quality of care provided. They liked the friendliness of staff, and the homely atmosphere. People told us they were encouraged to treat Austen House as their home.

People, relatives and staff acknowledged progress towards a stable management team in the home, and spoke with confidence about the manager in post at the time of our inspection.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

The service was not always safe.

Medicines were not managed safely. Records did not provide staff with the information they needed to apply people's skin creams as directed by the GP.

Risks associated with people's care were identified and managed to help keep them safe. Staff had received updated safeguarding training and knew how to raise any concerns, to reduce the risk of harm to people.

Recruitment practices were not sufficiently robust to protect people as far as possible from individuals who were unsuitable to deliver care to people.

Requires Improvement



Is the service effective?

The service was not always effective.

People were supported to eat and drink enough and risks to people's skin were managed. However, daily records did not provide nurses with all the information they needed to monitor whether people had received effective care and treatment.

Staff were supported to improve the quality of care they delivered through training and regular supervision.

People were asked to consent to their care and where people lacked the capacity to make this decision the provider had acted in accordance with the requirements of the Mental Capacity Act 2005.

Requires Improvement



Is the service caring?

The service was caring.

Staff related well with people and were kind, friendly and supportive. People liked living at the home and relatives were complimentary about the caring attitude of staff.

Staff recognised people's rights to privacy and dignity. People were treated with respect.

Staff understood people's preferences and people were supported to practice their faith and stay in touch with those important to them.

Good



Is the service responsive?

The service was not always responsive.

People's individual needs and preferences were assessed and care was provided accordingly. However, people living with dementia did not always receive the support they needed to make their lives interesting and stimulating.

Requires Improvement



Summary of findings

People and their relatives felt able to talk with the manager and staff and told us their questions or concerns were addressed promptly. Complaints were managed effectively.

Is the service well-led?

The provider implemented quality and risk audits to support the manager to monitor the service and drive improvements. The provider had plans in place to ensure people received safe quality care. However, it was too early for us to judge whether these systems would bring about and sustain the required improvements.

Staff, people and relatives spoke of a cultural change and described the provider as being more open and honest about the challenges they faced.

People, relatives and staff spoke positively about the manager in place at the time of our inspection. Feedback was sought from people and acted upon by the provider.

Requires Improvement



Austen House

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 checked 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.

This inspection took place on 19 and 23 February 2015 and was unannounced.

The inspection team was made up of two inspectors and an expert by experience with knowledge of dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The regulatory policy manager from CQC also took part in inspection.

Before the inspection we reviewed the information we held about the home including previous inspection reports and any concerns raised about the service. We also looked at notifications sent in to us by the registered manager, which gave us information about how incidents and accidents were managed. A notification is information about important events which the provider is required to notify us of by law. We had also received information following a safeguarding meeting in January 2015 that raised concerns about some care practices in the home.

We did not request a Provider Information Return (PIR) at the time of our visit as the provider would not have had time to complete one. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We obtained this information during the inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 16 people living at the home and six relatives who visited the home on the day of our inspection to obtain their views on the quality of care at Austen House. In addition, we spoke with the regional director, manager, peripatetic manager who was supporting the manager, six nurses, eight care assistants, the chef and trainer. We also spoke with the vicar and a GP at the home. We reviewed 15 people's care records. We looked at all staff training records and recruitment files for five staff. We also looked at records relating to the management of the home.

After the inspection we spoke with a physiotherapist and mental health practitioner who frequently visited the home.

Is the service safe?

Our findings

Though we did not find any medicine administration errors, medicine records were not always sufficiently robust to prevent potential errors from occurring. Records were kept for medicines received, administered and disposed of. Three people required staff to administer topical creams to their skin to prevent pressure ulcers developing. Topical cream charts were kept in people's rooms for staff to complete when skin creams were administered. Though these had been completed, the information on the cream chart and associated body map did not always inform staff where this person's cream needed to be applied. The service also used a letter "F" to indicate cream had been applied. This was not a standard code and the section available for the recording of supplementary codes had not been used to clarify this code. Staff we spoke with knew how to apply and record people's cream application. However, new staff might not know where to apply people's cream or whether it had already been applied, thereby, increasing the risk of errors occurring.

