Waverley Care Homes Limited

Autumn House Nursing Home

Inspection report

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Date of inspection visit: 28 August 2015
Date of publication: 07/10/2015

Ratings

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

Overall summary

This inspection took place on the 28 August 2015 and was unannounced. At our previous inspection in March 2014 there were no breaches of Regulations.

Autumn House Nursing home provides accommodation, personal and nursing care for up to 67 people.

The registered manager had recently left the service. 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. An acting manager was in post at the time of the inspection.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of

Summary of findings

Liberty Safeguards (DoLS) and to report on what we find. The MCA is designed to protect people who can't make decisions for themselves or lack the mental capacity to do so and the DoLS ensures that people are not unlawfully restricted. People could not be assured that decisions were being made in their best interests when they were unable to make decisions for themselves.

People's care records and risk assessments were disorganised and it was not easy to find the information required within them. Some people did not have care plans and risk assessments which would have supported staff to meet people's needs in a consistent way.

People felt that at times they were rushed due to the delegation of staff and their duties. Staff recruitment was on going and the provider followed safe procedures to ensure prospective staff were of good character before employing them.

People who used the service were safe from abuse or the risk of abuse. Staff we spoke to all knew what constituted abuse and told us they would report it if they suspected abuse had taken place.

People's medicines were stored and administered safely. Only trained staff administered people's medicines.

People told us staff were kind and caring and they were treated with dignity and respect.

People's nutritional needs were met. However several people complained that the quality of the food had deteriorated since the change in provider.

People's health care needs were met. People had access to a range of health care professionals when they needed it. Support and guidance from other professionals was sought in a timely manner.

There were opportunities for people to engage in hobbies and interests of their choice. Staff knew people well and knew their preferences.

People had confidence that if they complained their concerns would be listened to and dealt with by the acting manager, nurses and unit manager.

We found one breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the end of the report.

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 not consistently safe. People's risk assessments and care plan did not always reflect their current care needs. People felt that they were sometimes rushed when being supported by staff.

Safe recruitment procedures were followed and people were protected from abuse. People's medicines were stored and administered safely.

Requires improvement

Is the service effective?

The service was not consistently effective. The principles of the MCA were not always followed when supporting people to make decisions.

Staff felt supported and received training to help them fulfil their role effectively. People's nutritional needs were met however people did not like the quality of the food. People's health care needs were met in a timely manner.

Requires improvement

Is the service caring?

The service was caring. People were treated with kindness and compassion and their independence was promoted. People's privacy and dignity was respected.

Good

Is the service responsive?

The service was responsive. Staff knew people well and respected people's individual preferences. People were offered opportunities to engage in hobbies and interests of their choice. People knew how and who to complain to if they needed to.

Good

Is the service well-led?

The service was not consistently well led. There was no registered manager in post and the provider had not notified us. Some quality monitoring systems were not being used to their full potential.

People, staff and relatives told us that the atmosphere and moral had improved since the acting manager had been in post.

Requires improvement

Autumn House Nursing Home

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 28 August 2015 and was unannounced.

The inspection team consisted of two inspectors 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.

We spoke to 10 people who used the service. The acting manager, unit manager and 10 staff members. We spoke to four relatives of people who used the service and two visiting health professionals.

We looked at six people's care records, staff rosters and the provider's quality monitoring systems. These records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

Requires improvement

Is the service safe?

Our findings

Some people required support with specific areas of their health and wellbeing to keep them and others safe. One person was recovering from a pressure sore. The district nurses were visiting the person and had recorded in their notes that staff should follow certain instructions to keep the person safe and free from further pressure sores. We saw that the person's safety was compromised as the instructions the district nurses had left were not being followed. The unit manager informed us that the person would not comply with the nurses requests but it was not recorded anywhere that the person had refused. Another person at times became anxious and exhibited behaviour that put themselves and others at risk. Staff we spoke to told us different ways they supported the person at these times. The staff were unable to tell us which was the most effective way to support the person when they became distressed as there was no information informing the staff in how to support the person when they became anxious. This meant that these people were at risk of not receiving care, treatment and support that kept them safe.

