

J Sai Country Home Limited

Auburn Mere

Inspection report

Oxhey Lane
Watford
Hertfordshire
WD19 5RE
Tel: 01923 247310
Website: www.auburnmere.co.uk

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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	

Overall summary

This inspection took place on 27 November 2015 and was unannounced. The home provides accommodation and personal care for up to 37 older people, some of whom may be living with dementia. On the day of the inspection, there were 31 people living in the home.

The service has a registered manager. A registered manager is a person who 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.

People were safe and there were systems in place to safeguard people from the possible risk of harm. There were risk assessments that gave guidance to staff on how risks to people could be minimised.

Summary of findings

The service followed safe recruitment procedures and there were sufficient numbers of staff to keep people safe and meet their needs. There were safe systems for the management of people's medicines and they received their medicines as prescribed.

People were supported by staff who were trained, skilled and knowledgeable on how to meet their individual needs. Staff received regular supervision and support, and were competent in their roles.

Staff knew how to support people who lacked mental capacity to make decisions for themselves and had received training in Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. People's nutritional needs were met and they were supported to have enough to eat and drink. People were also supported to access other health and social care services when required.

People were treated with respect and their privacy and dignity was promoted. People were involved in making decisions about the care and support they received.

People had their care needs assessed, reviewed and delivered in a way that mattered to them. They had care plans that took account of their individual needs, preferences and choices. They were supported to pursue their social interests and hobbies and to participate in activities provided at the home. There was an effective complaints procedure in place.

There were systems in place to seek the views of people, their relatives and other stakeholders. Regular checks and audits relating to the quality of service delivery were carried out. There were effective systems in place to monitor the quality of the service.

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 felt safe and there were effective systems in place to safeguard them from the possible risk of harm.

There were sufficient numbers of staff to support people safely.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had received the relevant training and support in order to develop and maintain their skills and knowledge.

People's consent was sought before any care or support was provided and staff understood their roles to provide care in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People had enough to eat and drink.

People were supported to access other health and social care services when required.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

People's choices had been taken into account when planning their care and they had been given information about the service.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and their care plans took account of their individual needs, preferences and choices.

People were encouraged and supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints.

The provider worked in partnership with people and their representatives so that their needs were met.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager provided stable leadership, effective support to staff and promoted a caring culture within the service.

People were enabled to routinely share their experiences of the service.

Quality monitoring audits were carried out regularly and the findings were used effectively to drive continuous improvements.

Good



Auburn Mere

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 27 November 2015 and was unannounced. The inspection team was made up of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with eight people who used the service, three relatives, three care staff, a visiting healthcare professional and the registered manager. We carried out observations of the interactions between staff and the people who lived at the home and also carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records and risk assessments for four people, checked medicines administration and reviewed how complaints were managed. We also looked at six staff records and reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

People felt protected and safe. They said that living in the care home, the presence of staff and being with others gave them a sense of security. One person said, “Oh Yes, I feel safe here, I have no concerns.” Another person said, “The staff are lovely and very helpful. There are no worries here. We are all safe.” A relative said, “Mum is definitely safe here. There are always carers around.”

The provider had processes in place to safeguard people from the possible risk of harm. There were safeguarding and whistle blowing policies that gave guidance to staff on how to identify and report concerns they might have about people’s safety. Whistleblowing is a way in which staff can report concerns within their workplace. Information about safeguarding was available displayed on the notice board. This included guidance on how to report concerns and contact details of the relevant agencies. Staff confirmed that they had received training in safeguarding people and they demonstrated good understanding and awareness of safeguarding processes. One member of staff said, “We work as a team and we ensure that people are safe at all times.” They went on to describe the various types of abuse and knew what to do to ensure that people were protected from the possible risk of harm. The registered manager was knowledgeable on how to report any safeguarding concerns to the appropriate authorities such as the local authority, police and the Care Quality Commission (CQC). We noted that safeguarding referrals had been made to the local authority and the CQC had been notified as required.

