

AMS Care Services Ltd

April Cottage Retirement Home

Inspection report

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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?	Good ●

Summary of findings

Overall summary

About the service:

April Cottage Retirement Home is a residential care home providing personal and nursing care to 12 people aged 65 and over at the time of the inspection.

People's experience of using this service:

- People were safe from avoidable harm and abuse. They felt safe living at April Cottage Retirement Home.
- There were sufficient numbers of staff on duty to meet people's needs. Staff have the knowledge, skills and experience to provide care and support that met people's individual needs.
- The provider had protocols in place to support the safe storage and administration of people's medicines. Staff worked corroboratively with health care professionals to meet people's health needs.
- Staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and treated people in accordance to relevant legislation and guidance.
- The care people received was delivered in a kind and compassionate way. Their dignity and privacy was respected and promoted.
- People were supported to be as independent as possible. Staff made reasonable adjustments to help them achieve their objectives.
- People could freely express their views and were in control of the care they received. Feedback that they gave was actioned on and used to improve the quality of the care they received.
- The provider had systems in place to monitor the quality of care people received. The registered manager provided required support and guidance to enable staff to provide care that met people's individual needs.
- More information is in the detailed findings below.

Rating at last inspection:

This is our first inspection of April Cottage Retirement Home under the new provider.

Follow up:

Going forward we will continue to monitor this service and respond accordingly. We plan to inspect in line with our re-inspection schedule for those services rated good.

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 well-led.

Details are in our Well-led findings below.

Good ●

April Cottage Retirement 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 team consisted of one inspector and one expert by experience (ExE). 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:

April Cottage Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. 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:

The Inspection was unannounced.

What we did:

Before the inspection we reviewed information we held about the service such as notifications.

These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people. We used all this information to plan our inspection. Due to the timing of our inspection visit, the provider was not able to complete a

Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During inspection: We spoke with seven people who used the service, three visiting relatives and a district nurse. We also spoke with the registered manager and one care staff.

We observed the care that people received from staff in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included care records of the three people who used the service. We reviewed associated documents including their risk assessments, daily records of the care they received and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for two care staff employed at the service. We also reviewed documents and systems the provider used to assure themselves they provided a good standard of care.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People we spoke with unanimously told us that they felt safe living and receiving care support at April Cottage Retirement Home. One person told us of their previous experience of health and social care residential settings and how the safe care they received here has helped them achieve good outcomes. They said, "The other home wasn't very nice at all. I feel much safer and settled here, they are so very nice, it is fantastic, brilliant here, I love being here!"
- The provider had systems in place to keep people safe from harm. A relative told us, "[Person]'s well looked after, she has a safe lockable tin for her precious things."
- Staff had the support and skills to know what constitutes abuse and to apply the provider's protocols to report any concerns that they may have regarding people's welfare. Care staff and the registered manager were proactive to follow up any concerns regarding people's welfare and safety.
- The provider had systems in place to keep people safe from harm. They had protocols that staff understood and applied when they provided care to people. Staff in turn supported people to be safe from avoidable harm and abuse.

Assessing risk, safety monitoring and management:

- Staff assessed risks associated with the provision of people's care and support. We saw that risk assessments were completed to reflect each person's individual needs and preferences. These were reviewed on a regular basis to ensure that they continued to reflect people's current needs and the support they required. This guided staff to provide support in a safe and non-restrictive manner and promoted people's independence and individual objectives.
- Staff promoted a culture of positive risk taking and independence by supporting people to be involved in keeping themselves safe. For example, they reminded people of the importance of using the fire register to sign in and out of the building. We observed staff do this in a tactful and respectful manner. We also reviewed records which showed that they regularly supported and prompted people with this task.
- Where people lived with physical or mental health conditions that meant their needs may vary at different times, we saw that the provider had systems in place to assess risks in varying circumstances. We also saw they had put systems in place to provide appropriate monitoring and safeguards to reduce risk of harm and abuse to people.

- We reviewed records which showed each person had a personal evacuation plan. This included comprehensive tailored details of the support that they would need in the event of an emergency. This meant that staff had the relevant information to support people to remain safe should an emergency situation occur.

