

Prestige Care (Auguste Communities) Limited

Auguste Communities Care Centre

Inspection report

Middleton St. George
Darlington
DL2 1TS

Tel: 01325344970
Website: www.prestigecaregroup.com

Date of inspection visit:
05 October 2022
12 October 2022

Date of publication:
09 November 2022

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

Auguste Communities Care Centre is a residential care home providing personal and nursing care to up to 83 people. The service provides support to adults and older people, including people living with a dementia. At the time of our inspection there were 17 people using the service.

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

People and relatives told us they felt the service was safe. The home was clean and safety checks were carried out. Since the last inspection the home had improved its fire procedures. There were enough staff to meet people's needs quickly. Staff were clear about the tasks they had to complete and had time to do these. Any incident or accidents in the home were responded to and learning shared.

Staff were trained and skilled to meet people's needs and were supported through regular supervisions. People were supported with their nutritional needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Everyone we spoke with described staff as caring. Staff supported people in a way that protected their privacy, dignity and promoted their independence. People received personalised care, and planning reflected this. People and relatives we spoke with told us they felt able to raise concerns and these would be responded to. People were supported with social activities and to have contact with loved ones. The service was developing the ways families could be involved and enjoy time in the home, such as creating a café area and improvements to the garden. The environment was design to help people with dementia find their way around the home.

The home had an experienced registered manager who had good knowledge of people's needs and clear oversight of the processes in the home. There were systems to assess the quality of the service, which were closely monitored by the management team. People, relatives and staff gave us positive feedback and told us they had opportunity to comment on the service. Professionals we contacted also told us they felt there had been recent improvements and that the manager was approachable and responsive.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 June 2021).

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.

At our last inspection we recommended that the provider review its approach to activities, deployment of staff and continue to develop training and planning around end of life care. At this inspection we found the provider had acted on any recommendations and had made improvements.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Auguste Communities Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Auguste Communities Care Centre

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector.

Service and service type

Auguste Communities Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Auguste Communities Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 5 October 2022 and ended on 12 October 2022. We visited the service on 5 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service, 5 relatives, a visiting healthcare professional and 9 staff, including the nominated individual, governance and quality manager, registered manager, deputy manager, senior care assistant, care assistant, activities co-ordinator, kitchen and domestic staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed interactions between staff and people in communal areas, including at lunchtime. We reviewed a range of records. This included 3 people's care records and medication records. We looked at 2 staff files. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, the provider failed to ensure safety measures were effective. 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.

- Risks to people had been assessed, and safety was monitored and well managed within the service. Risk assessments were regularly reviewed and developed as people's needs changed.
- Appropriate maintenance and safety checks had been carried out for the building and equipment. The management had improved fire safety and the procedures to respond in the event of an emergency.
- Audits were carried out to monitor the safety and quality of the service.

Staffing and recruitment

At the last inspection we made a recommendation that the provider continued to review staff deployment and allocation of tasks to ensure that people's needs were met in a timely way. At this inspection we found that the provider had acted on this recommendation and improvement had been made.

- There were enough staff in the home to meet people's needs. We observed staff meet people's needs quickly and received feedback from people and relatives that staff were available when they needed assistance. One person told us, "Staff are very good. They are always around." A relative told us, "They [staff] always come quickly."
- Staff told us they were well organised, were clear about tasks allocated to them and had time to complete these. One staff member told us how tasks were divided and said, "We call it the plan of action...it's better when we know what we are doing."
- Staff were recruited safely. Recruitment checks were carried out before staff were appointed. The home had been reliant on using regular agency staff but had recently recruited staff for all the roles in the home.

Systems and processes to safeguard people from the risk of abuse

- Systems promoted people's safety. There were systems to support staff to report concerns and any issues were acted on.
- Staff were trained in safeguarding and knew how to recognise the signs of abuse.
- People and relatives told us they felt staff kept people safe. One relative said, "(It is) absolutely safe, we

can't fault it."