People were at risk of harm because information about the administration of medicines were not always available to staff to ensure topical creams were administered as prescribed. This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On one occasion we observed a nurse leaving a medicine trolley open for a short period. This increased the risk of people having access to medicines not prescribed for them. We made the manager aware of the risk and they told us they would take immediate action to address this concern.

People who could speak with us told us they felt safe living at Austen House and did not have any concerns about abuse or bullying from staff. Relatives we spoke with said they did not have any concerns about the safety of their loved ones. They told us they would be confident speaking to a member of staff or to the manager of the service if they had any concerns.

Staff told us they received training in safeguarding people from abuse. This was confirmed in the staff training records. Staff were able to tell us how they would identify

and respond to allegations or incidents of abuse. They also knew the lines of reporting in the organisation and said they be confident reporting any concerns to a senior person in the service. They said they would challenge any poor practice and would not tolerate abuse. One staff member said, "We are a good team on Loddon, but if I ever saw anything that worried me about the way my colleagues treated people I would tell the nurse". Records showed the manager had notified the local authority and CQC of safeguarding incidents. These notifications showed she had taken appropriate action to make sure people were protected from abuse, including unsafe staff practice. One relative told us they had raised a safeguarding concern and they were satisfied the matter had been resolved.

Any risks to the person and to staff supporting them had been assessed. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action staff needed to take to minimise the risk of harm occurring. Some people had restricted mobility and required support when moving or walking. Care plans informed staff how to support people to safely move around the home and transfer in and out of chairs and their bed. A physiotherapist told us communications between them and staff relating to people's mobility support had improved. They said staff were getting to know what support people needed to move safely.

The provider kept safety incidents under review and had identified a pattern of bruising that had occurred when people were supported by staff to transfer. The manager explained their investigation into these incidents had identified shortfalls in staff moving and handling practices. The provider's trainer told us staff had been re-trained to use the hoist safely and consistently across the service. This was confirmed in the staff training records. Staff also completed competency-based assessments to make sure that they could demonstrate the required knowledge and skills, when supporting people.

People at risk of bruising due to medication, health or skin conditions had been identified. Staff told us they have been made aware of people's increased risk of bruising and the precautions they needed to take. This information had not been incorporated in people's care plans at the time of our

Is the service safe?

inspection. The manager told us this would be completed to ensure all staff supporting these people had the information available to know how to move people safely without injury.

People told us staff seemed rushed but there were enough staff to support them. One person told us they used their call bell at midnight and someone came quickly to attend to them. Staff said there were enough staff to meet people's needs safely, but they felt rushed during busy periods. The number of staff required to safely meet people's needs had been assessed by the provider. Numbers of staff were based on people's support needs. The manager told us they kept the staffing numbers under review and records showed additional staff had been made available when needed. We saw staff provided the care people needed, when they required it. Call bells and people's requests for assistance were answered promptly.

Though there were enough staff we saw improvements were required in how staff worked together during busy periods, including meal times. People did not always get their food and the support they needed to eat when they wanted it. Some people were left waiting to eat for twenty minutes while others had already finished eating. This did not make mealtimes a sociable shared experience. The manager was aware of this concern. Senior staff had

started observing lunch times to identify what changes needed to be made to make sure meal times were well co-ordinated and people enjoyed them. One nurse told us "Lunch times are running smoother we now need to make sure it is consistent every day".