- The provider had plans in place to support people in the event of an emergency such as fire. Staff had regular fire drills so they knew how to react and support people if a fire occurred. The provider told us that they would ensure that fire drills would be completed at different times of the day to ensure that staff were prepared for different scenarios of the support that people may require in an emergency.

Staffing and recruitment:

- There was sufficient numbers of staff on duty to meet the needs of people that lived at April Cottage Retirement Home. People told us that staff responded promptly to their needs and requests. One person told us, "If we needed attention I'd press the call button or go and find someone but it really doesn't happen often as they are always around." We observed staff were readily available to support people in a person centred manner.

- The provider had safe recruitment practices. They completed relevant pre-employment checks before staff commenced their employment. They ensured that relevant checks were updated regularly. This assured them that staff remained safely suitable to work with people who used care services.

Using medicines safely:

- People's medicines were stored and administered safely. The provider had systems in place to ensure medicines were stored within recommended guidelines. Staff had the required skills to administer people's medicines. Their competency with this task was assessed regularly.

- The provider had protocols in place to guide and support staff when administering 'as and when required' medicines such as for pain relief to people. One person told us, "They [staff] give me paracetamol if I have pain."

- Where people administered some of their own medicines, the provider had protocols in place to support them to do this safely whilst maintaining their independence with this task.

Preventing and controlling infection:

- The home was clean. Staff followed good practice procedure to maintain a clean environment and minimise any associated risks with the environment or potential risk of contamination.

Learning lessons when things go wrong:

- Feedback we received from staff and the records we reviewed showed that the registered manager and provider made improvements to the service following incidents or where concerns had been raised. We saw that they were robustly recorded and that the management team used these as tools to improve people's safety and experience of 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, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had a comprehensive assessment of their needs. This showed the support that they needed from staff, their preferences and how staff would support them with these. Staff were guided to provide support in a way that met people's individual needs. We observed staff put in practice this information when they provided support to people.

Staff support: induction, training, skills and experience:

- Staff had the skills and experience to provide people's assessed needs and meet their preference and identified objectives. Most staff who worked at April Cottage had a long service history there, therefore had developed a wealth of experience and knowledge about the people that used the service and were supported through training and appraisals to deliver a good quality of care.

- People we spoke with were all confident that staff were appropriately skilled to support them. Their relatives agreed. One relative told us, "They [staff] are well trained and know how to look after my mum."

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

- People's nutritional needs were met. They had unrestricted access to drinks, snacks and a variety of preferred meals.

- Staff made reasonable adjustments to ensure people's preferences were met and they had the support they required to eat and drink well. One person told us how staff supported them in this way. They said, "I choose to have my meals in my room because I struggle to cut my food up, but a lot of the time they cut it up for me, I don't even have to ask, how good is that?" A relative told us, "[Relative] chooses to eat later than the other residents and she has food in the freezer that can be used should she wish or they make something of her choice." We observed that one person requested a meal outside what was on the menu; we saw staff prepared and provided this promptly. We saw that people ate all of their meals.

- The provider had protocols in place to identify any additional support people may need in order to eat and drink well. They completed a malnutrition universal screening tool (MUST) for each individual. A MUST assessment is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition (under nutrition), or obese. We saw that in one instance, staff used this to support a person when they needed additional support with managing their weight.

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

- People were supported to have timely access to other agencies and professionals where required. Staff

worked closely with other agencies including health and legal professionals where appropriate to meet people's health needs and put appropriate safeguards in place.

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

- Where people needed support from health professionals, staff worked closely with them to provide on-going health support to people. Staff ensured where possible, people could still access the professionals that knew their health history. A relative told us, "She [Person] still goes to her own dentist, they [staff] take her." A person that used the service told us, "The chiropodist comes about every five weeks, [opticians] will come out to us too, we don't have to worry about that sort of thing."
- Staff worked collaboratively with healthcare professionals to ensure people had any required support, equipment and aids to manage their health condition. We observed the district nurse come in to provide support. One person told us about the support they received from health professionals. They said, "The district nurse is coming in each day, that helps [manage condition]. The doctor pops in as does the nurse practitioner from the surgery which is nice." The registered manager told us, "I am trying to sort out an airflow mattress for her, I've been on the phone a lot this morning organising it." This was also confirmed by the person's visiting relatives.

