

Barchester Healthcare Homes Limited

Austen House

Inspection report

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Date of inspection visit:
16 October 2019
17 October 2019
18 October 2019

Date of publication:
13 November 2019

Ratings

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

Summary of findings

Overall summary

About the service

Austen House is a care home with nursing providing personal and nursing care to 57 people aged 65 and over at the time of the inspection. The service can support up to 79 people. Accommodation is provided in four units. One of the four units was closed for refurbishment when we visited.

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

The previous registered manager left the service in August 2018. There followed a 10-month period where there were a number of different interim managers with one manager who registered in April 2019 and then left four months later. During that time the staff team worked very hard to minimise the impact the management changes and uncertainty had on the people who live at the service. The registered manager at the time of this inspection started working at the service in June 2019 and became registered on 25 September 2019. The staff team, together with the provider management team, succeeded in making the required improvements and had met the six breaches of regulations found at the last inspection. The registered manager was clear on improvements that were still needed at the service and had well thought out plans in place to address them.

People benefitted from receiving support from staff who were happy in their work and felt well managed and supported. They benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff.

People received effective care and support from staff who knew them well and were well trained. They were protected from the risks of abuse and felt safe living at the service. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Medicines were handled correctly and safely. Staff recruitment and staffing levels supported people to stay safe while going about their daily lives as independently as possible.

People's rights to make their own decisions were protected. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with care and kindness. They were consulted about their care and support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by a relative who provided feedback. People's diverse needs were identified and met and their right to confidentiality was protected.

People received care and support that was personalised to meet their individual needs. Staff worked well together for the benefit of people and were focused on the needs of people living at the service.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 15 October 2018) and there were six breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Austen House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of one inspector and one 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

Austen House is a 'care home' with nursing. People in care homes with nursing receive accommodation, nursing and 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.

The service had a manager registered with the Care Quality Commission. This means that they 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 20 people who use the service, six in depth and three visiting relatives about their experience

of the care provided. We spoke with the registered manager, the regional manager, the clinical development lead for the area, the clinical regional nurse and the regional trainer. We also spoke with four registered nurses, seven care staff, two domestic staff, the chef and the maintenance person.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at six staff files in relation to recruitment, staff training and staff supervision records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from 17 local authority and health and social care professionals who work with the service and received replies from three.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe handling of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were stored and handled safely. Only staff trained in administering medicines and assessed as competent were allowed to do so.
- Medicines administration record (MAR) sheets were up to date and had been completed by the staff administering the medicines.
- We saw that staff followed their training and current best practice guidelines when administering medicines.
- A local pharmacist told us, "The nurses always listen to advice and join in discussions of medication management when I am working with them."

Staffing and recruitment

- People said staff were available when they needed them and had enough time to support them without rushing. Staff said there were usually enough staff for them to do their job safely and efficiently.
- People were protected by the recruitment processes put in place and followed by the provider. These made sure, as far as possible, that people were protected from staff being employed who were not suitable.
- Staff files included most of the required recruitment information. In two recruitment files the employment histories had gaps which had not been explained as required. In four of the files the service had obtained date only references which did not provide the required evidence of conduct in previous employment.
- The registered manager obtained the missing information promptly after the inspection. The registered manager explained that, going forward, they would make sure they checked that all required recruitment information was obtained before new staff were rostered to work with people living at the service.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the service. One person commented, "I just have a general feeling of security." Relatives felt their family members were safe at the home, one relative told us, "I know they check on him frequently because of the danger of him falling... I am confident as many precautions have been taken as necessary."

- Staff knew how to recognise and protect people from the risk of abuse and had received training in safeguarding adults. They knew what actions to take if they felt people were at risk of harm.
- A community professional thought the service and risks to individuals were managed so that people were protected. They added, "Austen House staff take good care of residents, and as far as I am aware takes all the necessary steps to protect people from the risk of abuse and avoidable harm."

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health and care provision. Staff assessed risks such as moving and handling, and care plans incorporated measures to reduce or prevent potential risks to individuals.
- During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.
- Emergency plans were in place and staff were aware of their content. For example, there were emergency procedures in case of fire.
- Environmental risks to the safety of people, staff and visitors had been assessed and actions had mostly been taken to minimise those risks. Safety checks of the premises were carried out regularly. For example, hot water temperature checks, fire safety checks and fire equipment checks.
- Health and safety risk assessments had been carried out, such as for fire and legionella control. We saw that any recommendations had been acted upon to ensure identified risks were removed or reduced.