Using medicines safely

- Medicines were managed safely. People received their medicines when required, by appropriately trained staff.
- The home had worked with local agencies to improve medicines practices. They had followed guidance given and reduced the likelihood of errors occurring.
- Management made regular checks on medicines management and on staff competency around this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider ensured relatives were able to visit loved ones, in line with current guidance.

Learning lessons when things go wrong

- Systems were in place to monitor accidents and incidents to look for any patterns or trends.
- Lessons learnt and actions for improvement were shared with staff. Relatives told us that they were informed of the action taken to improve safety in relation to their family members, such as increased monitoring after falls or reviews of moving and handling practices.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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 their needs and choices holistically assessed and regularly reviewed in line with best practice guidance. Staff followed detailed care plans and knew people's needs well. A visiting professional told us, "The records are good and up to date."

- People were the decision makers around their care. Relatives told us they felt involved in supporting people to make choices and decisions about their care. Relatives told us they had meetings to discuss their family member's needs or could discuss this over the telephone.

Staff support: induction, training, skills and experience

- Staff were trained in a range of areas that enabled them to carry out their jobs, including having an in-depth induction.
- Staff had received supervision and appraisal. Staff told us these were useful meetings which allowed them to talk about their development, competency in their roles and ways the service could be improved.
- Staff told us they felt supported and were given guidance daily. Senior staff observed practices to ensure staff skills were current, for example for moving and handling and handwashing.

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

- People received support to eat and drink enough to maintain a balanced diet. We observed staff providing appropriate support to people at mealtimes. People were able to choose their meals and where they wanted to eat these.
- Staff encouraged people to eat a varied diet which met their individual needs. This included providing meals that supported people's health needs, such as modified or fortified diets.
- Staff made referrals to the dietitian and the Speech and Language Therapy team appropriately where people had nutritional risks.

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

- People were supported to access healthcare services and support when needed.
- People and relatives told us they had timely access to services, such as from GPs, chiropodists and opticians. Records reflected this and that referrals to other agencies were made appropriately for people's needs.
- A visiting health professional said, "Staff are really engaging, really responsive. They helped with referrals to dentist service." This was for a person struggling to access the dentist due to mobility issues.

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

- Areas of the home were themed to help people with a dementia orientate themselves and there was ample signage. People's rooms were personalised, and the home was well maintained.
- There had been recent improvement to the outdoor space, such as additional seating and planting. The garden was safe, enclosed and the registered manager was working with people and relatives to increase its use.

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 MCA 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, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were working within the principles of MCA. They completed full mental capacity assessments and were completing best interest decisions for those people who lacked capacity.
- People were asked for their consent when care was delivered.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; respecting equality and diversity

- People were respected and valued by caring staff. One person told us, "Staff are nice, they are my friends." A relative told us, "Staff are very caring, [family member] can be quite demanding and staff run up and down the corridor to get them what they ask for."
- Staff interacted with people calmly and warmly, referring to them by name and offering reassurance. Staff gave people guidance if they appeared disorientated and redirected them. Staff asked one person, "[Person's name] would you like to get a nice hot bubble bath? Would you like to come with me?" and patiently supported the person to gather the items they needed.
- People's equality and diversity was recognised and respected. Care files contained information about people's specific needs, such as religious preferences.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis.
- People were supported to be involved in decisions regarding their care and choosing how their daily support was given.
- People were supported with decisions from their families and advocates when needed. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- People received care which promoted their privacy, dignity and independence. We observed staff engaging people in everyday tasks, such as putting laundry away, and encouraging them to be involved as far as they were able.
- People and relatives said staff supported people to retain skills and independence. For example, a relative told us staff were encouraging their family member to complete personal care tasks because they had noticed they were struggling to do these independently.
- Staff closed doors and curtains to maintain people's privacy and spoke respectfully to people. A relative told us, "I hear the way they speak to the residents. They are very respectful."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
At the last inspection we made a recommendation that the provider reviewed arrangements for activities to ensure people had access to meaningful activities on a regular basis. At this inspection we found that the provider had acted on this recommendation and improvement had been made.