People told us they felt that at times there was not enough staff to meet their needs in a timely manner. One person said: "Care staff have to do the breakfast now, so it's a rush in the morning". This person told us that the morning routine had recently changed and care staff had to prepare and serve breakfast to people whilst supporting them to wash, dress and prepare for the day. They said: "I feel rushed now; they get me up and then dash off to get my breakfast, bring it back and then dash off to the next person, they've got no time to stop and talk". We also saw that the nurses on the nursing floor were busy and did not have time to complete all the administration work which was being asked of them. The acting manager recognised a need to support the nurses in being able to find the time to complete the necessary records. They told us that staffing hours were going to be increased and that they were working supernumerary to ensure that all the administration work was completed.

Checks on potential new staff were made to ensure that they were safe and appropriate to work with people. Staff we spoke with confirmed that references and disclosure and barring checks had been in place before they commenced their employment at the service.

People who used the service were safe from abuse or the risk of abuse. One person said: "I am safe and treated very well". Staff we spoke with all knew what constituted abuse and told us they would report it if they suspected abuse had taken place. One member of staff told us: "If I see someone doing something untoward, I would report it". Previous incidences of suspected abuse had been reported to the local authority for investigation.

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We observed staff administer medication and saw that they did it in a safe way. There were clear and concise protocols for when people required 'as required' medicines (PRN). The protocols gave clear information on the signs and symptoms someone might show when they required the medicine and they were unable to communicate their needs. We saw that people were offered their (PRN)

Requires improvement

Is the service safe?

medicines and if they refused this was respected. One person told us: “I always receive my medication, morning, lunch and tea, with no problems”. Medicines were kept in a locked trolley in a locked clinical room. Only trained staff administered people’s medicines.

Requires improvement

Is the service effective?

Our findings

One person had been stopped from managing their own money as it had been assessed as a risk, as it may get mislaid. The unit manager and a relative had discussed and made this decision although the person wanted to retain responsibility for their own money. The unit manager told us that they were unsure as to whether the person had the capacity to look after the money for themselves or not as they had not had their mental capacity assessed. This meant that this person had not consented to their money being removed from them and the provider could not be sure that it was in the person's best interest.

There were several other people who were being restricted with the use of lap belts which prevented them from moving in their chair. The nursing staff told us that this was to keep people safe from falling. These people lacked the capacity to agree to the use of lap belts. This meant that the provider had not followed the principles of the Mental Capacity Act 2005 (MCA) and ensured that any decisions were being made in people's best interests and demonstrated that this was the least restrictive practice. The MCA is designed to protect people who can't make decisions for themselves or lack the mental capacity to do so.

This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Two people had a Deprivation of Liberty Safeguards (DoLS) authorisation in place legally restricting them in their best interests. DoLS ensures that people are not unlawfully restricted and is part of the MCA. However, staff we spoke with could not tell us what the individual restrictions in place were, so they could not be sure that the restrictions were authorised. This meant that these people may be at risk of inappropriate treatment and support.

People's nutritional needs were met. If someone required a specific diet such as soft diet or a fortified diet this was available to them. The catering staff knew people's needs and responded to any changes in people's needs. People had three choices of main meals including a salad every day. However, most people we spoke with told us that the quality of the food had reduced since the new provider had taken over. One person said: "The meat such as the sausage and the liver are of poor quality now and we only have fresh vegetables on a Sunday". Another person said: "The sausage haven't seen sight of an animal, I've stopped having them". The cook told us that they now had to work within a budget when previously they had not.

Staff told us they felt supported to fulfil their role and were receiving on-going training. Staff on the residential floor told us that the recruitment of the new unit manager had made a big difference to the moral and level of support they received. One staff member said: "The new manager and unit manager are amazing". From talking with and observing staff we saw that they were competent and knowledgeable in their role. This meant that staff were trained and effective in caring for people who used the service.

People's health care needs were met. When people required specific health care support it was sourced for them. Timely referrals were made to community and district nurses, speech and language therapists and other agencies. We saw that people saw their GP when they needed to and regular health observations such as people's blood pressure and weight were monitored. We spoke with two visiting health professionals, who told us the staff were very helpful and contacted them for support appropriately.

Good

Is the service caring?

Our findings

People who used the service and visiting relatives told us that staff were kind and caring. One person told us: “The staff are golden, nothing is too much trouble”. Another person said: “The staff are always smiling and pleasant.” We saw that staff talked to people in a respectful manner and at a level and pace they understood. They stooped down to their level if they were sitting and spoke quietly and calmly when interacting with people. We saw that senior staff demonstrated patience when administering people’s medicines whilst encouraging their independence to take their own tablets.