The provider had completed the following staff pre-employment checks: criminal record checks, fitness to work questionnaires, proof of identity and right to work in the United Kingdom. They also received references from previous employers as proof of applicants' satisfactory conduct in previous health and social care employment. However, the provider's staff recruitment checks were incomplete. They had not ensured a full employment history, including satisfactory written explanations for any gaps in histories was obtained, before staff were offered employment. People were not protected as far as possible from individuals who were known to be unsuitable to work with people in a care setting.

The provider did not ensure information was available for all staff to evidence their full employment history as required. This is a breach of Regulation 21 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

At our previous inspection in June 2014 we found people's daily records had not been kept up to date to show they had received the care they needed. It had not been recorded whether people with limited mobility had been supported by staff to regularly change their position to relieve pressure on their skin. At this inspection we found some improvements had been made. Nurses now checked all daily records twice a day to identify any gaps in recording. However, we found further improvements were required for this recording to be effective in informing nurses if people's skin care plans had been delivered. People's repositioning charts had not been completed consistently. It had not always been noted when people were not in bed and therefore did not require repositioning for a period of time. We saw staff checking people's air mattress settings were correct. However, the completion of these checks had not been recorded in people's records. People's records did not accurately reflect the care they received. Nurses told us what action they took when gaps were identified in records to assure themselves that people had received their care. However, this corrective action had not been recorded for staff to know whether people had already been repositioned or additional action was required.

Accurate records were not kept of the care provided to people every day. People might not receive the care they needed because staff did not have the information they required to know whether someone had already been repositioned. Nurses could not evaluate from the records whether the skin care plan they had instructed staff to implement had been effective as the record did not accurately reflect the care delivered. This was an ongoing breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The nurses used assessment and monitoring tools to identify people's risk of developing pressure ulcers. Where people had been identified at risk of skin deterioration, plans were in place to prevent pressure ulcers developing. These included frequently changing people's position to relieve skin pressure, using air mattresses and keeping people's skin moisturised. The Regional Director told us they had reviewed the reporting of pressure ulcers across

the home and found staff required additional training to enable them to identify early changes in people's skin before pressure ulcers developed. She told us "I saw the staff use to report skin concerns when they identified a stage 2 pressure ulcer. This is too late they need to identify and report the start of skin changes". Staff told and records showed they were receiving training in the provider's skin care programme, 'MiSkin'. One care assistant told us "The MiSkin training has helped me check for any redness or dryness on people's skin and I now tell the nurse when I see anything".

People received medical care when required. A local GP visited people every Monday and Friday and more often as required. Nurses identified people who required medical attention at the change of each shift and informed the GP of their concerns prior to his visit. The GP visited the home on the day of our inspection. We saw the nurse recorded changes in people's medicine and any additional health monitoring the GP required before his next visit. This information was shared with staff at the beginning of each shift. The GP told us he had no concerns about the support people received to remain healthy. He said staff were skilled in identifying when people became unwell and the action they needed to take. He gave examples of how staff had worked with the local palliative care team to support people's end of life care as well as reporting to him concerns in people's health. He told us staff monitored people's skin condition, including those who might refuse personal care, and were skilled in encouraging people to accept this care.

People's care plans informed staff of the support people required to manage their health including pressure care, nutrition and specific health conditions including diabetes. People were supported to manage their specific health conditions. Where people required nurses to monitor their blood glucose records showed that this had been done as required. The GP was kept informed by staff of any concerns in glucose readings. The GP told us nurses had worked closely with him to manage some complex diabetes treatments. He told us staff supported people to understand their condition and the importance of complying with their diabetes diet and treatment. He said nurses were willing to learn and implemented his medical guidance appropriately. A relative told us their loved one's diabetes treatment was consistent and other health needs were by staff as and when needed.

Is the service effective?

People at risk of malnutrition and dehydration had been identified and were monitored to make sure they ate and drank enough. Since our last inspection in June 2014 improvements had been made to people's food and fluid charts. People's food intake had been recorded at every meal. Records showed three people had their fluid intake monitored and staff recorded what they drank each day. The amount each person should be drinking (according to their weight) was recorded and we saw they had drunk enough fluids on most days to keep them hydrated. Every bedroom had a jug of water and staff told us people were encouraged to drink enough. People told us that they enjoyed the food and that there was always enough.