Preventing and controlling infection; Learning lessons when things go wrong

- The premises were clean and tidy and people were protected from the risk of infection.
- Staff had been trained in infection control and we saw they put their training into practise when working with people who use the service.
- Procedures were in place to ensure any incidents or accidents were recorded, together with details of actions taken and the outcome of any investigation. Steps would then be taken to ensure lessons could be learnt when things went wrong. Records we saw showed the procedures were followed.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure that it was meeting people's hydration needs. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- Where people were at risk of dehydration this was reflected in their care plan and records were kept of the person's fluid intake. Night staff added up the person's fluid intake over the previous 24 hours and indicated on the form whether the person had met their daily target.
- People told us they enjoyed the food at the service and could always choose something different on the day if they did not like what was planned. Drinks were available at all times and people were free to decide what and when they ate. One person commented, "They feed us well" and another said, "The cooking is very good... There's always a choice."
- People were weighed monthly or more often if their weight indicated a concern. We saw referrals were made to the GP where there was a concern that someone was losing weight or was putting on too much weight. We saw staff always made sure foods were available to meet people's diverse and cultural needs and preferences.

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 when this is in their best interests and legally authorised under the MCA. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection the provider had failed to ensure that there was an accurate record of DoLS applications made. Details of best interest discussions taking place had not always been recorded appropriately. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014. The provider has also failed to ensure that consent to care and treatment was obtained from people who use the service or those lawfully acting on their behalf. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 9 and 11.

- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the principles of the MCA were being met.
- Staff received training in the MCA and were clear on how it should be reflected in their day-to-day work.
- People's rights to make their own decisions were protected. The records seen demonstrated that people were involved in making decisions regarding their care and support as well as their everyday life.
- People confirmed, and we observed, staff asked permission before any care was carried out.

Staff support: induction, training, skills and experience

- People received care from staff that had the necessary knowledge, skills and experience to perform their roles. People and their relatives thought staff had the training and skills they needed when supporting them.
- Staff received formal supervision every two months to discuss their work and how they felt about it. We were told by staff they felt this enhanced their skills. Once a year staff had a formal appraisal of their performance over the previous 12 months.
- The service provided training in topics they considered mandatory, such as moving and handling, first aid and fire safety. All training the provider considered to be mandatory was up to date.
- Staff received additional training in specialist areas relevant to the needs of individual people, such as training in caring for people with dementia.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- A community professional felt people received effective care, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. They added, "The current nurses are knowledgeable, caring and dedicated to the task, and act with great responsibility."

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

- People received effective care and support from staff who knew how they liked things done. One relative commented on a care home review website in April 2019 saying, "We are very pleased with the care and nursing our relative is receiving. We put his improvement down, very much, to the attention he receives."
- Each care plan was based on a full assessment, included individual preferences and choices, and demonstrated the person had been involved in drawing up their plan.
- The registered manager and staff were aware of, and had received training, in the latest best practice guidance on oral care. Oral health was assessed fully on entry to the care home in line with this guidance. The staff had also carried out a retrospective assessment of all people living at the service. Detailed oral health care plans were in place and staff ensured people had easy access to toothpaste, toothbrushes and denture cleaning products. Arrangements were underway for all people to have either routine or emergency dental care, based on the recent dental assessment findings.
- The care plans and actions were based on current best practice and showed the registered manager and staff had a good understanding of each person's individual needs.
- The care plans were kept under monthly review and amended when changes occurred or if new information came to light

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

- A lot of work had been carried out to make the premises more dementia friendly and we saw the changes made were in line with current best practise. The changes were designed to enable people to be as independent as possible and maintain the skills they had as long as they could. For example, dementia signage had been added to enable people to find their way around more easily.