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

- The provider had made relevant adaptations within the premises to meet the needs of people that used the service. People could have access to all areas of the building and relevant facilities. We saw that the provider had started a programme of redecoration to modernise certain areas of the home. We reviewed records which showed they had plans in place to extend the redecoration to more areas within the home. People told us they had been consulted in the new design and redecoration plans.

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 were not deprived of their liberty at April Cottage Retirement Home. Staff actively promoted their independence. They sought their consent before they provided care and acted in accordance to people's wishes. This showed that they had a good understanding of relevant guidance and legislation and supported people as stated by law. A relative told us, "If my mum chooses [example given], we are informed but her choices are respected."
- Where people's mental capacity may vary due to a medical condition, staff had guidelines available which supported them to provide care in a way that enabled people to be remain as safe and engaged in decisions about their care as possible.
- People records showed that they had been consulted to give their consent to the information documented in their care plan and who that information could be shared with where required.

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

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

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

- People repeatedly praised the caring attitude of the staff that supported them. There was a warm and caring culture within the home. One person told us, "They [staff] are very caring, especially now I am so poorly." Another said, "There is a caring, family atmosphere here.'
- Staff were very knowledgeable of the history, preferences and needs of people. Their individual needs are preference are recorded and regularly updated on their records. We observed caring and compassionate interactions which reflected that staff provided the care as stated in people's records. One person said, "They [staff] are so gentle with me in the bath, they talk to me and help me and it is so lovely to be cared for." They told us how this support has help improve a physical health condition.
- Staff were readily available to people when they needed their support. A relative told us, "Staff are friendly and attentive but not intrusively." Staff demonstrated excellent and effective communication with people that used the service. For example, they enhanced verbal communication by ensuring that they were at eye level with people who were seated and altered the tone of their voice appropriately.

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

- People were involved in decisions about their care. We observed an atmosphere that showed that people were not only involved in decisions about their care, they were empowered where possible to be in control of their care. We also observed that when staff provided support that they took directives from people which showed that people were free to express their views and that they received care accordingly.
- Records we reviewed showed that people were involved in planning their care. They were also involved in the review of their care plan to ensure that it continued to reflect their current needs and preferences.

Respecting and promoting people's privacy, dignity and independence:

- People were treated with dignity and respect. Staff demonstrated that they understood the importance of maintaining people's dignity. A care staff gave us examples of how their practice ensured they delivered care in a dignified manner. They said, "We make sure doors are closed, use towel to cover them [when providing care]. Remembering that they are older than we are; because we are used to rushing around doesn't mean that we should rush around here. Allow them time to do things." A relative told us, "The staff talk to [person] and look after her. She chooses to have her door open but they still knock and approach respectfully."
- People were supported and empowered to remain as independent as possible. One person told us, "I do feel safe here. They allow you your freedom to live your life, I have an electric chair which they keep in the

garage for me and bring it out for me when I want to go out, to go the bank or shops." Another person said, "We are all supported to be as independent as possible."

- □ By supporting people to remain as independent as possible, people were able to maintain any relevant skills they may have and to enjoy their hobbies. For example, one person who enjoyed cooking was supported to do this when they wanted to do so. Their records showed the registered manager had completed relevant risks assessments and put required support in place to promote their independence with the task when they so desired.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- Staff understood and promoted people's individuality and tailored the support they provided to meet their individual needs and preferences. They applied their robust knowledge of people's history and preferences when planning and delivering care. A care staff told us, "Remember it's what they want, not what you would want."
- The feedback we received from people that used the service and their family also showed that care was centred on them as a person. A relative told us, "They are looking after the whole person, the staff know my mum well and she knows them." Another relative said, "They know her likes and dislikes and she'd tell them too if something wasn't right, they make her bed very carefully for her just as she likes it done."
- The care records we reviewed showed that people had been actively involved in the planning of their own care. A relative told us, "We have been involved in the planning of [person]'s care, she has too, it has changed a lot recently and we're all involved."
- People were supported to pursue their interests. Their care plans included objectives that they wanted staff to support them to achieve. One person's care records showed they aimed to visit several places around the country. We saw they were on holiday on the day of our inspection visit. We saw staff support and encourage a person in their interest of completing puzzles. A relative told us "[Person] enjoys bingo, singing and tries other things like the ball and hoop thing they've been trying out. They have outings occasionally." We saw staff offer this person the choice of going to bingo on the day of our inspection visit.