People at risk of malnutrition were weighed weekly and weekly meetings were held to discuss the support they required. The chef also attended these meetings to remain up to date with people's dietary needs. People with swallowing difficulties had been assessed by a Speech and Language Therapist (SALT) and where needed received soft and pureed diets. Staff could describe how they would support people in line with their SALT guidelines.

When we inspected the service in June 2014 we informed the provider that improvements were needed to make sure people's consent to their care and treatment were lawfully gained. At this inspection we saw improvements had been made. Senior staff were knowledgeable about the Mental Capacity Act 2005 Code of Practice (MCA) and how it applied to the people they supported. We looked at care records which showed the principles of the MCA had been used when assessing a person's capacity to make a particular decision. Some people in the home were not able to make important decisions about their care due to living with dementia. Their records showed the steps which had been taken to consult with people who knew the person and their circumstances well, to ensure decisions were made in their best interest. Where people had a legal representative to support them in relation to important decisions this was recorded in their care plans.

The manager was knowledgeable about the Deprivation of Liberty Safeguards (DoLS). Records showed 39 people were subject to a level of supervision and control that may

amount to deprivation of their liberty. Records showed DoLS had been authorised for 27 people and the manager was waiting for the outcome of another 12 applications. The provider worked with the community mental health nurse to make sure DoLS applications were appropriate. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards DoLS which applies to this type of service. Providers are by law required to inform CQC when DoLS application are authorised. The Regional Director had identified in their February 2015 audit that these notifications had not been made and following our inspection we received the appropriate notifications.

The Regional Director told us the provider was implementing a programme of retraining. This was evident in staff training records and from speaking with the provider's trainer. The trainer told us "Though staff had received training in the past we identified some of their working practices were inconsistent. We are now retraining everyone in manual handling, skin care and dementia to ensure people receive consistent support from staff". All staff had received the new dementia training. The Regional Director told us "We are supporting staff to develop their skills in dementia care. There is still work to be done in supporting staff to use behaviour charts effectively and provide people with positive support when they become anxious or distressed". Staff we spoke with told us they needed more support to develop their skills to effectively support people whose actions might put themselves or others at risk. They were positive about the dementia training they had received.

Staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. The Regional Director told us and records showed the frequency of staff supervision and practice observations had been increased over the past two months since concerns with some staff's practice had been identified. Staff told us they found these supervisions beneficial and helped with their development to fulfil their roles effectively.

Is the service caring?

Our findings

People and relatives told us staff treated people with care and compassion. Comments included “I have no complaints”, “I am well looked after here” and “I have a good rapport with the staff, everyone is so kind”. One relative told us relationships in the home had improved and they had noticed more interaction between people and staff. People and relatives said they were happy to see an increase in permanent staff in the home. Though people told us temporary staff met their needs, they liked the increased staff consistency which made it easier to build relationships with staff. The vicar also commented that he had seen an improvement in staff consistency and had observed good interaction between people and staff.

Some people living with dementia could not tell us about their experience of care. During our observations we saw staff interacting with people in a positive way. In the Thames lounge people were encouraged to make a choice from the tea trolley and staff gave them time to make their decision. One person was sitting on their own and a staff member took time to sit and chat with them. Another person became distressed. A nurse reassured and soothed them quietly and the apparent discomfort went away. Staff then sat with this person to support them having a drink and put a blanket over their legs. One member of staff had reminded another how this person liked their tea. People who told staff they had forgotten something were reassured and supported by staff to look for what they had misplaced.

Staff were knowledgeable about the care people required and the things that were important to them. People were given opportunities to make decisions about their daily life. The chef met with people to make sure the food choices met their preferences and tastes. People who took pride in their appearance and required assistance to maintain this told us they were supported, for example, to visit the hair dresser.

