

MACC Care (Austin Rose) Limited

Austin Rose Care 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

Austin Rose Care Home is a residential care home providing personal and nursing care to up to 80 people aged 65 and over. At the time of our inspection there were 64 people using the service. The home accommodates people across three floors each of which has separate adapted facilities.

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

There was sufficient numbers of staff to meet people's needs. People felt safe in the home. Clear care plans and risk assessments were in place for all people. The provider had a clear system in place to manage incidents affecting people's safety.

Assessment of people's needs were carried out prior to people moving into the home. Staff told us they felt supported. People enjoyed the food. People received support from external healthcare providers when needed. The layout of the home allowed people to choose where they spent their time. The service was working within the principles of the Mental Capacity Act 2005.

All of the people and their relatives we spoke with were positive in their feedback about the care and support they received. Staff treated people with kindness and compassion. People told us their privacy was respected. People were involved in decisions about their care.

The registered manager ensured care plans were person centred and specific to individuals. Care plans provided staff with clear guidance on how to meet people's needs. People's communication needs were assessed. The provider had a clear complaints policy in place.

Audits were completed and effective. Where improvements were needed, they were actioned in good time. The registered manager carried out reviews of all individual accidents and incidents. Staff were given the opportunity to discuss their views.

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.

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

Rating at last inspection

The last rating for this service was good (published 19 August 2019).

Why we inspected

The inspection was prompted in part due to concerns received about staffing numbers and skills. A decision

was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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.

Austin Rose Care 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 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 two inspectors, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Austin Rose Care Home 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. Austin Rose Care Home 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.

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. 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 to 16 people who use the service and 13 relatives regarding their experiences using the service. We spoke to 14 staff members including the registered manager, regional manager, operations director, nurses, care workers, activity coordinator, domestic staff and administrative staff. We reviewed a range of records including 9 people's care records and multiple people's medicines records. We looked at two staff files in relation to recruitment and supervision. We looked at a variety of records relating to the management of the service including policies and procedures.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff to provide safe care. Prior to the inspection we received concerns about the staffing numbers in the home. We found insufficient evidence to substantiate these concerns and there were enough staff to meet people's needs and preferences.
- Staff did not appear rushed and were able to respond to people in a timely way. However, staff told us they did not think there were enough staff to provide effective care. The registered manager was aware of the staff concerns and was responding to their concerns through team meetings.
- Most people and their relatives told us there was enough staff on duty. One person's relative told us, "There's plenty of staff." Another person told us, "There are enough staff around when I need them."
- Staff were recruited safely. Pre-employment checks had been completed including requesting references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People felt safe in the home. One person told us, "I feel so safe here, it's my home." Another person's relative told us, "I can't fault anything my [relative] is 100% safe."
- Staff understood their safeguarding responsibilities and were aware of the different types of abuse and how to keep people safe from harm. The registered manager ensured staff received training on how to keep people safe.
- The registered manager was clear about their responsibilities to keep people safe and had made appropriate referrals to the local authority when needed.

Assessing risk, safety monitoring and management

- Risk's to people's health and well-being were managed safely. Detailed care plans and risk assessments were in place for people to guide staff on how to reduce risk's associated with their care. Staff had read people's care plans and had a good level of understanding of people's needs.
- The registered manager had ensured risk assessments included all known risks to people. For example, one person had a complex health condition. The risk assessment clearly detailed the risks and how staff can minimise them.
- Risk assessments were regularly reviewed by nursing staff and changes made communicated to the wider staff team.
- People's relatives told us the home managed their relatives risks well. For example, one relative told us, "[Person] can wonder off and often falls. The home have put in so many things to keep them safe."

Using medicines safely

- The registered manager ensured medicines were managed safely. The home had a team of competent and experienced nursing staff who effectively and safely administered people's medicines.
- Where medicines were prescribed, this was reflected in people's care plans including the reasons each medicine was prescribed.
- Medicine Administration Records (MAR) detailed people's prescribed medicines and were being appropriately completed in the home.
- Where medication was prescribed 'as required' (PRN), there was clear protocols in place to advise staff.

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 registered manager had ensured people maintained contact with their relatives. People were able to visit relatives at their leisure.

Learning lessons when things go wrong

- The provider had a clear system in place to manage incidents affecting people's safety. Systems were in place for the registered manager to investigate, monitor and share any lessons learnt.
- Staff understood their responsibilities to report any concerns following the providers policy.

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 good. The rating for this key question has remained 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

- The registered manager ensured assessment of people's needs were carried out prior to people moving into the home. Assessments included a wide range of areas, for example, personal and family history, physical and mental health needs and personal preferences.
- The registered manager ensured people's assessed needs and preferences were reflected in their care plans. This meant people received care and treatment in the most appropriate way which was specific to them.
- Staff were aware of people's needs and preferences. For example, one staff member was able to describe a person's evening routine and how they wished to spend their time.

Staff support: induction, training, skills and experience

- Staff were sufficiently trained. Staff told us the management structure in the home was clear and they knew who to go to for advice or support.
- The registered manager ensured staff completed regular training specific to people's needs. Staff completed a wide range of training including but not limited to dementia care, person centred care and mental capacity. This meant people were cared for by staff who knew how to meet their needs.
- New staff were required to complete The Care Certificate where appropriate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People and their relatives provided positive feedback about the food. Comments included, "The food is brilliant, they ask me what I want and know what I like" and "The food is really good."
- Where people required food to be prepared in a specific way staff did so. We saw food was prepared and given in a safe way by staff who knew how to safely assist people.
- We observed the lunchtime meal service. People were given a choice of meals and were able to eat at their own pace. Staff offered people drinks and sat with people as they ate to enjoy the meal experience with them.