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

- People received effective health care support from their GP and via GP referrals for other professional services, such as community mental health teams.
- A community professional felt the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. They added, "This is done very appropriately, to maximise on the quality of health and comfort of the residents."
- The care plans incorporated advice from professionals when received.
- Staff worked well with other agencies to understand and meet people's individual and changing needs. One community professional told us, "Austen House has always worked well, and in close partnership, with our practice, willingly adopting new practices and protocols, as needed. When problems or queries arise, the staff have responded quickly and helpfully."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People said, and we observed, they were treated with care and kindness. One person told us staff were "always" kind. A relative said staff were caring when they supported their family member. They commented, "The care workers all seem very caring and professional. They are wonderful."
- A community professional thought the service was successful in developing positive, caring relationships with people. They told us, "The staff are amazingly caring and kind, and demonstrate true dignity and respect for the residents. I have seen genuine love and care from many of the carers and nurses."
- We saw a comment placed on a care home review website sent by a relative in October 2019. They said, "My relative is very happy here and has settled extraordinarily well... After an unexpected stay in hospital she has been able to return to an environment she is happy in and feels safe." Another relative left a comment on the same site in September 2019. They said, "[Name] came to Austen House and in two months I have seen a great improvement in him. His general manner and ability seem much better. He appears calm and content with being in this home."

Respecting equality and diversity

- People's equality and diversity needs were identified and set out in their care plans.
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.
- One person had a sensory impairment and communicated with sign language as well as reading and lip reading. The person's relative was providing sign language lessons with the staff and we saw staff using the signs they had learnt when communicating with the person. Staff were enthusiastic about this work and felt it helped them enhance the person's quality of life at the home.
- We saw photographs of a recent celebration organised for someone living at the home who had come to England as a child. The celebrations had focussed on the person's culture with food, dancers and costumes all reflecting the person's background. Staff had taken great care in the organising of the event and it was clear the person had thoroughly enjoyed being the centre of attention for the occasion.

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

- People's views on the support they received was regularly sought. People confirmed they were asked their opinion on how things were run at the service.
- The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff teams' knowledge from working with them in the service.

Respecting and promoting people's privacy, dignity and independence

- Rights to privacy and dignity were supported. All interactions observed between staff and people who live at the service were respectful and professional. A community professional said the service always promoted and respected people's privacy and dignity adding, "Staff will always knock on resident's room doors before entering, and address the residents with courtesy and kindness."
- People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety wherever possible.
- People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. People told us staff encouraged them to be as independent as they could be.
- People's right to confidentiality was protected. All personal records were kept locked away and not left in public areas of the home.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection we recommended the provider consider current guidance on the AIS and act to update their practice. The provider had made the necessary improvements.

- The service identified people's information and communication needs by assessing them and recording this in their care plans. Ways people communicated were set down and included in the 'hospital passport' document so that the information was readily available if the person had to go to hospital.
- The registered manager was aware of the specific requirements of the AIS and was in the process of ensuring the communication needs of people were documented in a way that meets the criteria of the standard.

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

- People received support that was individualised to their personal needs. People said staff knew how they liked things done. One relative commented, "They know [Name's] likes and dislikes... They are all very friendly and nice... They encourage him to keep his mobility going."
- A community professional thought the service provided personalised care that was responsive to people's needs. They added, "Very much so. I see this during my weekly visits, when many different queries are brought to my attention, sometimes from residents and sometimes from family members."
- People's care plans were based on a full assessment, with information gathered from the person and others who knew them well.
- The assessments and care plans captured details of people's abilities and wishes regarding their personal and future care.
- People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored, and their care plan was adjusted to meet those needs if necessary.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to maintain contact with people important to them. Visitors and relatives were welcomed. One relative commented on a care home review site in April 2019, "I am very happy with the care."

Staff are all friendly, [we are] made welcome. [Offered] tea and cake and asked to join in with what everyone is doing."

- During the morning of the final day of our visit most people were sitting in the lounge on one unit where there was a toddlers group taking place. Every Friday toddlers visit the home with a parent and spend time playing and chatting to the people who are there. People were animated and chatting with each other and the toddlers, while watching them play.
- Staff interacted well with people and all interactions were kind and friendly. One person told us about work they were doing with one of the care staff. They told us, "One of the care staff is [nationality]. They speak pretty good English and I help them with their English in the mornings." It was clear this relationship was important to the person.
- The staff had worked hard with one person to make it possible for them to attend a family wedding. We saw a thank you card sent to the home in September 2019 after the event. In it the family stated, "A very big thank you to all who made it possible for [Name] to come to his daughter's wedding. We so much appreciated your help and [Name] was brilliant."