People were asked about their religious needs and given support to practice their faith. On the day of our inspection the monthly church service was held and we saw this was well attended. The vicar knew who requested communion, and this was provided to people in their rooms if they were unable to go to the main lounge.

People’s wishes to remain part of their family and maintain their friendships were respected and encouraged. Some relatives visited daily and they told us they could meet with people in their rooms or in communal areas. People were supported by staff to make Austen House their home. People’s rooms were personalised with their photos and items that were important to them. One person told us “I was happy when they said I could bring my own comfortable chair”.

People were treated with respect and supported to maintain their dignity. Staff responded quickly when people asked for assistance. Staff who knew people well anticipated their needs and supported people without the need for them to ask for assistance. The trainer told us they had supported staff to develop their skills to ensure they understood how to respect people’s privacy, dignity and rights. Staff described how they had put this training into practice and how they would protect people’s modesty when undertaking personal care tasks. They told us it was important to meet people’s care needs discreetly and with sensitivity. One care assistant said “The new training has made me aware of covering people when I do personal care so they feel more dignified” The trainer assessed how staff put these values into practice when observing their work and told us she had seen an improvement in staff’s approach. Staff told us and we saw they used people’s preferred names, spoke in a friendly and respectful manner and to put people at ease before they deliver care.

Is the service responsive?

Our findings

At our last inspection in June 2014 we found people's care plans did not always reflect people's bedtime choices and preferences. We saw improvements had been made and people had bedtime care plans in place. These detailed people's night time and morning sleeping routines including what time they liked to get up and go to bed. One person told us "I get up when I want to". Staff we spoke with knew people's preferences and when we visited the service at 8am people who wanted breakfast in bed or a lie in were given this choice.

People told us staff knew how they liked to have things done and their choices were respected. We saw this happening consistently throughout our inspection. We saw staff responding to people's individual tastes and preferences during meal times. We heard staff say to a person "we always have chips for you" and another "you always have porridge for breakfast, give it a try, maybe you will also like it today". Where staff knew what support people required to have a good day this was provided. One person preferred to remain in their room but liked staff to pop in regularly throughout the day so they did not feel isolated. Staff knew this person liked company and we saw them checking on them throughout the day.

Each person's needs had been assessed before they were offered accommodation at Austen House. Needs assessments had been used to develop care plans which told staff how to support each person to meet their individual needs. Care plans gave information about the person's life, likes and dislikes so staff could get to know the person, in addition to their care needs. Professionals and relatives attended people's care reviews so all relevant information would be available when planning people's care. A 'Resident of the Day' programme had been introduced two months ago. This meant each person had their care reviewed monthly and people were then given the opportunity to express their satisfaction with the service. The care plans we looked at in Loddon had been reviewed monthly to incorporate this information and staff told us of changes made to people's care following their 'Resident of the Day' meeting. The provider had identified in their quality visit in February 2015 that some care plans

were overdue for review and had instructed staff to update care plans. The nurse on Bourne told us they were starting to update people's care plans to make sure staff had accurate information about people's changing needs.

Staff responsiveness to the needs of people living with dementia was variable. The home environment and activities did not always support people to remain independent and engaged. The provider had identified this as a concern and the Regional Director told us action was being taken to make sure the home met the provider's dementia standards. We saw changes were being made. New kitchenettes had been installed in each community to support people to remain independent. Staff told us this helped them to respond to the nutritional needs of people living with dementia. One staff member said "Often people can't manage a full meal or stay engaged during mealtimes. Now we can make them small snacks throughout the day and they do not have to wait for us to go down to the main kitchen". An assessment of the home environment had been completed and a plan had been drawn up to make the home more accessible for people with dementia. This included clearer signage and the use of colour to support people to find their way around the home. The manager was awaiting approval of this plan.