- There was a range of activities and events on offer, tailored to people's interests. These included themed days, such as for St David's day and world architecture day. There was an ongoing plan for activities including the use of on-line resources and external entertainers.
- The home had a staff member employed to promote activities in the home, and they were working with people to better understand their needs and interests.
- Relatives told us that staff encouraged their family members to take part in activities in the home but also respected when they did not want to be involved. Relatives had been asked about their family member's interests and efforts were being made to meet these, for example one person who used to have an allotment was being supported to grow vegetables in the garden.

End of life care and support

At the last inspection we made a recommendation that planned training and care plan improvements were completed to give staff the appropriate skills and knowledge around end of life care. At this inspection we found that the provider had acted on this recommendation and improvement had been made.

- No one in the home was receiving end of life care at the time of our inspection. However, staff were trained in end of life care and people were involved in planning for this time.
- The home received positive feedback from relatives about recent end of life care. One relative had shared their experience on a care home review website, stating: 'Our family was overwhelmed by the kindness, support and compassion, each and every one of the Auguste team showed in caring for our dad in his final days. They sensitively guided us through each step, letting us know what was happening and what was to come.'

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

- Care plans were detailed and person-centred. They contained information about people's choices and preferences and gave staff enough information to tailor the support provided.
- Staff were familiar with care plans and people's needs. A visiting professional told us, "The senior carers

know the residents inside out".

- Staff frequently asked people about their preferences and gave them choices. Where people had a dementia, staff gave people appropriate options and time to respond to questions.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood the requirements of the accessible information standard and could make information available to meet people's communication needs. Information on this was available in the home.
- Care plans contained information about people's communication needs and preferences. Staff communicated with people well, adapting their approach to each person's needs.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints policy and process in place. People and relatives we spoke with felt comfortable they could raise any issues with the registered manager or staff. One person told us, "I've no concerns. I'd tell them [staff] if I did"
- Where concerns were raised, they were acted on and the feedback used to make improvements.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection audits and checks had not ensured fire safety concerns were addressed in a timely way. This was a breach of regulation 17 (good governance) 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 17.

- There were clear and robust governance systems in the home that were closely monitored by the management team. These included learning from the last inspection, such as improved audits of care plans and robust fire safety checks. Action plans were effective and driving improvement. One relative told us, "The home has improved immeasurably in the past 6 months."
- The registered manager had regular and meaningful support from the wider management team, including the nominated individual. The registered manager told us they felt they had the resources to deliver the service well.
- Staff told us they were clear about their roles and the registered manager's expectations. One staff member told us, 'There was no structure. It's been loads better; we have additional support but it's not overpowering. [Registered manager] listens to what we know works.'

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

- There was a person-centred culture in the home and staff were dedicated to delivering the best outcomes for people.
- Staff told us they worked together, and with the management, to overcome any challenges.
- The registered manager was aware of their responsibilities in relation to the duty of candour. They were open with people and relatives when things went wrong.

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

- There were systems in place to gather feedback from relatives and people including surveys and meetings.

The home also produced a regular newsletter with details of events and achievements. One relative told us, "There are regular meetings, it's an open forum" and "[Registered manager] has feedback over the phone, she takes our views into account."

- Staff were consulted through regular surveys and meetings and told us the registered manager was available to talk to daily.
- There had been a high turnover of managers in recent years and some relatives expressed anxiety to us about continuity in the home. The registered manager told us they wanted to work closely with relatives to build trust and was offering 'open surgeries' (regular times when they would be available to speak with relatives). In addition to having an open-door policy.

Continuous learning and improving care

- The registered manager was open when mistakes were made and shared learning from incidents with staff.
- Relatives told us they had been informed promptly when there had been an incident or accident and that staff made improvements if possible.

Working in partnership with others

- The registered manager worked proactively with partner agencies and we received positive feedback from professionals. All told us they saw recent improvement.
- In a relatively short time the registered manager had developed some local connections and planned to do more including using the home's minibus to access the local community.