Barchester Healthcare Homes Limited

Austen House

Inspection report

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Ratings

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

Overall summary

This inspection took place on the 19 and 22 October 2015. The inspection was unannounced on day one and announced on day two.

Austin House is a care home which is registered to provide care with nursing for up to 79 people. The people they support have varying needs, including people who live with dementia. At the time of our visit 69 people were using the services. The home is a large detached purpose built building in a large built up residential estate close to the shops and amenities of Reading. People had their own bedrooms and use of communal areas that included enclosed private gardens.

The people living in the home needed residential or nursing care and support from staff at all times and have a range of care needs. These included dementia care and palliative care.

The home has a registered manager who works full-time within the home. A registered manager is a person who

Summary of findings

has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were processes in place to ensure people received support from staff to have their medicine safely with accurate records kept. Staff records held for the purpose of recruitment had been improved since the services last inspection in February 2015. People were supported by staff of good character and there was a sufficient amount of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

People were provided with effective care from a dedicated staff team, although they had not received regular, formal supervision with their line manager to identify their development needs. However, staff were supported to receive the training and development they needed to care for and support people's individual needs.

There were some omissions within daily monitoring records that had the potential to place people at risk from less effective action being taken from the information that was available. However, other records fully identified people's needs and how these were being monitored to ensure effective care was provided.

Risk assessments identified risks associated with personal and specific health related issues. They helped to promote people's independence whilst minimising the risks. Staff treated people with kindness and respect and had regular contact with people's families to make sure they were fully informed about the care and support their relative received.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests.

There were activities within the home although outings in the community for people were not as often as they would like to see. A senior activity coordinator had been appointed to coordinate activities that were suitable and personalised for the individual. Staff were responsive to call bells and people's requests for support. People told us that they were very happy with the care and support they received.

People received good quality care. The provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported by staff of good character who knew how to protect people from abuse.

People received their medicine safely.

There were sufficient staff with relevant skills and experience to keep people safe.

The provider had robust emergency plans in place which staff understood, to promote people's safety.

Good

Is the service effective?
The service was not always effective.

There were some omissions within daily records used to monitor people's care.

Staff had not met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet and were helped to see G.Ps and other health professionals to make sure they kept as healthy as possible.

Requires improvement

Is the service caring?
The service was caring.

Staff treated people with respect and dignity and promoted their independence as much as possible.

People responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

Good

Is the service responsive?
The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

Good

Summary of findings

Activities within the home were provided for each individual. These were being further developed to ensure individualised activities and discourage isolation for the people who live there.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service was well-led

People who use the service and staff said they found the manager open and approachable. They had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager and provider had carried out formal audits to identify where improvements may be needed and acted on these.

Austen House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 22 October 2015. The inspection was carried out by three inspectors and an expert by experience and was unannounced on day one and was announced on day two of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at an action plan that the provider had produced following breaches of the regulations identified at their last inspection by the Care Quality Commission (CQC) in February 2015. This detailed some key information about the service and of improvements they planned to make. We also looked at all the information we have collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas and used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with 15 people who lived in the home and seven relatives of people who use the services. We spoke with the registered manager of the home, regional manager and 11 staff. We also received feedback from local authority social care professional, a GP and the local NHS Home Care Support Team.

We looked at nine people's records and records that were used by staff to monitor their care. In addition we looked at six staff recruitment and training files. We also looked at accident and incident reports, duty rosters, menus and records used to measure the quality of the services that included health and safety audits.

Good

Is the service safe?

Our findings

At our inspection of 19 and 23 February 2015 the provider was not meeting the requirements of the then Regulations 13, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not protect people against the risk of unsafe use and management of medicines, by the means of making appropriate arrangements for the recording of medicines. The provider sent us action plans describing the actions they were going to take to meet the requirements. At this inspection on 19 and 22 October 2015 we found that the provider was now meeting the requirements of the current regulations.

People were given their medicines safely by staff who had received training in the safe management of medicines. We observed staff giving people their medicine and taking precautions to promote people's safety. For example, by ensuring the medicine trolley was not left open and unattended. The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The sample of medication administration records (MAR) we looked at were accurate and showed that people had received the correct amount of medicine at the right times.