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

- People had access to activities that took into account their individual interests and links with different communities. Activities included, crafts, quizzes, music, singing, word games, board games. Most days the activity coordinators spent one to one time with people in their rooms where they were not able to participate in activities in the lounges.
- We saw comments relatives made on a care home review website regarding the activities. The comments included, "The activities team give a varied programme including singing, poetry pantomime and church services" and "Good staff, plenty of activities for residents."
- Where possible the service provided access to local events to enhance social activities for all people to get involved with, taking into account their individual interests and links with different communities.

Improving care quality in response to complaints or concerns

- People and relatives knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns with the staff or the registered manager.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- We saw complaints were looked into in line with the provider's policy and procedure. Complaints had been well documented, together with actions taken and the outcome. In some cases, changes had been made at the service as a result of them looking into a complaint or concern such as employing an additional activity co-ordinator.

End of life care and support

- At the time of this inspection the service was not supporting anyone with end of life care. However, people's preferences were sought as part of the assessment process and when appropriate.
- Staff received training in end of life care and the service was aware of the latest best practice guidance.
- We saw thank you cards and online comments from relatives of people who had received end of life care at the service. Comments included, "To all staff at Austen House. Thank you so much for Mum's care" and "The care shown by the nurses and staff was very kind and, at times, went beyond what was expected... I would have no hesitation in recommending this care home."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service was well-led and managed, but some improvements were still needed. The registered manager was clear on improvements that were still needed and had well thought out plans in place to address them.

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

At our last inspection the provider had failed to ensure effective governance over the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had also failed to notify us of the outcomes of deprivation of liberty safeguard applications they had made. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 17 and 18.

- The registered manager was clear about their role. All the registration requirements were met and, the registered manager knew what incidents required to be notified to the Care Quality Commission and made sure notifications were made when needed.
- Records were mostly up to date and were kept confidential where required.
- When looking at care plans we found that daily notes did not always reflect the care provided to people. This was especially important where staff had assessed someone as being at high or very high risk of a health problem, such as risk of falling or risk of skin breakdown. Although staff had drawn up appropriate care plans with remedial actions for staff to take to reduce the risk, there was little documented that showed staff were taking the actions required.
- In addition, when staff were reviewing the care plans each month they were not reviewing to ensure actions had been taken. It was also not clear what the signature and date each month on the care plan meant as it was not explained.
- The registered manager was aware that the current documentation did not meet the requirement for there to be a full record of the care and treatment provided to people living at the service. Plans were underway to improve the system in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they enjoyed working with people who use the service. They felt they were provided with training that helped them provide care and support to a good standard.

- People received a service from staff who worked in an open and friendly culture. Staff said their managers were accessible and approachable and dealt effectively with any concerns they raised. Comments from staff included, "The service is well led and values its residents", "She [the registered manager] knows what caring is" and (referring to recent changes at the service) "People and staff are happier."
- People said the service was well-managed. One relative commented on a care home review website, "The staff are very helpful. It has got a lot better with the new management team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear in their understanding of the duty of candour and knew the action to take should something go wrong. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.

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

- There were a number of different ways that the views of people, staff and professionals were sought and used in the monitoring and development of the service. For example, annual surveys of people and their relatives.
- There were three monthly staff meetings and residents and relative meetings every three to six-months where views were sought on any proposed changes, as well as suggestions requested for any improvements.
- Staff confirmed they were asked for suggestions on how to improve the service and felt any suggestions they made were taken seriously.
- People and their relatives felt the service was well managed and that the management listened and acted on what they said.

Continuous learning and improving care; Working in partnership with others

- There was an effective audit system in place that included audits of different aspects of the running of the service. The audits included care plans, medicines and the health and safety of people and the premises. Where issues were identified, actions were taken to ensure everything met the required standard.
- A community professional felt the service delivered high quality care and worked in partnership with them and other agencies. They felt the service demonstrated good management and leadership and added, "From what I have seen, there appears to be very good management and leadership at Austen House. There have been some recent staff changes in senior management, but the new manager seems to be settling in well. From all I have seen, the service provided at Austen House demonstrates very high-quality care."