Though daily activities took place further action was required to make the lives of people living with dementia interesting and stimulating. We observed some people spending their day in the lounges sleeping in their chairs or watching TV. People gave us mixed feedback about the activities available. The provider's satisfaction survey completed in September 2014 also identified people were not satisfied with the activities available to them. Two relatives told us they were concerned about the lack of stimulation. Some residents did not understand the activity information sheet; they found it confusing and difficult to read. Memory stations were dotted around the home to give people living with dementia access to items which would aid stimulation or reminiscence. We did not see people being given opportunities by staff to engage or interact with the displays. Some residents living with dementia took pleasure from holding their own soft toys which gave them comfort. Staff knew this and we saw they made sure people had these.

Action had been taken by the provider to support people living with dementia to make decisions about their daily meals. Staff told us they now showed people the two meal

Is the service responsive?

options and this had made it easier for people to decide what they would like to eat. We saw staff doing this and at times people were offered a taste of both options to help them decide.

Though we saw some positive examples of people living with dementia being supported to have a stimulating day we did not see this happening consistently throughout the home. The Regional Director had observed similar concerns in their quality visit to the service in February 2015 and action was being taken to address this. The Regional Director told us “We know work needs to take place to ensure people with dementia have a good day. We are recruiting new activity staff but have also trained all staff in understanding dementia and the support people require. We need to start there, staff need to know how to make every task and activity an opportunity for people to have a positive experience”.

We recommend the provider seeks advice and guidance based on current best practice from a reputable source, about supporting the specialist needs of people living with dementia.

Relatives told us since the new manager had been managing the home they had felt more involved in decisions about people’s care. The manager told us action was being taken to increase involvement. A relatives

meeting had been held in February 2015 to inform relatives they would be invited to attend a review meeting at least every six months. Records showed these reviews were starting to take place.

Relatives told us they had seen improvements in the provider’s response to concerns and complaints. Two relatives said they had recently raised concerns and these had been dealt with promptly to their satisfaction. The provider had received one complaint since our last inspection. This had been investigated and responded to by a senior member of staff in line with the provider’s policy. Records showed a new system had been introduced with all concerns shared with the manager at the end of each shift. These were then recorded, investigated and the outcome shared with relevant people and relatives. The manager told us “It is important that we become pro-active in dealing with people’s concerns. It is often something that can be sorted out quickly. Our communication internally needs to be effective so I know what concerns relatives have and can take action”. Relatives were reminded at the relatives meeting in February 2015 to raise any concerns at the earliest opportunity and they could speak with the nurses in charge if they had any concerns. A mental health practitioner told us when they had raised a concern the provider had responded promptly and met with the relatives to agree a solution which the family was satisfied with.

Is the service well-led?

Our findings

Staff on all levels could describe the improvements required in the service. They told us the manager had shared the inspection action plan with them and they knew what their responsibilities were in delivering the improvement. One nurse told us “we need to make sure all records are up to date and we have to keep supporting the care staff to develop their skills in managing people’s skin.” Staff told us they felt a sense of achievement in seeing more people making their own food choices during meal times.

The culture in the home was changing following the appointment of a new management team in December 2014. Staff told us the management of the home had improved and the new management team was committed to people, learning and improvement. Comments included “the atmosphere is better” and “we know what we need to do”. However, some staff were concerned that these improvements would not be sustained should the management of the home change again. They also felt they needed some time to embed all the changes. The manager understood that staff needed to be given the opportunity to become confident in implementing the required changes. As a result the manager had built consolidation time into their improvement plan.

The Regional Director told us the provider was working on building confidence in the organisation. She told us “we have to build open relationships with honest communication so that people can trust us. They need to see that we want the best for people and will do what we say we will do.” Relatives told us they were beginning to see improvements in the way the home was run and the provider had been open about the challenges faced by the service during the relatives meeting in February 2015. One relative said they had noticed problems in the recent past but now “different things were happening” and they were pleased with the quality of care.