Staff used an observational pain assessment tool used in the care of people who may not be able to verbally communicate that they are experiencing pain. Staff told us that medicine prescribed for pain as and when required (PRN) was: "reviewed by the GP either straight away depending on the severity of the pain, or when a person had required the medication for more than three consecutive days". People's medicine had the route to be given, such as oral or topical, detailed on the MAR. However, body maps held in people's rooms had not always clearly demonstrated where prescribed creams for individuals' were to be applied. This was information that care staff needed when assisting people with personal care.

At our inspection of 19 and 23 February 2015 the provider was not meeting the requirements of the then Regulations 21, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured information was available for all staff to evidence their full employment history as required. The provider sent us action plans describing the actions they were going to take to meet the requirements. At this inspection on 19 and 22 October 2015 we found that the provider was now meeting the requirements of the current regulations.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained. The provider carried out checks to ensure people were being cared for by nurses who were registered on the Nursing and Midwifery Council (NMC) register to practise in the UK.

People said: "there are enough staff, there's no pressure", "they may be short of staff at weekends; sometimes I hear staff talking amongst themselves saying that they are, but it doesn't affect the way we're cared for". The records identified that sufficient trained and skilled staff had been scheduled to work, to meet the needs of the people who lived in the home. Staff responded quickly to meet people's needs safely and to take time when supporting people. They told us there were enough staff to carry out their duties. There was an established staff team employed by the provider. However, there were some staff vacancies. The registered manager told us that they had completed interviews of prospective employees and hoped to recruit to those vacant positions. The same agency staff were used to promote continuity of care whilst recruitment of nurses was taking place.

People told us they felt safe. Comments included: "I feel safe here, I'm not badly looked after" and "I feel safe and well-looked after". Staff had received safeguarding training. They told us that this had taught them how to recognise what constitutes abuse and how to report concerns to protect people. Staff made reference to the organisation's whistleblowing policy and stated if they were not listened to by the manager or within their organisation they would report their concerns to the local safeguarding authority or the Care Quality Commission (CQC).

Good

Is the service safe?

There were risk assessments individual to each person that promoted people's safety and respected the choices they had made. Health and safety audits that included fire safety, infection control and safety monitoring checks of equipment used such as hoists and electrical equipment where regularly undertaken to promote the safety of people and others within the home.

Requires improvement

Is the service effective?

Our findings

At our inspection of 19 and 23 February 2015 the provider was not meeting the requirements of the then Regulations 20(1)(a)(b), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulation 17 (2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not ensure people were protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them by means of maintenance of an accurate record in relation to the care and treatment provided to each service user. The provider sent us action plans describing the actions they were going to take to meet the requirements. At this inspection on 19 and 22 October 2015 we found that the provider was now meeting the requirements of the current regulations.

People told us that they felt their needs were met. Comments included: “I usually have the same carers; I'm a very lucky person. They do my washing here and I get plenty of food”, "I'm well treated; well I'm not fussy", “the staff seem quite fair”.

Daily repositioning and food and fluid charts were kept, as necessary, for the individual. They were mostly completed accurately, as instructed in the plans of care. For example if people needed turning two to three hourly or needed an hourly safety check, these were completed and recorded. However, there were some inconsistencies in recordings such as food and fluid charts. These documents did not always record what the required amount of fluid intake for the person should be, whilst others did not accurately record how much the person had eaten. For example, the record stated fish and chips without detailing actual amount eaten to enable effective monitoring of the persons food intake.

A member of an NHS care home support team spoke of improvements that had been made whilst they were supporting the service. They told us that there had been improvements within records kept and that this was an area that the service was working closely with staff through training and supervision to further improve.

People said of food: “In all fairness I wouldn't complain, it's like school dinners, wholesome”, “I like the meals here; the fish and chips isn't very good, though, the batter spoils the fish” and “the meals are beautiful”.