People’s care and support had been planned and delivered in a way that ensured their safety and welfare. There were personalised risk assessments for each person that gave clear guidance to staff on any specific areas where people were more at risk. These assessments identified risks associated with people being supported to move, risk of falling, people not eating and drinking enough and the risks of developing pressure area damage to the skin. The risk assessments helped staff to identify and minimise any potential risks to support people safely. People told us that staff had discussed with them about their identified risks. One person said, “I use a walking frame and I know how to keep my balance.” Staff confirmed that they were aware of their responsibility to review the risk assessments and to report any changes and act on them. One staff member

said, “One resident has a swollen foot and has to sit with the foot elevated.” We observed staff using equipment to support and move people safely in accordance with their risk assessments.

The provider kept records of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence. There were processes in place to manage risks associated with the day to day operation of the service so that care was provided in a safe environment. There was evidence of regular checks and testing of electrical appliances, gas appliances, and firefighting equipment. People’s care records contained personal emergency evacuation plans (PEEPS) which gave staff guidance about how people could be evacuated safely in the event of an emergency.

People said that there were enough staff to support them safely. One person said, “Staff come promptly when you ring.” A member of staff told us, “The manager makes sure we answer the call bells straightaway.” We noted from the staff duty rotas that sufficient numbers of staff were allocated to ensure that people’s needs were met. One person said, “There are enough staff here. I don’t have to wait long when I use my buzzer.” One relative said, “I do hear the staff run up the stairs when people call.” Staff told us that there were always sufficient numbers of them on duty and that they used regular agency staff when required. The manager told us that they were committed to recruit more permanent staff so that they would be less dependent on agency staff. The manager also said that they regularly reviewed people’s needs and used their dependency tool to ensure that the staffing levels were sufficient to meet the needs of people safely.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. They had effective systems in place to complete all the relevant pre-employment checks, including obtaining references from previous employers, checking each applicant’s employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People’s medicines were managed and administered safely. The system used was robust and enabled a full audit of the administration of medicines to be undertaken. Staff training was kept up to date to ensure they understood and

Is the service safe?

were competent to administer medicines to the people who required them. The medicine administration records

(MAR) we looked at showed that people's medicines were being managed and administered safely. Staff sought consent from people before medicines were administered and ensured that they took their medicines as prescribed.

Is the service effective?

Our findings

People told us that they knew the staff were trained, skilled and experienced because the way their care was delivered. One person said, “The staff are excellent and they are always busy but have time to talk to you.” Another person said, “The staff do their best and I am happy with everything they do for me.” A professional we spoke with said that the home is different in a good way. A relative said, “My [relative] receive good care from staff who are very good at their job. They are brilliant.”

The provider had a training programme planned for staff so that their training was kept up-to-date. New members of staff had completed their induction and shadowed other experienced staff before they were able to provide care and support on their own. Staff received a variety of training to help them in their roles. One member of staff said, “When I first started, I did not have experience in care. I was given all the training I needed. That was very helpful and I am confident in what I do. We are always given opportunities to attend other relevant training.” We noted from the staff training records that staff had undertaken relevant training and had completed yearly refreshers. They had also attended other specific training such as dementia awareness, dignity in care and nutrition and diet. The manager said that they made sure that all the staff received all the relevant training they needed so that they had the right skills and knowledge to support people in meeting their needs.

Staff confirmed that they had received regular supervision and appraisals for the work they did. One member of staff said, “Supervision helps me to discuss about my work, where I could improve and what training I need.” The manager told us that staff were given all the opportunities to enhance their skills and knowledge so that they were competent in their roles and were aware of current safe practices when supporting people to receive effective care.

People were supported to give consent before any care or support was provided. Staff understood their roles and responsibilities in ensuring that people consented to their care and support. One member of staff said, “We talk to people and ask them how they would like to be supported with their personal care.” There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments

had been completed and decisions made to provide care in the person’s best interest. This was done in conjunction with people’s relatives or other representatives, such as social workers.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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. The professional we spoke with told us that they made best interests decisions for nursing care for people who did not have mental capacity.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act and made applications where it was felt to be appropriate.

People told us that they enjoyed the food provided for them and felt that meal times were not rushed. One person commented, “The food is very nice. I get a choice and plenty of it. There are always other things on the menu you could ask for.” We noted that people were offered a variety of drinks and snacks in between meals during the day. One person said, “We get a fresh jug of drinks every day.” There were drinks brought to people throughout the day as well as fluids available within reach to those in their rooms. We noted that there was a water dispenser which people could access as and when they needed a drink.