The service had been a through a period of change and this had unsettled some people who used the service and their relatives. The acting manager had held a meeting to alleviate people’s concerns and reassure them. We saw that there was a notice on the reception wall informing all visitors of the availability of the acting manager. They told us: “I have an open door policy”.

We saw that staff knocked on people’s doors and respected people’s privacy. Everyone had their own ensuite bathroom and staff closed people’s doors if they were supporting them with their personal care. Two people shared a room and we saw that they had a privacy curtain which divided the room. The acting manager told us that the shared room would no longer be available for future residents unless people specifically requested to share. We saw nothing that compromised people’s privacy or dignity during the day.

People were free to come and go around the service. We saw people wandered around from area to area with no restrictions. People were as independent as they were able to be. One person told us: “If I need my wheelchair I just use my call bell and the staff come quickly, I can see to myself then”.

Visitors were also free to visit when they wished, and we saw lots of visitors coming and going freely.

Good

Is the service responsive?

Our findings

People's individual needs were respected and responded to. A pre admission assessment was completed to gather as much information as possible prior to people's admission into the service. The unit manager told us that the assessment was 'just the beginning' and further information was gained as staff got to know people over time. Daily staff handovers took place at the beginning of each shift. Staff told us this was how they knew if people's needs had changed and what their plan of care was. One staff member said: "If I've had a week's holiday, we have to sit and read through the handover sheets and communication book so I can catch up on what's changed".

Staff knew people well and knew their preferences. One staff member told us about one person: "Oh yes they sometimes like a lie in bed in the morning, we just go back when they are ready". Two other people liked a pre-dinner drink and we saw that this was respected and available to them.

Relatives and relevant others were involved and kept informed of any changes to people's needs as they arose. One relative told us: "Yes we are kept fully informed". There were regular meetings for people to contribute in the way the service was run. One person told us: "They have meetings every so often and you can go to if you want to and also forms' to fill in like questionnaires, to say what you think".

There were opportunities for people to engage in activities, however if people chose not to this was respected. There was a wide range of entertainment and hobbies that met people's individual preferences. We saw that some people were enjoying a music quiz. Staff asked people throughout the service if they wished to attend, some chose to and others declined. One person said: "I don't like the bingo or the quiz, but I like the entertainment that is brought in". Some people chose to stay in the room, watching TV, listening to music or enjoying a hobby of their choice such as a jigsaw. One relative told us: "There are quite a lot of activities on offer for people".

People knew how to complain. One person told us: "Oh yes I would speak to the manager, they've told me to go to him and I know they would listen", another said: "I would speak to the nurse in charge". The complaints procedure was visible on the wall in the reception. A member of staff told us they would follow the complaints procedure if someone complained to them. The acting manager told us there had been no recent formal complaints however some relatives had been concerned over recent events at the service, so they had arranged and had a meeting to alleviate their concerns.

Requires improvement

Is the service well-led?

Our findings

There was no registered manager in post as they had left and the provider had not been informed of this as is required. An acting manager had been in post for a month.

People's care records and risk assessments were disorganised and it was not easy to find information in them. Some people did not have care plans and risk assessments which would have supported staff to meet people's needs in a consistent way. We saw some gaps in people's medicine administration records (MAR)'s. The unit manager was able to show us that people had their medicine and it was a lapse in the recording of administration. On the nursing floor, the nurses completed weekly medication record audits which meant they could address any identified gaps or errors.

Staff told us that there were regular meetings and we saw minutes which confirmed this. People who used the service and staff told us that the acting manager and newly appointed unit manager were well respected for the changes they had already made in the time they had been in post. One person who used the service said: "Things are getting better". The acting manager had begun to plan individual staff support and supervision with staff but they told us that they had prioritised recruiting new staff as there had been several staff vacancies and the use of agency staff was impacting on the quality of care.

Staff told us they knew the whistleblowing procedure and they were confident that the acting manager would address any issues raised with them through the procedure. Staff also demonstrated that they knew who to contact if they were concerned with the managers practices. One staff member said: "I would ring the local authority or you (CQC)".

The provider had quality monitoring systems in place and they were up to date. The acting manager knew the systems as they had worked in another of the provider's establishment; however they had not yet completed the checks as the previous manager had done this prior to leaving.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and Treatment of service users must only be provided with the consent of the relevant person.