People were provided with food which met their individual needs and choices. For example the service provided suitable diets for people who needed soft or pureed options. Lunch was served respectfully by staff and the quantities were generous. People were helped appropriately with eating and drinking. Staff ensured people had sufficient to drink, whilst being aware of those people who were at risk of choking if given access to drinks independently. For example, a member of staff stated: “we need to keep (name) away from drinks due to a risk of choking” and “support (name) with their drinks”.

People’s health needs were met. People were assisted to make appropriate appointments with the GP and other health care professionals. Examples included referrals to the dietitian, tissue viability specialist and the speech and language team (SALT). Care plans included people’s health and medication needs and records were kept of any appointments or healthcare visits. Visiting professionals’ comments and the outcome of the visits were included in the records.

There was a comprehensive induction programme designed for staff at different levels of responsibility. Training had been developed for staff to meet health and safety, mandatory and statutory training requirements as well as receiving training to support specific individual’s needs, such as dementia care. We noted that the service had received support from the NHS care home support team. This team of health care professionals provided services that included working with staff, reviewing people’s needs and demonstrating good practice. They also supported and trained staff to enhance their skills and improve their confidence by building on existing good practice. The provider’s trainer and the registered manager told us that the service had proved to be invaluable and had contributed in giving staff confidence and a fuller understanding of people’s individual needs.

Staff mostly received training by a trainer who was employed by the provider. Training included for example, non-abusive physiological and physical intervention (NAPPI). A NHS care home support professional told us they had attended the NAPPI training as delivered by the provider’s trainer, and stated: “I was really pleased at the level the training was pitched, staff really engaged”.

Staff received support through supervision and appraisals. However, supervision meetings were not arranged routinely to discuss their learning and development

Requires improvement

Is the service effective?

objectives. Staff mainly received supervision when recognised by the trainer that areas of their practice needed to improve. The registered manager and deputy manager told us that regular opportunity for staff to formally discuss their learning and development needs were being implemented.

With regard to balancing risk between protection and freedom, one person said: “There's great freedom within the home but otherwise we're restricted. Another person said, “I'm confined so it's difficult”. Consent, mental capacity and Deprivation of Liberty Safeguards (DoLS) were understood by the manager. The manager had submitted appropriate DoLS applications to the local authority for authorisations. People were provided with an independent representative under DoLS as required.

At the time of our visit areas of the home were being refurbished. People who lived there considered that the home was kept clean: “It's kept nice and clean”, another person laughed and said: “They clean my room well; I wouldn't do it any better”.

Good

Is the service caring?

Our findings

People told us that they enjoyed living in the home and that staff made sure they had what they needed to be comfortable. Comments from people included: “the staff have big hearts”, “nice girls, all of them”, “the staff are nice here; I can't say I dislike anybody” and “I like it here; I've been here a long time”.

We could see that staff were aware of people’s needs, likes and dislikes. Staff were seen addressing people appropriately in a warm and friendly manner and encouraged people to express themselves and make decisions, if they were able to.

Staff described what they were doing and why and people were asked for their permission before staff undertook care or other activities. However, we noted that on one occasion staff had not initially read the signs from a person who did not want to engage in an activity that was being offered and enjoyed by others. This had given the person undue anxiety. The person was later reassured by staff and supported to go to their room as they had initially requested. Staff had attended training that covered dignity and respect.

During one of our observations we happened to overhear two carers helping a person in their room. They were assisting the person in such a friendly and amusing way that all three ended up laughing together. Another observation at lunch time saw a member of staff supporting a person who was registered blind. The staff member spoke with the person and explained what type of food she was about to eat, where the food was positioned and how much of the food was on the spoon, whilst treating the person with care and compassion.

People told us their visitors were made welcome and could stay for meals if they wanted. Comments from people included: “visitors can come and ask to eat with me and the answer is always yes” and visitors are welcome within reason and can join me for meals”.

Staff told us that they were scheduled to attend further end of life care training that was to be delivered by the NHS care home team. People’s wishes for end of life care were obtained and recorded in the appropriate section of their care plan. Do not resuscitate forms (DNACPR) were appropriately completed and signed by the GP, where appropriate.

Good

Is the service responsive?