Staff told us they received clearer direction from management. One nurse told us “We are getting to understand what is expected from us especially our monitoring responsibilities”. Nurses were supported through coaching and leadership training to develop their supervisory skills. The manager told us they were working on developing staff’s understanding of their roles and responsibilities in delivering care as well as monitoring

quality. Weekly clinical governance meetings took place and nurses monitored concerns and risks across the home, including falls, infections and pressure ulcers. We saw lessons had been learned on how to improve outcomes for people. For example, systems had been developed to improve people’s nutrition and the early identification and reporting of skin changes.

There was no registered manager at Austen House. This is a requirement for registration with the Care Quality Commission (CQC). A new manager had been appointed in December 2014 and they had started the application process for becoming a registered manager with the CQC. The manager felt supported by the provider to develop their leadership skills and improve the service. They were completing a manager’s induction programme and were supported by the Regional Director who visited the service at least weekly.

Staff had confidence in the new manager’s practice knowledge and leadership skills. They told us that feedback from the manager was constructive and informed them of the action they needed to take. They described her as “level headed”, “kind” and “proportionate, always trying to find a middle ground”.

We found the provider was working towards improving the service. Additional management and training support had been made available to enable progress. The provider had reviewed and improved the system of quality and risk checks to support the manager to monitor the service and drive improvements. These included checks and audits of medicines, care plans, daily records and health and safety. Checks were also undertaken by the provider to monitor the manager’s performance and the team’s progress against the action plan. On-going root cause analysis of incidents and audit results had supported the provider to identify similar concerns to those we found during this inspection. Comprehensive action plans were in place to address these shortfalls. Where investigations had identified staff performance had fallen below an acceptable standard, the provider had effectively implemented their staff performance management and disciplinary procedures to improve practice. Though the provider had plans in place and action was being taken to ensure people received safe quality care it was too early for us to judge whether these systems would bring about and sustain the required improvements.

Is the service well-led?

People and relatives had the opportunity to feed back to the provider on the quality of care provided and their feedback was used to drive improvements. A client/relative satisfaction survey was completed annually. The results from the last survey in September/October 2014 were mostly positive and the areas people were less satisfied with reflected what people and relatives told us. The provider's improvement plan included actions to address these areas, such as activities and involvement, which people had identified as requiring improvement in this survey.

The manager monitored accidents and incidents across the home to identify trends that could indicate risks to people's health and welfare. Where concerns had been identified action was taken to manage risks and prevent harm from occurring. Plans were in place to address the pattern of bruising identified and staff had been re-trained to know how to move people safely. The manager had identified

staff had not always reported when people became agitated so that lessons could be learnt to improve staff approach and develop robust behaviour support plans. "So Kind" training was being delivered to staff at the end of February 2015 to support them to develop their skills in supporting people whose behaviour might put themselves or others at risk.

To further drive improvement the provider worked with internal specialists such as the dementia director and the learning and development team which informed the manager's assessment and improvement of the service. The provider also applied learning from their other homes to improve practice at Austen House. They had noted staff did not always understand people's skin and mobility improved when they had enough to eat and drink. Staff were supported to understand the impact of nutrition on people's well being and general health as part of the home's nutrition improvement plan.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

The registered person did not protect people against the risk of unsafe use and management of medicines, by the means of making appropriate arrangements for the recording of medicines. Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines, which corresponds to Regulation 12(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

The registered provider did not operate effective recruitment procedures to ensure information specified in schedule 3 was available. Regulation 21 (a)(i)(b) HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The registered provider did not ensure people were protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them by means of maintenance of an accurate record in relation to the care and treatment provided to each service user.

This section is primarily information for the provider

Action we have told the provider to take

Regulation 20 (1)(a)(b) HSCA 2008 (Regulated Activities) Regulations 2010 Records, which corresponds to Regulation 17 (2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.