People with specific dietary requirements had also been supported to eat well. Care records we looked at showed that a nutritional assessment had been carried out for each person and their weight was regularly checked and monitored. We saw that where food supplements were prescribed, these were provided and recorded in line with the prescription. The manager said that if they had any concerns about an individual’s weight or lack of appetite,

Is the service effective?

they sought appropriate medical or dietetic advice. Staff recorded fluid and food intakes and were aware of the amount of fluid a person at risk of dehydration should be offered.

People told us that they were supported to access other health and social care services, such as GPs, community nurses, chiropodists, opticians and attended other medical

appointments so that they received the care necessary for them to maintain their health and wellbeing. One person said, "If need to see a doctor, the staff would arrange it for me." We noted from care records that people had access to a number of other health care professionals such as the district nurses who visited the home regularly to provide nursing care when required.

Is the service caring?

Our findings

People told us that staff were kind and provided care in a compassionate manner. One person said, “I get good care. Staff are friendly and kind.” Another person said, “Staff are brilliant. They are very helpful and they look after me very well.” A relative said, “My mum came in for a day and she stayed here. Staff do a lot for her and I can’t praise them highly enough. We have no concerns about the staff and the home.”

People told us that they were involved in making decisions about their care and support needs. Some of them told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. One person said, “I have a key worker and we talk about how I would like to be cared for. I choose my clothes and what I eat.” A relative said, “We are involved in the decisions about the care our [relative] receives. She is always well dressed, matching clothes which is important to her. Staff know her needs well and they do listen.”

People told us that staff treated them with respect, maintained their dignity and promoted their independence as much as possible. One person said, “They are always respectful. They close the door, draw the curtain, cover me up with a towel when they help me with my shower.” Staff demonstrated that they understood the importance of respecting people’s dignity, privacy and independence by ensuring that they promoted people’s human rights. A member of staff said, “We always knock on the door and wait for a response before we go in. We ask people how they would like to be supported with their personal care and we try to make sure that they continue to do as much as possible for themselves.” Another member of staff said, “I always ask them whether they want to wash their back or hair, or they prefer to do it themselves. This helps them to maintain some of their independence.” One relative said, “The staff have been amazing. Mum came for a day but she

stayed. I cannot praise staff enough. They are caring, thoughtful. I am involved in the decisions about mum’s care. Staff communicate well with us which is very important.” We noted that staff called people by their preferred names. We observed on the day of the inspection, that a person had passed away and that everybody was very respectful when they were taken by the undertakers. We also observed that when a person had fainted in the lounge, staff immediately brought the screens which gave the person privacy when they were seen by the paramedics.

Staff told us that they understood how to maintain confidentiality by not discussing people’s care outside of work or with agencies that were not directly involved in their care. We also saw that people’s care records were held securely within the office.

We observed that the atmosphere within the home was calm and people told us they liked living here because they felt well cared for and well supported. We also observed that staff spoke calmly and in a supportive manner when people had asked for help. For example, one person could not access the lift because it was being repaired, staff calmly approached the person and explained to them about the lift and gently led them to their room. They told them that they would come back when the lift was ready for use. Later we spoke with the person who said the staff were marvellous and that they were happy with the swift response and the support they had received from the staff.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. People’s relatives acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. When required, information was also available about an independent advocacy service that people could get support from.

Is the service responsive?

Our findings

People's needs had been assessed before they had moved to the service. They told us that they received care that was personalised and responsive to their needs. They said that they had provided information about themselves when they had their assessment done. We noted from the care plans that people and their relatives had contributed to the assessment and planning of their care. The manager said that they used the information obtained following the assessment of needs, to develop the care plan so that staff were aware of the care and support each person required. We noted that information about people's individual preferences, choices, likes and dislikes had been reflected in the care records. One person said, "I do not want anybody to wake me up. I get up myself. I do not like jewellery or perfumes. I prefer to drink water or tea. The staff know what I like to eat and things I do not like." Another person said, "I like a glass of wine with my lunch and staff make sure I get my wine." Documentation in people's care plans confirmed that they had been asked about their preferences, choices, likes and dislikes. We noted that each person had a key worker who had reviewed the care plans to ensure that staff had up to date information when supporting them in meeting their needs.