Our findings

People said: "every time they (staff) come by they say, anything I can do to help you". They (staff) always ask if I need help; and if I ask they help me immediately". "I don't see how anyone could have anything major to complain about here; it's a wonderful place" and "these are my carers who look after me".

Staff provided a good account of people's individual needs. Visiting professionals also told us that staff were welcoming and could provide appropriate updates about peoples' changing needs.

There was evidence from documentation and from speaking to people that external health care professionals were consulted and appropriate referrals and reviews were made when people's needs changed. A person's relative told us they had been invited to a meeting to discuss their husband's care. The relative told us that there was a lot about her husband's current behaviour which she didn't understand and she was going to use the occasion to ask about it. Care plans included a section on recording the interventions of visiting health care practitioners where their recommendations were clearly recorded.

People we spoke with had no concerns over the range of activities provided. However, staff told us they were keen to introduce new ideas to promote valued activities for people who lived with dementia once a newly recruited senior activity coordinator commenced their role.

People were provided with a variety of activities throughout the day that included one to one time and group activities such as dominoes. An external entertainer visited the service during our inspection, which people appeared to enjoy.

There was an activity rota that was printed and left in each person's room. Activity staff told us that they visit those people who either choose to remain in their room or who are too frail to leave their room to ensure they were not isolated. They told us that since the new manager started the staffing level was better, with more activities provided for people.

Some people did not have their call bell near to them. Their care plan stated they were unable to use the call bell independently. Staff told us that people who were unable to use their call bell were checked every 30 minutes. However the manager stated they would implement a record for those checks to be monitored effectively. We asked people what they did if they needed assistance from staff. Comments included: "they certainly pop in if I shout!", "I have shouted before and they come" and "they always ask if I need help; if I ask they help me immediately" and "they could not do more to help". Throughout the visit we observed that staff responded to call bells in a timely manner.

A record of complaints was maintained. The record seen clearly recorded the nature of the complaint, the action taken and the outcome that had been achieved. A relative said, "If I was concerned, I'd speak to the nurse who's great, very caring and welcoming. She takes all concerns into account".

Good

Is the service well-led?

Our findings

At our last inspection of 19 and 23 February 2015 we reported an improved culture from the previous inspection in June 2014. At that time some staff were not confident that this would be sustainable should the management of the home change again.

We found that staff morale had greatly improved since we last visited the home in February 2015. Staff told us that the registered manager had supported them to ensure they had the training and development they needed to fully understand and meet people's needs. Staff described the registered manager and management team as: "very approachable" and "they do a good job". They told us that the registered manager was gradually improving the service and said that: "although certain things were still to be improved, they could already notice differences and felt supported by the manager". Other comments included: "every manager is different; she is supportive" and "If there are any problems and we need help we can go to her".

An NHS care home support professional said of the new manager: "she has my vote" and added that the manager invited people in to discuss issues, also stated that staff respected the manager.

The manager registered with the Care Quality Commission (CQC) in August 2015, as the registered manager. At this inspection the registered manager spoke of continual improvements' since their last inspection that had enriched the quality of care people received and kept them safe. These included more training for staff to support people who use the service. Additionally there were improved records and audits of those records that had promoted continual learning and improved services for people. There had been further staff changes, as would be expected within a service of this size, but this had been managed effectively. A new deputy manager was also recruited to support the manager and staff team. Further recruitment of registered nurses to compliment the staff team was on-going.

People's care plans and other records were being audited and improved at a realistic pace for all existing and new staff to fully comprehend and put in to practice. This was with support from the registered manager and the NHS care home support team.

There were processes used by the provider to gather feedback from people on the quality of service they received at Austin House. These included the provider's complaint procedure, reviews of the service carried out by the provider and internal processes to monitor the quality of the services.

Local authority quality monitoring reviews had taken place by commissioners who reported improvements and positive outcomes for the people who use the service. Medication audits were completed by an external pharmacist and actions taken by the service to promote the safety of administering people's medicine. Health and safety audits were completed by the service that included infection control and also by external professionals to ensure the safety of the premises for people who use the service.