Improving care quality in response to complaints or concerns:

- People were supported to raise any concerns and complaints that they may have. The registered manager took steps to address their concerns and improve their experience of care. One person told us, "I am warm, well fed and all the girls are nice. I'd tell my daughter if anything was amiss, she'd talk to [registered manager] and it would be sorted out for me." A relative told us, "If I had a complaint I'd speak to [registered manager] and I am confident [registered manager] would sort it out for me."
- We reviewed records that showed people gave their feedback through formal complaints, residents meetings and questionnaires. We saw the registered manager took their feedback on board and made changes that resulted in satisfactory outcomes for people.

End of life care and support:

- People records showed they had been provided the opportunity to discuss their end of life plans with care staff. Staff had the relevant knowledge and skills to support people who were coming to the end of their life.

They worked with other professionals to ensure that people were comfortable. Staff also provided appropriate support to relatives to ensure their needs were met and wishes followed. A relative told us, "Our emotional needs are fully met, some of my family aren't coping very well and they are supported as appropriate."

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider, registered manager and care team understood their responsibilities for using people's information and feedback to ensure people were received a good standard of care.
- The entire staff team we spoke with and observed understood and practiced the vision of the provider as outlined in their statement of purpose. This stated that "the ability to live with privacy and dignity is a basic human right and should be available to everyone."
- There was a culture of effective communication, openness and transparency. People, their relatives and staff had access to the registered manager for support and guidance when needed. A relative told us, "There are good communications here and I trust [registered manager] to keep me in the loop."

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

- The provider and registered manager were knowledgeable about their roles and responsibilities and took actions to meet their obligations. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission (CQC). They promptly sent notifications to the CQC when required.
- This was a first ratings inspection of the service under the management of this provider. They understood their responsibilities for ensuring that once rated, this rating would be displayed. The display of the rating poster is required by CQC to ensure the provider is open and transparent with the people using the service, their relatives and other interested parties.
- The provider had a range of systems and processes in place to monitor the quality of care that people received. They completed audits and checks to assure them that they continued to meet people's needs in a safe and effective way.

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

- People were considered to be the drivers of the care and support they received. Staff involved them and their relatives in the planning of their care. They did this through informal discussions with their care staff and the registered manager, and through giving their feedback in questionnaires, at residents meeting and

through the complaints process. We saw their feedback was always acted on. A relative told us, "There are residents meetings that I go to and one of my suggestions has been taken forward, to let us know when care plan reviews are taking place in advance so we can attend too. It helps as mum cannot always remember what has been discussed."

- The registered manager involved staff and supported them to provide a good quality of care that met people's needs. They did this through regular supervision and appraisal. Staff spoke highly of the support they received from the registered manager and provider. A care staff told us this support was available to them at regular intervals and "If we have any problems that needs sorting, we get extra [support] in between."

Continuous learning and improving care:

- The provider and registered manager demonstrated a commitment to continuous improvement of the quality of care they delivered to people. Records we reviewed showed a plan of improvement for the service. The registered manager contacted us following our visit to inform us they had actioned our inspection feedback by implementing some changes to improve quality and safe care provision. This shows a proactive approach to delivering a good standard of care.

Working in partnership with others:

- The registered manager and the wider staff team worked in partnership with commissioners, the local authority social work team and other healthcare professionals to ensure people received care that was consistent with their assessed needs.