The care records we looked at provided detailed information about the person and had been kept up to date. These were individualised, personalised and covered all aspects of health care needs to ensure that people were comfortable. We saw one person who was on their last days of life were given all the care they required. One of their relatives said, "My [Relative] is receiving the best care, considering how unwell she is. We could not ask for more." There was sufficient information for staff to support people in meeting their needs. One member of staff said, "We use a lot of individual history and the information in the care

plan to know the person. For example, for one person whose needs had changed, the care plan showed how staff should support the person in meeting their needs differently.

The activities were varied and people said that they enjoyed the activities that had been organised for them. One person said, "I join in the bingo but I prefer knitting and we have a knitting group." A member of staff said, "Since getting a budgie for the resident, they have changed for the better. They chat to the bird, sings out loud to music and it's lovely to see and hear them." People were actively encouraged to make suggestions for activities they would like. Some people told us that they regularly went to the pubs, visited the local garden centres and the museum which they enjoyed. The manager told us that people enjoyed the visits from the local priest, the brownies and 'pat' dog. On the day of our visit, we noted that people were engaged in activities of their choice. Some people stayed in their rooms, listening and watching the television. Some people were enjoying the bingo session. One person said, "Bingo is very popular and we enjoy it."

The provider had a complaints policy and procedure in place and people were aware of this. Everyone we spoke with told us that they had never had any reason to raise a complaint about the care provided by the service. One relative said, "If I have any concerns, I would talk to the manager and I know it would be dealt with. But I haven't." People said that their relatives generally dealt with any problems or issues, but they would speak to their key workers if they had any concerns. They also said things always got sorted if they had concerns about their care. We noted that there had been thirteen complaints recorded in the last 12 months prior to the inspection and the complaints had been responded to appropriately and resolved in line with the timeframes set out in the provider's policy.

Is the service well-led?

Our findings

The service had a registered manager. People and relatives knew who the manager was and felt that she was approachable. Staff told us that the manager was helpful and provided stable leadership, guidance and the support they needed to provide good care to people who used the service. They said that there was a caring culture and they supported people to be as independent as possible. We saw that regular staff meetings were held for them to discuss issues relevant to their roles so that they provided care that met people's needs safely and effectively. People were complimentary of the care they received.

The manager was positive about the service provision and promoted an 'open culture' within the service so that people or their relatives and staff could speak to them at any time. Staff told us that they were encouraged to contribute to the development of the service so that they provided a service that met people's needs and expectations. Staff confirmed that they found the staff meetings helpful and supportive in that they were able to air their views on how the service was run.

Regular 'residents' meetings were held to discuss issues and to inform them of any future events. People and relatives spoke very positively about the management of the home and about the approachability and responsiveness of the manager and her staff. One person said, "They're with it". A relative said, "The manager and the staff are very approachable and they keep us informed of what's going on". Staff told us that their morale was "very good". They said the manager was available, visible and approachable.

We noted from the most recent questionnaire survey carried out in 2015, the feedback had been positive. The

manager said that when people raised any issues, they had addressed the issues as quickly as possible. For example, when a person had perceived that the call bells had not been answered in a timely manner, an upgraded call bell system was being installed where the time will be printed only when staff have been in the room. People would be using a pendant and staff would be carrying a pager.

The provider had effective systems in place to assess and monitor the quality of the care provided. The manager completed a number of quality audits on a regular basis to assess the quality of the service. These included checking people's care records to ensure that they contained the information required to provide appropriate care. For example, the care plans audit carried out in October 2015, showed that some areas of the care plans had not been fully reviewed. These shortfalls had been brought to the attention of the keyworkers who had then given time to address the issues. Other audits included checking how medicines were managed, health and safety and other environmental checks, staffing, and others. Where issues had been identified from these audits, the manager took prompt action to rectify these. There was evidence of learning from incidents and appropriate actions had been taken to reduce the risk of recurrence.

We noted that records relating to people's care, staff recruitment documents and other records for the day to day management of the service had been securely held. We saw that further guidance had been given to staff to ensure that the daily care records contained detailed information about people's welfare and the support provided to them. The manager said that they were a learning service and were continuously seeking to improve the quality of service provision.