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

- People received support from external healthcare providers when needed. Care records evidenced staff worked closely with other professionals to ensure people received the right support for their needs.

- Where people had specific treatment needs, they were referred to the relevant healthcare professionals in a timely way. For example, one person had recently lost weight. The registered manager ensured a referral was made to a dietitian to improve the person's healthcare outcomes.
- Staff knew what to do if they had concerns about a person's health and sought emergency assistance when this was needed.

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

- People were accommodated in their own private rooms with en-suite bathrooms. There was signage to help people orientate themselves around the home.
- The layout of the home allowed people to choose where they spent their time. In addition to their own rooms, people were able to access shared lounges, a garden and dining areas.

Ensuring consent to care and treatment in line with law and guidance

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.

- The registered manager was aware of their responsibilities regarding DoLS. The registered manager had a robust system in place to monitor the DoLS process.
- The registered manager ensured people's capacity was regularly assessed where a person's ability to make a specific decision had been questioned. Where the provider believed a person to be lacking capacity, appropriate steps had been taken to support the person.
- Staff were able to explain the principles of the MCA and had received training on the subject. Staff were aware of their responsibilities to seek consent when caring for people.
- We observed staff seeking consent from people when providing care.

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

- All of the people and relatives we spoke with were positive in their feedback about the care and support provided at Austin Rose Care Home. Comments included, "I couldn't be happier, this is the best place I've ever lived" And, "The care provided is wonderful."
- Staff treated people with kindness and compassion. We observed staff caring for people in the way they wished and that was beneficial to them.
- Care plans included guidance for staff to follow detailing how to promote people's independence.
- People told us their privacy was respected. One person told us, "The staff will always close the door and tell me what they are about to help me with. They always make sure it's done with dignity." Our observations confirmed staff treated people with dignity and respect.

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

- People and their relatives told us the provider ensured they were involved in decisions about their care. One person told us, "[Nursing staff] are always asking me how my [health condition] is and how they can look after it." Another person's relative told us they had been asked to contribute to the care planning process.
- People were given information regarding independent advocacy services. This meant people who may not be able to express their views had someone to act in their best interests.
- Care plans were written in a compassionate tone and provided staff with an insight into people's past life events and how they could affect the person.

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 good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care. We reviewed people's care plans and found the registered manager ensured they were person centred and specific to individuals. Care plans documented people's likes, dislikes, personal histories and routines. This meant staff had the information needed to provide personalised care.
- The registered manager ensured care plans provided staff with clear guidance on how to meet people's needs. For example, where people required personal care, care plans were in place informing staff of the support the person needs and how they should carry it out, in line with the person's preferences.
- The provider had employed an activity coordinator to facilitate meaningful activities with people. We saw a daily activity timetable was on display encompassing a wide range of activities for people to participate in. People told us there were activities taking place in the home daily. One person told us, "The activities are great, they bring in singers. The other day I was painting plates, I loved it."

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 registered manager had ensured people's communication needs were assessed. Communication care plans were in place for people which included guidance for staff to follow to promote effective communication.
- The registered manager understood their responsibilities under the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy in place which facilitated timely and appropriate responses to complaints or concerns.
- People told us they knew who the registered manager was and how to raise a concern should they need to. Relatives told us they had not had to make a complaint however were aware how to do so.
- Staff understood how to report concerns about people's care to the manager or provider if they needed to.

End of life care and support

- People and their relatives were asked about their individual wishes regarding end of life care. People's care plans reflected the outcomes of these conversations.
- Where people were receiving end of life care. Plans were in place to ensure people received the appropriate care.

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; Continuous learning and improving care

- During our last inspection we found the oversight and audits of risk assessments were not always effective. During this inspection, the quality of audits had improved.
- The registered manager had oversight of the quality of care provided and completed multiple audits, including but not limited to, risk assessments, medication and the environment. The registered manager ensured they were completed regularly and were of the required standard to be effective.
- Where audits identified improvements in particular area, the registered manager ensured this was done. For example, where improvement was identified following a catering and kitchen audit, an action plan was put in place and progress had been monitored.
- The registered manager understood their statutory requirements and had notified us CQC, of all reportable incidents such as a death and safeguarding alerts.
- The registered manager carried out reviews of all individual accidents and incidents. This meant there was an opportunity to identify trends or themes and implement changes to reduce the risks to people.

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

- People and relatives told us the home was well managed. Our findings during the inspection confirmed this.
- The registered manager was aware staff felt there were not enough staff on duty each day. We saw team meeting minutes where staff were given the opportunity to discuss their views on the subject and were listened to. The registered manager took actions from the discussion and agreed to update staff during subsequent meetings.
- People and their relatives told us they felt listened to and the registered manager was approachable. One person told us, "You can talk to the staff. They always make time for you if you need them." Another person's relative told us, "The staff are wonderful, they know what they're doing and nothing is ever too much." Another person's relative told us, "You can speak to [registered manager] anytime. Their door is always open."
- The registered manager understood their responsibilities around the duty of candour. There were policies and procedures in place to guide staff. The registered manager told us they understood their responsibility to be open and honest with people when things go wrong.

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

- The registered manager ensured people and their families were involved in the running of the home. Residents' meetings were chaired by the registered manager, we observed one meeting. During the meeting people were able to share their views on the service and suggest improvements. We saw actions were taken by the registered manager and assurances given improvements would be made.
- People, their relatives and staff were asked to complete annual satisfaction surveys. This gave people the opportunity to express their views and inform the home of and improvements that could be made. The registered manager compiled the results and created actions in response. The vast majority of responses from people, their relatives and staff were positive.

Working in partnership with others

- The registered manager and staff ensured people had access to appropriate professionals involved in their care.
- We saw key information regarding people's care and treatment had been appropriately shared with other services. This meant people's care needs were met and cared for holistically.